Screening for and Management of Obesity in Adults: U.S. Preventive Services Task Force Recommendation

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The full report is titled "Screening for and Management of Obesity in Adults: U.S. Preventive Services Task Force Recommendation Statement." It is in the 4 September 2012 issue of *Annals of Internal Medicine* (volume 157, pages 373-378). The author is V.A. Moyer, on behalf of the U.S. Preventive Services Task Force.

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Who developed these guidelines?

The U.S. Preventive Services Task Force (USPSTF) developed these recommendations. The USPSTF is a group of health experts that reviews published research and makes recommendations about preventive health care.

What is the problem and what is known about it so far?

Weighing too much can lead to health problems and even early death. Body mass index (BMI) is a measure of the appropriateness of a person's weight. To calculate BMI, weight in kilograms is divided by the square of height in meters. A BMI calculator from the National Heart, Lung, and Blood Institute is available at www.nhlbisupport.com/bmi. Normal BMI is 18.5 to 24.9 kg/m^2. People with BMIs of 25 to 29.9 kg/m^2 are overweight, and people with BMIs of 30 kg/m^2 or higher are obese.

Although almost one third of American adults weigh too much, doctors often do not address weight problems with their patients. Treatment options include behavioral therapy to educate patients about changing diet and exercise and providing strategies to help make these changes. For some patients, weight-loss medications or surgery may be appropriate.

How did the USPSTF develop these recommendations?

The USPSTF reviewed trials of weight-loss interventions published since its 2003 recommendation on obesity. Only studies of interventions that could be done in primary care offices were included. These interventions included counseling about diet and exercise and strategies to motivate lifestyle change with or without weight-loss drugs. Both benefits and harms were examined. Potential harms included injury from increased exercise, bone changes, eating disorders, and adverse effects from drugs.

What did the authors find?

Behavioral interventions that are intensive and include multiple components can lead to an average weight loss of 8.8 to 15.4 lb, plus improvement in blood sugar and other risk factors for heart disease. Unfortunately, no studies followed people long enough to see whether these improvements led to fewer heart problems or other undesirable health events. The USPSTF found that the risk for harm from behavioral interventions is small.

Combined behavioral and drug interventions also resulted in weight loss and favorable changes in blood sugar. However, because of a lack of long-term safety data, reports of liver failure in patients receiving orlistat, and a lack of approval of the use of metformin to treat obesity, the USPSTF could not recommend combined interventions.

Available studies did not enable the USPSTF to assess the effects of interventions in patients who are overweight but not obese.

What does the USPSTF recommend that patients and doctors do?

Adult patients who see doctors for preventive care should be screened for obesity by having their BMI calculated after their weight and height are measured.

Doctors should offer obese patients (BMI $\geq$30 kg/m^2) an intensive behavioral intervention either in their own offices or by referral to another provider.

What are the cautions related to these recommendations?

Health risk begins to increase when patients are overweight (BMI of 25 to 29.9 kg/m^2), but evidence for effective treatment of overweight patients is lacking. For some obese patients, medications or surgery may be helpful in addition to behavioral interventions, but this was beyond the scope of these recommendations.