

Obesity Guidelines 2

Promise & Potential

Donna H. Ryan, MD FACP



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“Are we there yet?”



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Obesity Guidelines 2: Context

- Most PCPs are not trained in obesity etiology, pathogenesis, diagnosis and treatment.
- Culture promotes supplements and dietary approaches that promise quick and easy weight loss.
- PCPs need authoritative recommendations for managing weight to improve their patient's health.



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Obesity 2 Guidelines

- Backed by stringent methodology
- Therefore, speak with authority
- But limited in scope:
 - Who needs to lose weight?
 - What are the benefits of weight loss and how much weight loss is needed?
 - What is the best diet?
 - What is the efficacy of lifestyle intervention?
 - What are the benefits and risks of the bariatric surgical procedures?

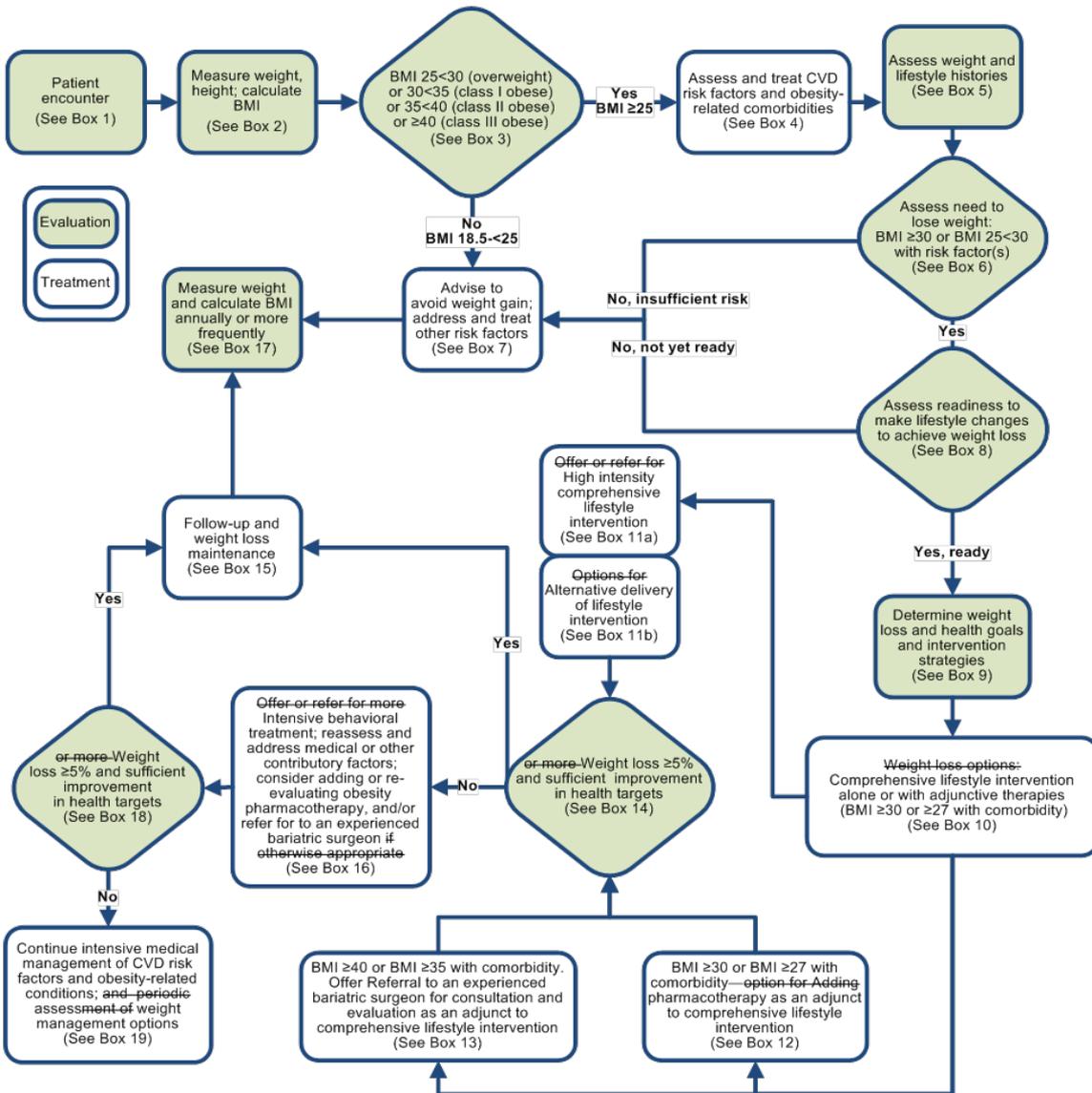


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The Guidelines Include a Treatment Algorithm

