

# Adult Weight Management (≥18 Years)

## Clinical Guideline



GroupHealth

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Key Points	2
Body Mass Index and Weight Management Options	4
Healthy Diet	5
Physical Activity	6
Accomplish™ Programs	7
Weight Watchers®	8
Self-Help Resources	9
Pharmacotherapy: Orlistat and Sibutramine	10
Bariatric Surgery	12
Patient-Centered Communication	13
Counseling for Patients with BMI 18.5–24.9	14
Counseling for Patients with BMI ≥25	15
Patient Information	17
Bibliography	19
Guideline Documentation	21

Most recent literature review: March 2006

**Guidelines** are systematically developed statements to assist patients and providers in choosing appropriate health care for specific clinical conditions. While guidelines are useful aids to assist providers in determining appropriate practices for many patients with specific clinical problems or prevention issues, guidelines are not meant to replace the clinical judgment of the individual provider or establish a standard of care. The recommendations contained in the guidelines may not be appropriate for use in all circumstances. The inclusion of a recommendation in a guideline does not imply coverage. A decision to adopt any particular recommendation must be made by the provider in light of the circumstances presented by the individual patient.

# Key Points

## Acknowledgments

For this guideline, Group Health has adapted elements of the following, with permission:

- Kaiser Permanente Care Management Institute Weight Management Initiative, 2006.
- "The Four Habits Model." Physician Education & Development, TPMG, Inc., 2003.
- "Brief Negotiation Approaches." Adapted from work by Miller and Rollnick 1990–1995 and Kaiser Permanente Center for Health Research, Portland, Ore.

## Healthy weight and body mass index

Healthy weight results from a balance of caloric intake (food) and energy output (physical activity). Most overweight adults can achieve weight loss by eating a healthy diet or increasing physical activity; however, doing both is most effective.

Overweight is a chronic health condition characterized by an excess of body fat that results from long-term mismatches in energy balance, in which daily energy intake exceeds energy expenditure. Overweight is most often defined by the body mass index (BMI), which is highly correlated with body fat. The BMI is weight in kilograms divided by height in meters squared ( $\text{kg}/\text{m}^2$ ). The risk of serious health conditions—such as high blood pressure, heart disease, arthritis, and stroke—increases with BMIs of 25 or higher. BMI should be calculated at least at every preventive care visit.

*Overweight* is defined as a BMI of 25 to 29.9, *obesity* as a BMI of 30 or higher. A BMI of 18.5 to 24.9 is considered *normal weight*. *Underweight* is defined as a BMI of less than 18.5.

**Note:** The BMI measures and related recommendations in this guideline apply to patients aged 18 years and older. Children and adolescents will be addressed separately in a forthcoming guideline.

## Patient-centered communication

- Healthy weight can only be achieved through a patient's decisions and actions.
- The health care team's role is to assess, advise, and support self-management.

## Helpful language

Weight is a sensitive topic for many people. Instead of obesity, try using terms like excess weight, overweight, and unhealthy weight.

## EpicCare Tips

### Ordering pamphlets and Healthwise Handbooks in Epic

The Resource Line can send pamphlets—such as "Nutrition Facts" and "Getting Healthier About Weight"—and the Healthwise Handbook directly to your patients. To create an order:

- First click on Order Entry.
- Type the name of the pamphlet into the Order field.
- If you type "pamphlets," you'll see all the pamphlets available through Epic.
- Click twice on a pamphlet, and it will appear as an order. Follow the usual procedure to complete the order.

The order will be filled on the same or next business day.

### After Visit Summary

Information about BMI is available for inclusion in the After Visit Summary (AVS). There are three messages reflecting different BMI ranges. See Patient Information for these and other topics available for inclusion in the AVS.

### Adding hyperlinks to MyEpic

To bookmark this guideline or any other Web page in MyEpic:

1. Click the MyEpic button (next to the Secure button).
2. If you have never been to MyEpic before, a Welcome screen will appear with instructions for creating a personalized page. Fill out the form and click "OK."
3. A MyEpic Report Status screen will appear. Click on "Edit" in the Hyperlinks section.

Another screen will appear. Add hyperlinks as follows:

- a. Type a title you will remember in the Title field.
- b. Type a Web address in the Address field, or paste a Web address using Ctrl+V on your keyboard. (Hint: If you are pasting, first delete the "http://" that is already in the address field.)
- c. Click the "Add" button.
- d. Click "OK" at the far right of the screen.

