

BMI, though national standard, just one piece of the weight-loss puzzle

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At the center of a recently released study is an abbreviation that has been around since the 1800s, but many people have no idea what it means, or whether or not it matters.

BMI, the [body mass index](#), is universally accepted by physicians as a reasonable indicator for [body-fat percentage](#)—although it does not measure actual body fat. Doctors and trainers say an individual's BMI is an incomplete measure of their overall health and fitness, but for many people that rank higher on the spectrum, the number can be reduced with diet and exercise.

The obesity study published recently by the Trust for America's Health and the Robert Wood Johnson Foundation used BMI to project a drastic increase in health-care costs if [obesity rates](#) in the U.S. continue to climb at current rates.

BMI is derived via a formula that divides a person's weight by their height squared, multiplied by 703. (No need to be a math whiz to do this; there are plenty of resources online or at your doctor's office.) The resulting number is the BMI: below 18.5, underweight; 18.5-24.9, normal; 25-29.9, overweight; 30 and above, obese.

A number of factors make the BMI formula an inexact indication of how overweight someone is. Women tend to have more body fat than men; body-fat percentage may increase with age; and very fit athletes may have a higher BMI due to increased [muscle development](#). The

standard BMI chart is not used for children under 4 feet, 1 inch, and it does not factor in other [health risks](#) such as [high blood pressure](#), [high glucose](#), smoking and family history.

The [medical community](#) still sees the indicator's value.

"BMI is the national standard," according to Dr. Antoinette DeIngeniis-DePasquale, who treats [overweight patients](#) at the Medi Weight Loss Clinic in Wayne, N.J. "And it makes it much easier for us to see who is obese and who is at risk."

DeIngeniis-DePasquale does note, though, that BMI is only part of the picture. Although it is routinely used at her clinic, she says, it is part of an overall evaluation, based on many other factors.

One reason for that is that BMI isn't accurate in all cases. As certified fitness trainer Gary Schulman of Oradell, N.J., is quick to say, "I'm 5 foot, 5 inches and weigh 160. And I'm not overweight." Even if his BMI says that he is.

Schulman, who also is an instructor at Faustini's Institute of Martial Arts in Oradell, isn't anti-BMI, but says, "it bothers me that they don't have a footnote in there, explaining that the BMI should be combined with your muscle mass. Most family doctors don't gauge your actual body-fat percentage, which can be measured with a skin fold caliper or an electronic scale that measures fat through low-grade impulses that shoot through your feet and hands. There is another method, hydrostatic water testing, which I've never used, but it's supposed to be very accurate."

Schulman adds that even though he is all for lean bodies, he is always concerned about the lose-weight-at-all-costs mentality some desperate dieters have.

"What matters is eating right and being healthy," Schulman says. "The goal should be to achieve optimal health and be able to function at a high level. If you're losing weight and that includes muscle mass, that's not a positive thing. Resistance training, cardio training, getting the right amount of fluids, sleep and so on, create optimal health for your body."

Does he see BMI as at least helpful in this? "I wouldn't portray it in a negative way, just to say that it's only a part of the picture. If it helps motivate people to get healthier, that's great. But I personally don't think of weight loss as a goal. To me it's a side effect - it's what you wind up with if you're doing every else right."

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