



# **VA/DoD CLINICAL PRACTICE GUIDELINE FOR THE MANAGEMENT OF ADULT OVERWEIGHT AND OBESITY**

**Department of Veterans Affairs**

**Department of Defense**

## **Patient Summary**

### **QUALIFYING STATEMENTS**

The Department of Veterans Affairs and the Department of Defense guidelines are based upon the best information available at the time of publication. They are designed to provide information and assist decision making. They are not intended to define a standard of care and should not be construed as one. Neither should they be interpreted as prescribing an exclusive course of management.

This Clinical Practice Guideline is based on a systematic review of both clinical and epidemiological evidence. Developed by a panel of multidisciplinary experts, it provides a clear explanation of the logical relationships between various care options and health outcomes while rating both the quality of the evidence and the strength of the recommendation.

Variations in practice will inevitably and appropriately occur when clinicians take into account the needs of individual patients, available resources, and limitations unique to an institution or type of practice. Every healthcare professional making use of these guidelines is responsible for evaluating the appropriateness of applying them in the setting of any particular clinical situation.

These guidelines are not intended to represent TRICARE policy. Further, inclusion of recommendations for specific testing and/or therapeutic interventions within these guidelines does not guarantee coverage of civilian sector care. Additional information on current TRICARE benefits may be found at [www.tricare.mil](http://www.tricare.mil) or by contacting your regional TRICARE Managed Care Support Contractor.

**Version 3.0 – 2020**

## I. What is Overweight? What is Obesity?

Having a weight that is higher than what is considered healthy for a given height is described as overweight or obesity. Overweight and obesity are terms used to describe different degrees of carrying extra fatty tissue or fat, above an ideal weight. Overweight and obesity are typically identified through routine health screening at a clinic or doctor’s office by measuring height and weight, both of which are then used to calculate body mass index (BMI) by dividing your weight by your height. In some cases, waist circumference (size or girth) is also measured. Carrying excess weight in the waist or around the belly (measured by waist circumference) is thought to be less healthy compared to excess weight elsewhere in the body. The table below defines overweight and obesity by BMI and shows how high waist circumference can further increase risk of disease at each BMI level.

### Overweight and Obesity Classification by BMI and Associated Disease Risk

Classification	BMI (kg/m <sup>2</sup> )	Disease Risk* with Normal Waist Circumference	Disease Risk* with Excessive Waist Circumference
Underweight	<18.5	--	--
Normal	18.5 – 24.9	--	--
Overweight	25.0 – 29.9	Increased	Moderate
Obese Class 1	30.0 – 34.9	Moderate	Severe
Obese Class 2	35.0 – 39.0	Severe	Very Severe
Obese Class 3	≥40.0	Very Severe	Very Severe

\*Disease risk for obesity-associated conditions

Abbreviations: BMI: body mass index; kg: kilograms; m: meters

The classification table is based on the link between BMI, chronic disease, and the risk of dying. The relationship between BMI and disease risk varies for individuals and populations. Individuals whose BMI falls into the Obese Class 1, 2, or 3 categories (BMI ≥ 30 kg/m<sup>2</sup>) have been shown to benefit from weight loss by lowering their risk for diabetes, prediabetes, high blood pressure and high cholesterol. Use the [chart on page eight](#) to determine your BMI category.

## II. Why is it Important to Know about Overweight and Obesity?

Having overweight or obesity increases your chance of developing serious health problems. In fact, obesity is one of the leading causes of preventable death in the United States (U.S.). Many things can contribute to overweight and obesity, including your family history and genetics, metabolism (the way your body converts food and oxygen into energy), environment, behaviors and habits, and medications.

