

WHAT'S NEW

From the U.S. Preventive Services Task Force

An Overview of Recommendations

AHRQ Publication No. 04-IP002

December 2003

Screening for Obesity in Adults

What Does the USPSTF Recommend?

The U.S. Preventive Services Task Force (USPSTF) recommends that clinicians screen all adult patients for obesity and offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults. The USPSTF concludes the evidence is insufficient to recommend for or against the use of moderate- or low-intensity counseling together with behavioral interventions to promote weight loss in obese adults. The USPSTF concludes the evidence is insufficient to recommend for or against the use of counseling of any intensity and any behavioral interventions to promote sustained weight loss in overweight adults.

Overweight or Obese?

Measurement of body mass index (BMI) indicates whether a person is overweight or obese. BMI is calculated either as weight in pounds divided by height in inches squared multiplied by

703, or as weight in kilograms divided by height in meters squared. The National Institutes of Health provides a BMI calculator at www.nhlbisupport.com/bmi and a table at www.nhlbi.nih.gov/guidelines/obesity/bmi_tbl.htm. The Centers for Disease Control and Prevention provides a BMI calculator at www.cdc.gov/nccdphp/dnpa/bmi/calc-bmi.htm.

Obesity is associated with many health problems, including arthritis, high blood pressure, diabetes, and heart disease.

Those with a BMI between 25 and 29.9 are overweight; those with a BMI of 30 or higher are obese. There are 3 classes of obesity: class I (BMI 30-34.9), class II (BMI 35-39.9), and class III (BMI 40 and above). Increased BMI is associated with adverse health effects, including arthritis, high blood pressure, diabetes, and heart disease.

What Is the Role of Clinicians?

Clinicians should measure their patients' BMI to determine whether they are obese and, if so, determine the appropriate intervention. Clinicians may use the waist circumference as a measure of central adiposity. Men with waist circumferences greater than 102 cm (greater than 40 inches) and women with waist circumferences greater than 88 cm (greater than 35 inches) are at increased risk for cardiovascular disease. The waist circumference thresholds are not reliable for patients with a BMI greater than 35.

Clinicians should either offer obese patients intensive counseling and behavioral interventions or refer obese patients to programs that provide intensive counseling and behavioral interventions to promote sustained weight loss. The USPSTF defined intensity of counseling by the frequency of the intervention. A high-intensity intervention is 2 or more person-to-person individual or group sessions per month for at least the first 3 months of

What's New from the U.S. Preventive Services Task Force is a series of fact sheets based on recommendations of the USPSTF. The USPSTF systematically reviews the evidence of effectiveness of a wide range of clinical preventive services—including screening, counseling, and chemoprevention (the use of medication to prevent disease)—to develop recommendations for preventive care in the primary care setting. **This fact sheet presents highlights of USPSTF recommendations on this topic and should not be used to make treatment or policy decisions.**

More detailed information on this subject is available in "Screening and Interventions for Overweight and Obesity in Adults: Systematic Evidence Review for the U.S. Preventive Services Task Force" and in the USPSTF Recommendation and Rationale, which can be found on the Agency for Healthcare Research and Quality (AHRQ) Web site (<http://www.preventiveservices.ahrq.gov>) and through the National Guideline Clearinghouse (<http://www.guideline.gov>). The Summary of the Evidence and the USPSTF Recommendations and Rationale are available in print through the AHRQ Clearinghouse (1-800-358-9295, or ahrqpubs@ahrq.gov).

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the intervention. A medium-intensity intervention is a monthly intervention. Anything less frequent is a low-intensity intervention.

Clinicians should measure BMI and offer obese patients intensive counseling and behavioral interventions.

What Are the Characteristics of Effective Interventions?

The most effective interventions combine nutrition education and diet and exercise counseling with behavioral strategies to help patients acquire the skills and supports needed to change eating patterns and become physically active. The 5-A framework (Assess, Advise, Agree, Assist, and Arrange) has been used in behavioral counseling interventions such as smoking cessation and may be useful in helping clinicians guide interventions for weight loss. Initial interventions paired with maintenance interventions help ensure that weight loss will be sustained over time.

Are Effective Interventions Equally Effective for Everyone?

Because studies demonstrating the effectiveness of interventions have mostly focused on women, especially white women, the effectiveness of these interventions is less well established in other populations, including the elderly. The USPSTF believes that, although data are limited, these interventions may be used with obese men, psychologically mature older adolescents, and diverse populations. Interventions that may be effective for obese adults may not be as effective for those who are overweight.

What are the Roles of Medications and Surgery?

Experts recommend that pharmacological treatment of obesity should be considered only as part of a program that also includes lifestyle modification interventions, such as intensive diet and/or exercise counseling and behavioral interventions. Orlistat and sibutramine, 2 medications that have been approved for weight loss by the Food and Drug Administration, can produce modest weight loss, but adverse effects are frequent and there

are no data on the long-term (longer than 2 years) benefits or harms of these drugs.

Clinical guidelines developed by the National Heart, Lung, and Blood Institute Expert Panel on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults recommend that surgical procedures be reserved for patients with class III obesity and for patients with class II obesity who have at least 1 other obesity-related illness. The long-term health effects of surgery for obesity are not well characterized.

For more information, contact the following organizations:

Centers for Disease Control and Prevention

<http://www.cdc.gov>

healthfinder®

<http://www.healthfinder.gov>

National Institutes of Health

National Heart, Lung, and Blood Institute

<http://www.nhlbi.nih.gov>

National Institutes of Health

National Institute of Diabetes & Digestive & Kidney Diseases

<http://www.niddk.nih.gov>



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U.S. Preventive Services Task Force

Members of the USPSTF represent the fields of family medicine, gerontology, obstetrics-gynecology, pediatrics, nursing, prevention research, and psychology. Members of the U.S. Preventive Services Task Force are:

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