The Chronic Care Model of Weight Management by PCPs



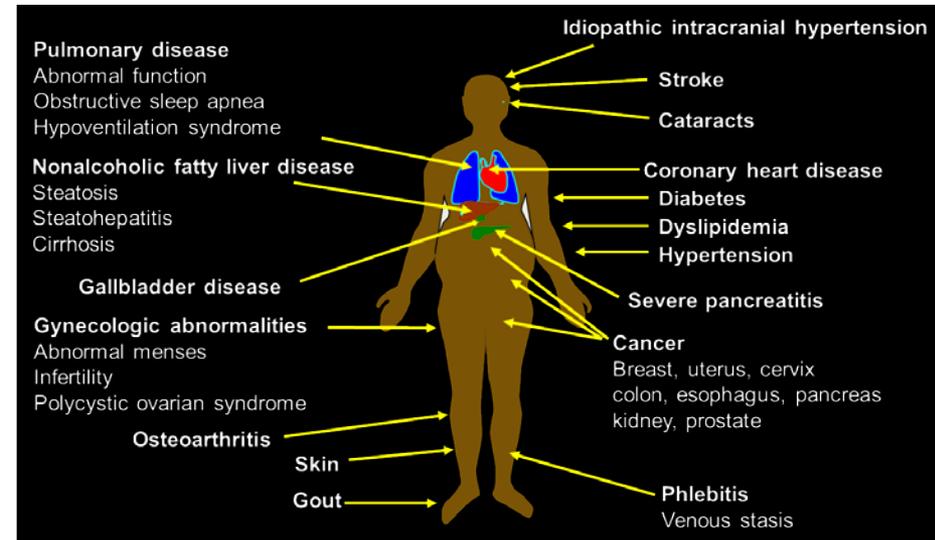
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Recommendation 1

To identify patients who might be at risk for obesity-related health problems

- Use BMI as an easily performed first screening step
- Use Waist Circumference as an indicator of risk for CVD, type 2 diabetes, and all-cause mortality
- Continue to use current BMI and WC cut points in common use



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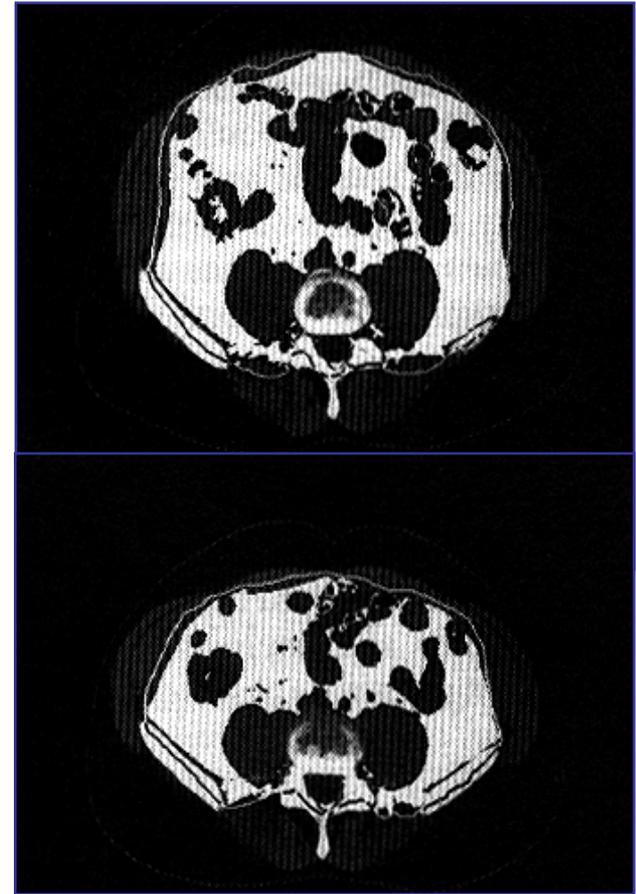


Recommendation 2

Counsel patients about the benefits of weight loss:

- Lifestyle changes that produce modest (3% to 5%) sustained weight loss result in clinically meaningful health benefits - improvements in TG, glucose, A1c and diabetes risk.
- Greater amounts of weight loss improve blood pressure, LDL-C, HDL-C and reduce the need for medications to control blood glucose, blood pressure and lipids as well as further reduce TG and glucose.

Note: most studies recommended a goal of 5-10% weight loss



After 10-kg-weight loss
(85 kg, BMI 29)



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Recommendation 3

In recommending a diet for weight loss

- there is no ideal diet for weight loss and no superiority for any of the myriad diets reviewed;
- Prescribe a diet to achieve reduced caloric intake, as part of a comprehensive lifestyle intervention.
- Choose diet composition considering the patient's preferences and health status and preferably refer to a nutrition professional for counseling.



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Recommendation 4



- Patients who need to lose weight should receive a comprehensive program (diet, physical activity and behavior modification) of 6 months or longer.
- The gold standard is on site, high intensity (>14 sessions in 6 months) comprehensive intervention delivered in group or individual sessions by a trained interventionist and persisting for a year or more.
- Other approaches (i.e., web-based, telephonic) may be used when patients can't access the gold standard albeit though the amount of weight loss on average may be less.



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Recommendation 5

- Advise your patients with BMI ≥ 35 and a co-morbidity or ≥ 40 that bariatric surgery may be an appropriate option to improve health and offer referral to an experienced bariatric surgeon for consultation and evaluation.



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Gaps & Topics for Future Guidelines

- No Critical Question on pharmacotherapy
 - When Critical Questions developed only sibutramine and orlistat were on the market and sibutramine was removed shortly after.
 - The algorithm offers Expert Panel recommendations on pharmacotherapy + comprehensive lifestyle intervention.
- No Critical Question on physical activity protocols
- No Critical Question on weight gain with medications
- Evidence review required for WC and BMI as categorical variables to establish additional recommendations regarding cut points.



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Conclusions

- High quality treatments are available and have been shown to result in medically important weight loss for patients who need to lose weight.
- Translation will depend upon
 - Providing primary care providers with information regarding success rates of the programs they work with for obesity treatment
 - Reimbursement practices for successful treatment programs, primary care physicians and specialists
 - Education of the primary care provider workforce, which will require great effort
- The Obesity Society, AHA, ACC and appropriate partners must address these translational needs.



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