Obesity is a complex, progressive, and relapsing chronic disease characterized by abnormal and/or excessive body fat (adiposity) that impairs health.

1. **Ask**
   - Weight is a sensitive issue. Do not assume every patient with a larger body has obesity. Ask for permission to discuss body weight. Does the person feel their weight is impairing their medical, functional, or psychosocial health?
     - "Would it be alright if we discussed your weight?"
   - If the person is not ready to discuss their weight offer resources about obesity as a chronic disease and an open opportunity to reassess.

2. **Assess**
   - Understanding an individual's story and life context is crucial in the management of obesity.
     1. The value-based goal that matters to the patient
        - e.g. Being able to play at the park with my grandchildren
     2. Obesity classification (height, weight, BMI & waist circumference)
     3. Adiposity related complications and 'root causes' of weight gain
        (4M framework - Mechanical, Metabolic, Mental and Social Milieu)
     4. Disease severity e.g. Edmonton Obesity Staging System (EOSS)

3. **Advise**
   - On obesity risks. Discuss the health benefits of obesity management.

### Medical Nutrition Therapy (MNT)
MNT is used in managing chronic diseases and focuses on nutrition assessment, diagnostics, therapy and counselling.
MNT should:
- be personalized and meet individual values, preferences and treatment goals to promote long term adherence
- be administered by a registered dietitian to improve weight-related and health outcomes

### Physical Activity
30-60 mins of aerobic activity on most days of the week, at moderate to vigorous intensity, can result in:
- a. small amount of weight and fat loss
- b. improvements in cardiometabolic parameters
- c. weight maintenance after weight loss

- Remember nutrition and physical activity recommendations are important for all Canadians regardless of body size or composition.

### The Three Pillars of Obesity Management that Support Nutrition and Activity

#### Psychological Intervention
- a. Implement multicomponent behaviour modification
- b. Manage sleep, time, and stress
- c. Cognitive behavioural therapy and/or acceptance and commitment therapy should be provided for patients if appropriate

#### Pharmacological Therapy
- a. liraglutide
- b. naltrexone/bupropion
  - *in a combination tablet*
- c. orlistat

**CRITERIA**
- BMI ≥30 kg/m² or
- BMI ≥27 kg/m² with obesity (adiposity) related complications

#### Bariatric Surgery
- Procedure should be decided by surgeon in discussion with the patient.
- a. Sleeve gastrectomy
- b. Roux-en-Y gastric bypass
- c. Biliopancreatic diversion with/without duodenal switch

**CRITERIA**
- BMI ≥40 kg/m² or
- BMI ≥35 - 40 kg/m² with an obesity (adiposity) related complication or
- BMI ≥30 kg/m² with poorly controlled type 2 diabetes

### Treating the root causes of obesity is the foundation of obesity management - refer to the 4M framework - mechanical, metabolic, mental and social milieu

#### 4. Agree
- Agree on realistic expectations, sustainable behavioural goals, and health outcomes. Agree on a personalized action plan that is practical and sustainable, and addresses the drivers of weight gain.

#### 5. Assist
- Assist in identifying and addressing drivers and barriers. Provide education and resources. Refer to appropriate providers or interdisciplinary teams (if available). Arrange for regular, timely follow-up.