Complete Summary

GUIDELINE TITLE

Management of overweight and obesity in the adult.

BIBLIOGRAPHIC SOURCE(S)

Michigan Quality Improvement Consortium. Management of overweight and obesity in the adult. Southfield (MI): Michigan Quality Improvement Consortium; 2007 Mar. 1 p.

GUIDELINE STATUS

This is the current release of the guideline.

This guideline updates a previous version: Michigan Quality Improvement Consortium. Identification, evaluation, and treatment of overweight and obesity in the adult. Southfield (MI): Michigan Quality Improvement Consortium; 2005 Mar. 1 p.

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

- Overweight
- Obesity

GUIDELINE CATEGORY

Counseling
Evaluation
Management

Risk Assessment
Treatment

CLINICAL SPECIALTY

Family Practice
Internal Medicine
Surgery

INTENDED USERS

Advanced Practice Nurses
Health Plans
Physician Assistants
Physicians

GUIDELINE OBJECTIVE(S)

- To achieve significant, measurable improvements in the identification, evaluation, and treatment of overweight and obesity through the development and implementation of common evidence-based clinical practice guidelines
- To design concise guidelines that are focused on key management components of overweight and obesity to improve outcomes

TARGET POPULATION

- Adults 18 years of age or older
- Adults 18 years of age or older with body mass index (BMI) in the following ranges (*counseling, management, treatment*):
    - BMI >25
    - BMI >30 or >27 with other risk factors or diseases
    - BMI $\geq$40 or BMI $\geq$35 and uncontrolled comorbid conditions

INTERVENTIONS AND PRACTICES CONSIDERED

Identification/Evaluation

1. Assessment of body mass index (BMI)
2. Assessment of complicating risk factors
3. Assessment of eating and exercise behaviors, history of weight loss attempts, and psychological factors contributing to weight gain

Management/Treatment

1. Counseling patients regarding the importance of weight management through behavior changes related to food intake and physical activity, strategies for reducing calories to maintain gradual weight loss
2. Follow-up to monitor progress
3. Referral to a program that provides guidance on nutrition, physical activity, and psychosocial concerns

4. Pharmacotherapy (only for patients with increased medical risk)
5. Surgical treatment (only if other methods of treatment have failed and patients are severely obese with life-threatening comorbid conditions)

MAJOR OUTCOMES CONSIDERED

Not stated

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

The Michigan Quality Improvement Consortium (MQIC) project leader conducts a search of current literature in support of the guideline topic. Computer database searches are used to identify published studies and existing protocols and/or clinical practice guidelines on the selected topic. A database such as MEDLINE and two to three other databases are used.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Levels of Evidence for the Most Significant Recommendations

A. Randomized controlled trials
B. Controlled trials, no randomization
C. Observational studies
D. Opinion of expert panel

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

Using the health plan guideline summaries and information obtained from the literature search, the Michigan Quality Improvement Consortium (MQIC) director and/or project leader prepare a draft guideline for review by the MQIC Medical Directors.

The draft guideline and health plan guideline summaries are distributed to the MQIC Medical Directors for review and discussion at their next committee meeting.

The review/revision cycle may be conducted over several meetings before consensus is reached. Each version of the draft guideline is distributed to the MQIC Medical Directors, Measurement, and Implementation Committee members for review and comments. All feedback received is distributed to the entire membership.

Once the MQIC Medical Directors achieve consensus on the draft guideline, it is considered approved for external distribution to practitioners with review and comments requested.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

External Peer Review
Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Once the Michigan Quality Improvement Consortium (MQIC) Medical Directors achieve consensus on the draft guideline, it is considered approved for external distribution to practitioners with review and comments requested.

The MQIC director also forwards the approved guideline draft to presidents of the appropriate state medical specialty societies for their input. All feedback received from external reviews is presented for discussion at the next MQIC Medical Directors Committee meeting. In addition, physicians are invited to attend the committee meeting to present their comments.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

The level of evidence grades (A-D) are provided for the most significant recommendations and are defined at the end of the "Major Recommendations" field.