Overweight or obesity increases the chance that a person may develop these common conditions and diseases:

- Heart disease
- Stroke
- High blood pressure (hypertension)
- Diabetes and pre-diabetes

- Certain types of cancer (colorectal [colon], breast cancer in postmenopausal women, and prostate cancers among them)
- High cholesterol or dyslipidemia (excess fat in the bloodstream)
- Obstructive sleep apnea (airway blockage that affects breathing while asleep)
- Osteoarthritis (wear and tear of joints, especially hips and knees)
- Non-alcoholic fatty liver disease (build-up of fat in the liver that can lead to cirrhosis [scarring], liver failure, and liver cancer)

### III. How Common are Overweight and Obesity?

- 40% of all adults age 20 or older in the U.S. have obesity and an additional 32% have overweight.[\[1\]](#)
- The U.S. has one of the highest rates of obesity among all developed nations in the world.[\[2\]](#)
- Obesity is especially common among non-Hispanic Blacks and Hispanics.[\[1\]](#)
- 17% of U.S. Service Members have obesity.[\[3\]](#)
- 41% of Veterans receiving care in the Veterans Health Administration have obesity.[\[4\]](#)

### IV. Strategies and Goals for Weight Management

For many people with overweight or obesity, the first goal for treatment may be to lose 5-10% of their body weight. There are important health benefits that can result from this amount of weight loss. These benefits include improvements in: blood pressure, cholesterol, risk of developing diabetes and other chronic conditions, and overall quality of life.

Weight management strategies:

- Set a goal for a small behavior change you can put into practice and maintain long term (example: “I will switch out one sugary beverage for water daily”)
- Use SMART goals to identify small changes you can make that will help you reach your overall weight loss goal. A SMART goal is one that is:
  - ◆ **Specific** – What will you do?
  - ◆ **Measurable** – How will you know you are making progress?
  - ◆ **Action-oriented** – What actions will you take to reach the goal?
  - ◆ **Realistic**- Is the goal doable for you? and
  - ◆ **Time-based** – When will you start? When will you review your goal to see if it makes sense to keep working on it?
- Work towards participating in lifestyle and physical activities you enjoy or have enjoyed in the past
- Make healthy changes to your diet and beverage choices (e.g., limit sweet drinks)

- Talk to your healthcare providers and pharmacist to better understand the factors that may have contributed to weight gain or make it difficult for you to lose weight
- Think about what may get in the way of your weight loss goals. Share your goals with your friends and family and ask them for help reaching your weight loss goals (e.g., agree to have fewer sodas in the workplace and at home)

## V. Weight Management Options

Weight management is a lifelong commitment that requires lifestyle changes and ongoing long-term follow up with your healthcare team. The Department of Defense and the Veterans Health Administration have treatments and resources available to provide help and support with your weight management goals.

### A. Comprehensive Lifestyle Intervention

A comprehensive lifestyle intervention is an essential part of any treatment for overweight or obesity. Comprehensive lifestyle interventions are programs that combine changes to habits and behaviors as well as dietary intake, and physical activity, with support from a health coach or other member of a health care team. Comprehensive lifestyle interventions can be provided to individuals or in a group setting either in-person or by telephone or video connection. You and your provider may also discuss other lifestyle changes and the importance of losing weight and keeping it off.

Weight loss can be achieved if you take in less energy (fewer calories) than your body needs to maintain your current weight. There are a variety of dietary approaches that can support weight loss. Finding the best approach for you, with the help of your health care team, will help you choose the one that can most easily become a lifelong habit. There are also many physical activities to choose from. Choosing physical activities that you enjoy will help you stick with them. Keep in mind that short bursts of physical activity regularly can be just as helpful as longer periods of physical activity if you have time limitations.

### B. Weight Management Medications

Some medications you may be taking for other health conditions can actually cause weight gain or make it harder to lose weight. To start, check in with your doctor and pharmacist about the medications you are on right now and see if any of them are making it harder for you to lose weight. You may be able to switch to something that doesn't contribute to overweight or obesity.

