Obesity Screening and Assessment of Patient Readiness for Weight Loss

General Recommendations

A body mass index (BMI) (calculated as weight in kilograms divided by height in meters squared) above 25 is considered overweight and a BMI above 30 is considered obese. In addition, obesity can be further divided into three classes of extreme obesity in individuals with a BMI above 40 (see Body Mass Index Table). Most electronic medical records routinely calculate and display BMI for health care providers. Many patients are unaware of what their BMI is or how it affects their health.

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<th>BMI</th>
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<th>OVERWEIGHT</th>
<th>OBESE</th>
<th>EXTREME OBESITY</th>
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<th>HEIGHT (Inches)</th>
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The U.S. Preventive Services Task Force (USPSTF) updated its clinical guideline for screening and management of obesity in adults (grade B) (1). The USPSTF not only recommends screening all adults for obesity, it also suggests that clinicians should offer treatment or referral of patients with a BMI of 30 or greater to intensive, multicomponent behavioral interventions. The USPSTF suggests a team approach for all practitioners.

Multiple behavioral management activities may include the following (1):

- Group sessions
- Individual sessions
- Setting weight loss goals
- Improving diet or nutrition
- Physical activity sessions
- Addressing barriers to change
- Active use of self-monitoring
- Strategizing how to maintain lifestyle changes

The American College of Obstetricians and Gynecologists (ACOG) also recommends that routine medical examinations include an assessment of the patient’s weight and BMI and that physicians consider a team approach to overweight and obesity management. Referral for further evaluation and treatment is indicated if the management team does not have the appropriate resources to meet the patient’s needs, the patient has a BMI of 40 or greater, the patient has a BMI of 35 or greater with comorbid medical conditions, or the prior appropriate treatments have been unsuccessful (2, 3).

异味 Obstetrician–Gynecologists

In Committee Opinion No. 591, Challenges for the Overweight or Obese Woman, ACOG provides several recommendations for how obstetrician–gynecologists can be engaged in promoting healthy lifestyles such as discussing healthy lifestyle behavior at each visit, advocating for sponsorship of a free exercise or wellness program at their hospital or medical organization, partnering with the hospital’s community liaison office to advocate for safe accessible outdoor recreational areas, and encouraging patients to shop at farmers’ markets (4).

Surveys of ACOG members reveal that 37% of their nonpregnant patients with private health insurance rely on them for routine primary care. A total of 54.7% of ACOG physicians counsel their patients most of the time about appropriate physical activity, 75.8% counsel their patients about weight control most of the time or often, and 52.9% referred obese patients to a behavior modification or therapy program for weight management at least sometimes (5, 6). Given the USPSTF recommendations and information on clinical practices, obstetrician–gynecologists have a responsibility to identify and treat obesity in their daily practices. Health care professionals can play a pivotal role and motivate patients to adjust their behavior and lose weight.
Prepregnancy Care

Entering a pregnancy with an elevated BMI increases the risk of gestational diabetes, hypertensive diseases, stillbirth, macrosomia, and cesarean delivery. In addition, the fetus is at higher risk of birth defects and childhood and adult obesity (7). All ACOG Fellows should engage patients in a weight loss plan that recognizes the importance of the risk of obesity in pregnancy or should refer women to health care providers who will support and treat the patient before pregnancy. Data support that pharmacotherapy and bariatric surgery are safe before pregnancy. However, medications for weight loss are not recommended during pregnancy. Pregnancies that occur after bariatric surgery require a more intense evaluation of nutritional status.

Successful Screening and Management of Obesity

At least three factors are necessary for successful treatment of overweight and obesity, regardless of health care provider subspecialty (8):

1. Recognition of obesity as a medical problem
2. Willingness to provide counseling
3. Adequate skills and resources

Although many health care professionals recognize the obligation to treat patients who are overweight and obese, surveys show that this is not routine primarily because many health care professionals do not believe they are qualified to treat these patients in their own practices (8–11). Reasons for avoidance include the following circumstances (11–22):

- Inadequate training to knowledgeably discuss weight and healthy behavior
- Discomfort in discussing sensitive issues
- Lack of time in routine annual examinations
- Lack of compensation for preventive services
- Lack of access to guidelines
- Perceived inability to change patient behavior
- Negative attitudes toward obese patients
- Lack of access to appropriate support services
- Disbelief in the importance of preventive counseling
- Perceived lack of patient concern
- Health care providers’ conflicted feelings about their own body weight and image

It is recommended that this discussion be considered the most important “teachable moment,” a naturally occurring health event or circumstance that leads individuals to make health behavior changes (23). In a qualitative analysis, almost all patients who were successful at losing weight reported that the initiating event was an explicit warning from a doctor or the discovery of a risk factor during a health care provider’s routine screening (24). Physician advice can influence a patient’s self-efficacy, weight loss efforts, and motivation (6, 25). National Institute of Health guidelines highlight the importance of the health care provider in a multidisciplinary team for the assessment, treatment, and follow-up during weight loss efforts (26). If health care providers do
not feel comfortable discussing obesity with their patients or lack the knowledge to do so, the downside is that an inconsistent message may be given by ignoring the issue or providing incorrect information.

In order to screen for overweight or obesity, BMI should be calculated. Several charts, wheels, online calculators, and electronic medical record systems are available that easily calculate BMI. A patient’s waist circumference, measured at the iliac crest parallel to the ground, may be more predictive of risk than peripheral fat and is very helpful in screening for obesity. Based on BMI, waist circumference, risk factors, and readiness to lose weight, the patient should be offered intervention or should be referred for further treatment, including nutrition and physical activity advice (lifestyle therapy), intensive programs, pharmacotherapy, weight loss surgery, or all of these (see Obesity Assessment Algorithm).

Abbreviations: AODM, adult-onset diabetes mellitus; BMI, body mass index; GERD, gastroesophageal reflux disease; PCOS, polycystic ovary syndrome.

Color key: Yellow boxes=screening; green boxes=treatment.

The practice of motivational interviewing is emerging as an effective and efficient catalyst for behavior change (27). This approach encourages patient participation through listening and active exploration of uncertainties. In the end, the goal is to allow the patient to choose a healthy path. Many studies have demonstrated that motivational interviewing prepares patients to be more ready for weight loss. Techniques surrounding this type of interviewing can be learned through didactics or videos.

If a patient is not ready to begin treatment for weight loss, education on the risks of obesity should be provided and the topic discussed at the next visit. Discussing obesity prevention with patients with a healthy BMI also is appropriate.

References


## Resources

- STOP Obesity Alliance
- STOP Obesity Alliance: Why weight? A Guide to Discussing Obesity and Health with Your Patients
- USPSTF: Obesity in Adults: Screening and Management, June 2012
- CDC: Assessing Your Weight
- NHLBI: Risks of Overweight and Obese
- Patient forms and questionnaires that can be modified/adapted for use into clinical practice:
  - University of Michigan other various patient questionnaires
  - New patient screening form
- Printable Tools for Practice
  - Obesity Assessment Algorithm
  - Body Mass Index Table
  - Waist Circumference Tool