

# Clinical Practice Guideline offers roadmap to treat adults affected by obesity, overweight

November 12 2013

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Healthcare providers are on the front line of the obesity epidemic – poised to identify who needs to lose weight for health reasons and in a prime position to direct successful weight loss efforts. The American Heart Association, American College of Cardiology and Obesity Society have developed comprehensive treatment recommendations to help healthcare providers tailor weight loss treatments to adult patients affected by overweight or obesity. The joint guideline is published simultaneously *Circulation: a journal of the American Heart Association*, *Journal of the American College of Cardiology and Obesity: Journal of The Obesity Society*.

"Weight loss isn't about will power. It's about behaviors around food and physical activity, and getting the help you need to change those behaviors," said Donna Ryan, M.D., co-chair of the writing committee and professor emeritus at Louisiana State University's Pennington Biomedical Research Center in Baton Rouge, La.

The new guideline report is based on a systematic evidence review that summarizes the current literature on the risks of [obesity](#) and the benefits of [weight loss](#). It summarizes knowledge on diets for weight loss, the efficacy and effectiveness of comprehensive lifestyle interventions on weight loss and weight loss maintenance and the benefits and risks of bariatric surgery.

In the United States nearly 155 million adults are affected by overweight (defined as a body mass index or BMI of 25 to 29.9) or obesity (BMI of

30 higher). BMI is used to estimate excess body fat and is a measure of [body weight](#) relative to an individual's height.

The report recommends that [healthcare providers](#) calculate BMI at annual visits or more frequently, and use the BMI cut points to identify adults who may be at a higher risk of heart disease and stroke because of their weight. The report also presents evidence showing that the greater the BMI, the higher the risk of coronary heart disease, stroke, type 2 diabetes and all-cause mortality (death from any cause).

The new guideline recommends healthcare providers develop individualized weight loss plans that include three key components – a moderately reduced calorie diet, a program of increased physical activity and the use of behavioral strategies to help patients achieve and maintain a healthy body weight.

The best way to achieve these goals is to work with a trained healthcare professional, such as a registered dietitian, behavioral psychologist or other trained weight loss counselor, in a primary care setting, according to the recommendations.

Weight loss counseling should focus on people who need to lose weight because of obesity or overweight with conditions that put them at higher risk for cardiovascular diseases, such as diabetes, [high blood pressure](#), [high blood cholesterol](#), a waist circumference of more than 35 inches for women and more than 40 inches for men.

The most effective behavior change programs include two to three in-person meetings a month for at least six months. Web or phone-based weight loss programs are also an option for the weight loss phase, although research shows they are not as effective as face-to-face programs, according to the statement authors.

Currently, comprehensive lifestyle programs that assist participants in adhering to a lower calorie diet and in increasing [physical activity](#) through the use of behavioral strategies are not widely available, Ryan said.

"We hope that by laying out the scientific evidence that medically supervised weight loss works and significantly reduces the risk factors for cardiovascular disease, it will be more fully embraced by patients and doctors and effective programs will eventually be reimbursed by all third-party payers," Ryan said.

Medicare began covering behavioral counseling for patients affected by obesity in 2012, based on available evidence at that time. Under the Affordable Care Act, most private insurance companies are expected to cover behavioral counseling and other treatments for obesity by 2014.

Other key recommendations include:

- Tailoring dietary patterns to a patient's food preferences and health risks. For example, a patient with high blood cholesterol would benefit most from a low-calorie, lower-saturated fat diet including foods that they find appealing.
- Focusing on achieving sustained weight loss of 5 percent to 10 percent within the first six months. This can reduce high blood pressure, improve cholesterol and lessen the need for medications to control blood pressure and diabetes. Even as little as 3 percent sustained weight loss can reduce the risk for the development of type 2 diabetes as well as result in clinically meaningful reductions in triglycerides, blood glucose and other risk factors for cardiovascular disease.
- Advising adults with a BMI of 40 or higher and patients with a BMI of 35 or higher who have two other cardiovascular risk factors such as diabetes or high blood pressure, that bariatric

surgery may provide significant health benefits. The guideline does not recommend weight loss surgery for people with a BMI under 35 and does not recommend one surgical procedure over another.

"Healthcare providers should do more than advise patients affected by obesity or overweight to lose weight – they should be actively involved and help their patients reach a health body weight," said Ryan.

The obesity guideline is one of four cardiovascular disease prevention guidelines being released today by the American Heart Association and American College of Cardiology. Other guidelines address lifestyle management, cholesterol and cardiovascular risk assessment.

The obesity treatment recommendations are based on the latest scientific evidence from 133 research studies.

The expert panel that wrote the report was convened by the National Heart, Lung, and Blood Institute of the National Institutes of Health. At the invitation of the NHLBI, the American Heart Association, the American College of Cardiology and The Obesity Society officially assumed the joint governance, management and publication of the obesity guideline in June. Committee members volunteered their time and were required to disclose all healthcare-related relationships, including those existing one year before the initiation of the writing project.

**More information:** The full report, "2013 ACC/AHA Guideline for the Management of Overweight and Obesity in Adults" will be published online today on the websites of the [ACC](#) and the [AHA](#), as well as in future print issues of the *Journal of the American College of Cardiology* and the American Heart Association journal, *Circulation*.

Provided by American College of Cardiology

Citation: Clinical Practice Guideline offers roadmap to treat adults affected by obesity, overweight (2013, November 12) retrieved 3 May 2024 from <https://medicalxpress.com/news/2013-11-clinical-guideline-roadmap-adults-affected.html>

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