#### Did You Know?

- Some common medications used to treat other conditions may affect your weight.
- Ask your doctor or pharmacist to review all of your medications for any that may be causing weight gain. They may be able to suggest a different medication for you.

In addition, some people may benefit from taking a medication specifically for weight loss in addition to participating in a comprehensive lifestyle intervention to help achieve a healthier weight. You and your doctor may consider using a medication that has been approved for weight loss. Medications approved by the U.S. Food and Drug Administration (FDA) for long-term weight management include: liraglutide (Saxenda), naltrexone/bupropion (Contrave), orlistat (Xenical, Alli), and phentermine/

topiramate (Qsymia). Below are some important points to consider when deciding if weight loss medication is right for you:

- Medications for weight loss can be prescribed at any time during treatment for weight management, but they should always be used in combination with a comprehensive lifestyle intervention.
- Choosing a medication should be a shared decision between you and your provider. There is no one medication that is right for everyone. Your provider may suggest a medication based on how well it works, other conditions you may have, or potential side effects. Since there are side effects with medications, your provider will monitor you carefully.
- If you do not lose a certain amount of weight in 3-4 months or if you regain a significant portion of weight you previously lost, your provider may talk to you about trying a higher dose of the same medication or trying a different medication.
- Weight loss medications are often used long-term since weight is easily regained when a medication is stopped.
- Taking weight loss medication for a longer period of time does not always lead to greater weight loss. However, continued use may help to maintain weight and avoid weight regain.

### **C. Weight Loss Surgery**

Weight loss surgery may be considered for people with obesity who do not, or are unlikely to, lose enough weight through a comprehensive lifestyle intervention. If you are considering surgery, your doctor and surgeon may discuss several different types of weight loss surgery. Common surgeries include: sleeve gastrectomy, Roux-en-Y gastric bypass, or, rarely, adjustable gastric banding or biliopancreatic diversion with duodenal switch. As with any surgery, there are health risks that come with weight loss surgery. Surgery also requires making significant and lifelong changes to your lifestyle and taking additional minerals and vitamins to remain healthy and prevent weight regain. Following the surgery, you will continue to have regular visits with your health care team to monitor your overall health, weight, and nutritional status.

## **VI. Questions to Ask Your Care Team**

Ask your provider about anything that is unclear to you. Some examples may include:

- How might my health improve if I lose weight?
- Am I on any medications that are making it harder for me to lose weight? Are there others that I could take that would be less likely to have those effects?
- How do I learn more about weight management and treatment options that are available to me?
- How do I learn more about making changes to my eating habits?
- What can I do to safely increase my level of physical activity?
- What are the possible benefits and harms of taking weight management medications?
- Will my medications need to be changed if I lose weight?
- Is weight loss surgery an option for me?

## VII. Questions to Ask Yourself

- What would you like to do or keep doing in the next 3 months with your diet to be as healthy as possible?

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- What would you like to do or keep doing in the next 3 months with physical activity to be as healthy as possible?

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## VIII. You can find more information about overweight and obesity here:

- National Health, Lung, and Blood Institute: <https://www.nhlbi.nih.gov/health-topics/overweight-and-obesity>
- Centers for Disease Control and Prevention: <https://www.cdc.gov/obesity/index.html>
- VA MOVE! Weight Management Program for Veterans: <https://www.move.va.gov/>
- Comprehensive Soldier and Family Fitness: <https://armyfit.army.mil>