Assessment of Body Mass Index (BMI)

- Measure weight, waist circumference, and calculate patient's BMI[1] to determine if patient is overweight or obese and pattern of weight change **[C]**
- If overweight, assess for complicating risk factors:
    - Established coronary heart disease (CHD) or stroke
    - Other atherosclerotic disease
    - Type 2 diabetes
    - Sleep apnea
    - Smoking
    - High triglycerides
    - Hypertension
    - High low-density lipoprotein (LDL)
    - Low high-density lipoprotein (HDL)
    - Impaired fasting glucose
    - Family history of premature congenital heart disease (CHD)
- Assess current eating, exercise behaviors, history of weight loss attempts, and psychological factors contributing to weight gain.

Frequency: At each periodic health exam; more frequently at the discretion of the physician

[1]BMI is an accurate proxy for body fat in average adults but may be misleading in muscular individuals.

Interventions to Promote Weight Management

Patients with BMI >25

- **Ask** patients how their weight impacts their health
- **Advise** and discuss patients' associated disease risks and importance of weight management.
- **Assess** and discuss patients' readiness to make positive behavior changes.
- **Assist** patients who are ready to make behavior changes related to food intake and physical activity:
    - Work with your patients to establish realistic treatment goals[2].
    - Collaborate on strategies for reducing calories and adjusting as needed to maintain gradual weight loss **[A]** (reduce calories as needed to maintain 1 to 2 pound weight loss per week) and improving dietary quality.
    - Recommend weight loss strategies and resources as needed **(see www.michigan.gov/surgeongeneral)**.

    - Collaborate on strategies for increasing daily physical activity (ideally 30 minutes of moderate physical activity most days of the week) **[A]**.
- **Arrange** follow-up with your patients to monitor progress and provide support.

Frequency: At each periodic health exam; more frequently at the discretion of the physician

[2]Avoid weight gain or maintain weight loss, initial goal of 10% weight loss and reassess after goal achieved, maximum weight loss of ½ pound per week if overweight and 1–2 pounds per week if BMI >30.

Interventions to Promote Weight Management

Patients with BMI >30 or >27 with Other Risk Factors or Diseases

All of the above plus:

- Consider referral to a program that provides guidance on nutrition, physical activity, and psychosocial concerns.
- Consider pharmacotherapy only for patients with increased medical risk because of their weight with co-existing risk factors or comorbidities (monitor for weight loss and medication side effects; periodically review need for medication).
- Insurance coverage for weight loss medications varies; consult health plan for eligibility.

Frequency: At each periodic health exam; more frequently at the discretion of the physician

Surgical Treatment

Patients with BMI >40 or BMI >35 and Uncontrolled Comorbid Conditions[3]

- Weight loss surgery should be considered only for patients in whom other methods of treatment have failed and who have clinically severe obesity (i.e., BMI $\geq$40 or BMI $\geq$35 with life-threatening comorbid conditions[3]) **[B]**.
- Evaluate for psychological factors that adversely affect surgical outcomes.
- Insurance coverage for bariatric surgery varies; consult health plan for eligibility.

[3] Comorbidities: Severe cardiac disease (CHD, pulmonary hypertension, congestive heart failure, and cardiomyopathy); Type 2 diabetes, obstructive sleep apnea and other respiratory disease (chronic asthma, hypoventilation syndrome, Pickwickian syndrome); end-organ damage; pseudo-tumor cerebri; gastroesophageal reflux disease; hypertension; hyperlipidemia; severe joint or disk disease if interferes with daily functioning.

Definitions:

Levels of Evidence for the Most Significant Recommendation

A. Randomized controlled trials

B. Controlled trials, no randomization
C. Observational studies
D. Opinion of expert panel

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of evidence is provided for the most significant recommendations (see "Major Recommendations" field).

This guideline is based on several sources, including: the *Prevention and Management of Obesity (Mature Adolescents and Adults)*, Institute for Clinical Systems Improvement, 2005 and the National Institutes of Health, National Heart, Lung and Blood Institute (NHLBI) Obesity Education Initiative. *The Practical Guide: Identification, Evaluation, and Treatment of Overweight and Obesity in Adults*, 2000 (www.nhlbi.nih.gov).

