OBESITY IN ADULTS
A clinical practice guideline

BMI IS NOT AN ACCURATE TOOL FOR IDENTIFYING OBESITY-RELATED COMPLICATIONS

ASK PERMISSION
"Would it be all right if we discussed your weight?"
Asking permission
- Shows compassion and empathy
- Builds patient–provider trust

ASSESS THEIR STORY
- Goals that matter to the patient
- Obesity classification (BMI and waist circumference)
- Disease severity (Edmonton Obesity Staging System)

THE PATIENT JOURNEY IN OBESITY MANAGEMENT

1. ASK PERMISSION
2. ASSESS THEIR STORY
3. ADVISE ON MANAGEMENT
   - Medical nutrition therapy
     - Personalized counselling by a registered dietitian with a focus on healthy food choices and evidence-based nutrition therapy
   - Exercise
     - 30-60 min of moderate to vigorous activity most days
   - Psychological
     - Cognitive approach to behaviour change
     - Manage sleep, time and stress
     - Psychotherapy if appropriate
   - Medications
     - For weight loss and to help maintain weight loss
   - Bariatric surgery
     - Surgeon–patient discussion

4. AGREE ON GOALS
   - Collaborate on a personalized, sustainable action plan

5. ASSIST WITH DRIVERS AND BARRIERS

OBESITY complex disease in which abnormal or excess body fat impairs health

Effects:
- ▼ health
- ▼ quality of life
- ▼ lifespan

People with obesity experience weight bias and stigma

Weight bias thinking that people with obesity do not have enough willpower or are not cooperative

Stigma acting on weight-biased beliefs

Increased complications and mortality independent of weight or BMI

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- Cognitive approach to behaviour change
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Bariatric surgery
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The patient journey in obesity management

Treating the root causes of weight gain is the foundation of obesity management

Focus on patient-centred health outcomes versus weight loss alone

4M
- Social milieu
- Psychological
- Mechanical
- Metabolic

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