## IX. Body mass index (BMI)



		WEIGHT																									
		120	130	140	150	160	170	180	190	200	210	220	230	240	250	260	270	280	290	300	310	320	330	340	360	380	400
HEIGHT	5'0"	23	25	27	29	31	33	35	37	39	41	43	45	47	49	51	53	55	57	59	61	63	65	66	70	74	78
	5'1"	23	25	27	28	30	32	34	36	38	40	42	44	45	47	49	51	53	55	57	59	61	62	64	68	71	75
	5'2"	22	24	26	27	29	31	33	35	37	38	40	42	44	46	48	49	51	53	55	57	59	60	62	65	69	73
	5'3"	21	23	25	27	28	30	32	34	36	37	39	41	43	44	46	48	50	51	53	55	57	59	60	63	67	70
	5'4"	21	22	24	26	28	29	31	33	34	36	38	40	41	43	45	46	48	50	52	53	55	57	58	61	65	68
	5'5"	20	22	23	25	27	28	30	32	33	35	37	38	40	42	43	45	47	48	50	52	53	55	56	60	63	67
	5'6"	19	21	23	24	26	27	29	31	32	34	36	37	39	40	42	44	45	47	49	50	52	53	55	58	61	64
	5'7"	19	20	22	24	25	27	28	30	31	33	35	36	38	39	41	42	44	46	47	49	50	52	53	56	60	63
	5'8"	18	20	21	23	24	26	27	29	30	32	34	35	37	38	40	41	43	44	46	47	49	50	52	55	58	61
	5'9"	18	19	21	22	24	25	27	28	30	31	33	34	36	37	38	40	41	43	44	46	47	49	50	53	56	59
	5'10"	17	19	20	22	23	24	26	27	29	30	32	33	35	36	37	39	40	42	43	45	46	47	49	52	55	57
	5'11"	17	18	20	21	22	24	25	27	28	29	31	32	34	35	36	38	39	41	42	43	45	46	47	50	53	56
	6'0"	16	18	19	20	22	23	24	26	27	29	30	31	33	34	35	37	38	39	41	42	43	45	46	49	52	54
	6'1"	16	17	19	20	21	22	24	25	26	28	29	30	32	33	34	36	37	38	40	41	42	44	45	48	50	53
	6'2"	15	17	18	19	21	22	23	24	26	27	28	30	31	32	33	35	36	37	39	40	41	42	44	46	49	51
	6'3"	15	16	18	19	20	21	23	24	25	26	28	29	30	31	33	34	35	36	38	39	40	41	43	45	48	50
6'4"	15	16	17	18	20	21	22	23	24	26	27	28	29	30	32	33	34	35	37	38	39	40	41	44	46	49	
6'5"	14	15	17	18	19	20	21	23	24	25	26	27	29	30	31	32	33	34	36	37	38	39	40	43	45	47	
6'6"	14	15	16	17	19	20	21	22	23	24	25	27	28	29	30	31	32	34	35	36	37	38	39	42	44	46	
6'7"	14	15	16	17	18	19	20	21	23	24	25	26	27	28	29	30	32	33	34	35	36	37	38	41	43	45	
6'8"	13	14	15	17	18	19	20	21	22	23	24	25	26	28	29	30	31	32	33	34	35	36	37	39	42	44	
6'9"	13	14	15	16	17	18	19	20	21	23	24	25	26	27	28	29	30	31	32	33	34	35	36	39	41	43	
6'10"	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	34	35	35	38	40	42	

**Underweight:**  
BMI = less than 18.5

**Normal weight:**  
BMI = 18.5 to 24.9

**Overweight:**  
BMI = 25 to 29.9

**Obesity Class 1:**  
BMI = 30 to 34.9

**Obesity Class 2:**  
BMI = 35 to 39.9

**Obesity Class 3:**  
BMI = 40 and above

## X. References

1. Centers for Disease Control and Prevention. Health, United States, 2015 with special feature on racial and ethnic health disparities. *Atlanta, GA: U.S. Department of Health and Human Services, National Center on Health Statistics.* 2016.
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3. U.S. Army Public Health Center. 2018 health of the force. 2018:1-77.
4. Breland JY, Phibbs CS, Hoggatt KJ, et al. The obesity epidemic in the Veterans health administration: Prevalence among key populations of women and men Veterans. *J Gen Intern Med.* Apr 2017;32(Suppl 1): 11-17. PMID: 28271422.