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Through a collaborative approach to developing and implementing common clinical practice guidelines and performance measures for identification, evaluation, and treatment of overweight and obesity in the adult, Michigan health plans will achieve consistent delivery of evidence-based services and better health outcomes. This approach also will augment the practice environment for physicians by reducing the administrative burdens imposed by compliance with diverse health plan guidelines and associated requirements.

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

This guideline lists core management steps. Individual patient considerations and advances in medical science may supersede or modify these recommendations.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

When consensus is reached on a final version of the guideline, a statewide mailing of the approved guideline is completed. The guideline is distributed to physicians in the following medical specialties:

- Family Practice
- General Practice
- Internal Medicine
- Other Specialists for which the guideline is applicable (e.g., endocrinologists, allergists, pediatricians, cardiologists)

IMPLEMENTATION TOOLS

Staff Training/Competency Material

For information about availability, see the "Availability of Companion Documents" and "Patient Resources" fields below.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better
Living with Illness
Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Michigan Quality Improvement Consortium. Management of overweight and obesity in the adult. Southfield (MI): Michigan Quality Improvement Consortium; 2007 Mar. 1 p.

ADAPTATION

This guideline is based on several sources, including: the Prevention and Management of Obesity (Mature Adolescents and Adults), Institute for Clinical Systems Improvement, 2005 and the National Institutes of Health, National Heart, Lung and Blood Institute (NHLBI) Obesity Education Initiative. The Practical Guide: Identification, Evaluation and Treatment of Overweight and Obesity in Adults, 2000 (www.nhlbi.nih.gov).

DATE RELEASED

2005 Mar (revised 2007 March)

GUIDELINE DEVELOPER(S)

Michigan Quality Improvement Consortium - Professional Association

SOURCE(S) OF FUNDING

Michigan Quality Improvement Consortium

GUIDELINE COMMITTEE

Michigan Quality Improvement Consortium Medical Director's Committee

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Physician representatives from participating Michigan Quality Improvement Consortium health plans, Michigan State Medical Society, Michigan Osteopathic Association, Michigan Association of Health Plans, Michigan Department of Community Health and Michigan Peer Review Organization

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

This guideline updates a previous version: Michigan Quality Improvement Consortium. Identification, evaluation, and treatment of overweight and obesity in the adult. Southfield (MI): Michigan Quality Improvement Consortium; 2005 Mar. 1 p.

GUIDELINE AVAILABILITY

Electronic copies: Available in Portable Document Format (PDF) from the Michigan Quality Improvement Consortium Web site.

AVAILABILITY OF COMPANION DOCUMENTS

The following is available:

- Communication guidelines to promote health behavior change. Electronic copies are available in Portable Document Format (PDF) from the Michigan Quality Improvement Consortium Web site.

PATIENT RESOURCES

None available

NGC STATUS

This NGC summary was completed by ECRI on November 27, 2005. The updated information was verified by the guideline developer on December 19, 2005. The NGC summary was updated by ECRI Institute on July 11, 2007. The updated information was verified by the guideline developer on July 16, 2007.

COPYRIGHT STATEMENT

DISCLAIMER

NGC DISCLAIMER

The National Guideline Clearinghouse™ (NGC) does not develop, produce, approve, or endorse the guidelines represented on this site.

All guidelines summarized by NGC and hosted on our site are produced under the auspices of medical specialty societies, relevant professional associations, public or private organizations, other government agencies, health care organizations or plans, and similar entities.

Guidelines represented on the NGC Web site are submitted by guideline developers, and are screened solely to determine that they meet the NGC Inclusion Criteria which may be found at http://www.guideline.gov/about/inclusion.aspx .

NGC, AHRQ, and its contractor ECRI Institute make no warranties concerning the content or clinical efficacy or effectiveness of the clinical practice guidelines and related materials represented on this site. Moreover, the views and opinions of developers or authors of guidelines represented on this site do not necessarily state or reflect those of NGC, AHRQ, or its contractor ECRI Institute, and inclusion or hosting of guidelines in NGC may not be used for advertising or commercial endorsement purposes.

Readers with questions regarding guideline content are directed to contact the guideline developer.

Date Modified: 10/20/2008


DEPARTMENT OF HEALTH & HUMAN SERVICES • USA