# Body Mass Index and Weight Management Options

## Body Mass Index (BMI)

The BMI is weight in kilograms divided by height in meters squared (kg/m<sup>2</sup>).

**Note:** The BMI does not take into account the difference between lean and fat body mass. Therefore, it is possible for a healthy, muscular individual with very low body fat to be classified as overweight or obese using the BMI formula.

<b>Clinical Classification</b>	<b>BMI</b>
Underweight:	<18.5
Normal weight:	18.5–24.9
Overweight:	25–29.9
Obesity	
Class I:	30–34.9
Class II:	35–39.9
Class III:	≥40

## Weight Management Goals, Advice, and Options by BMI

	<b>BMI 18.5–24.9</b>	<b>BMI ≥25</b>	<b>BMI ≥30 or BMI ≥27 with comorbidities*</b>	<b>BMI ≥50 or BMI 35–49.9 with comorbidities*</b>
<b>Initial Goal</b>	Weight maintenance	5–10% weight loss†	5–10% weight loss†	5–10% weight loss†
<b>Advice</b>	Support (p. 14)	Initial conversation (p. 15)	Initial conversation	Initial conversation
<b>Weight Management Options</b>				
<b>First steps</b>	Healthy diet (p. 5) Physical activity (p. 6)	Healthy diet Physical activity	Healthy diet Physical activity	Healthy diet Physical activity
<b>Later steps</b>		Accomplish™ programs (p. 7) Weight Watchers® (p. 8) Self-help resources (p. 9)	Accomplish™ programs Weight Watchers® Self-help resources	Accomplish™ programs Weight Watchers® Self-help resources
<b>Last steps</b>			Pharmacotherapy (p. 10)	Pharmacotherapy Bariatric surgery (p. 12)

\* Comorbidities and risk factors that can be improved by weight loss (NIH 1998, WHO 2000): Impaired fasting glucose or pre-diabetes; type 2 diabetes; dyslipidemia; hypertension; coronary heart disease; obstructive sleep apnea; osteoarthritis or degenerative joint disease; elevated waist circumference (if BMI <35): waist circumference of >40 inches in men or >35 inches in women.

† For most patients, 5–10% weight loss over 6 months is a realistic initial goal. When the patient has reached and maintained the initial goal weight for ≥12 months, consider setting a new goal.

## Healthy diet

For the general public aged 2 years and over, a healthy diet is one that

- Emphasizes fruits, vegetables, whole grains, and fat-free or low-fat milk and milk products
- Includes lean meats, poultry, fish, beans, eggs, and nuts
- Is low in saturated fats, trans fats, cholesterol, salt (sodium), and added sugars.

To **maintain body weight in a healthy range**, balance calories from foods and beverages with calories expended.

To **prevent gradual weight gain over time**, make small decreases in food and beverage calories and increase physical activity.

## Supporting information

- USDHHS and USDA Dietary Guidelines for Americans 2005 ([www.healthierus.gov/dietaryguidelines/](http://www.healthierus.gov/dietaryguidelines/))
- USDA Food Pyramid ([www.mypyramid.gov/](http://www.mypyramid.gov/))

## Physical activity

Regular physical activity has been shown to reduce the risk of certain chronic diseases, including high blood pressure, stroke, coronary artery disease, type 2 diabetes, colon cancer and osteoporosis. Therefore, to reduce the risk of chronic disease, it is recommended that adults engage in at least 30 minutes of moderate-intensity physical activity on most, preferably all, days of the week. For most people, greater health benefits can be obtained by engaging in physical activity of more vigorous intensity or of longer duration.

Regular physical activity is also a key factor in achieving and maintaining a healthy body weight for adults and children. To maintain weight loss, up to 90 minutes of moderate-intensity physical activity per day is recommended.

## Supporting information

Effectiveness*	Risks*	Comments*
Weight losses are very modest, 2.6 kg at 6 months decreasing to 1.3 kg at 1 year.	Exercise programs using moderate exercise goals are safe for most. Musculoskeletal injuries can occur. Pre-participation screening may be appropriate.	Exercise alone is not usually an effective strategy to achieve weight loss, though it is necessary for maintaining weight loss long-term. Adequate activity has many health benefits beyond weight loss.

\* Source: Kaiser Permanente Weight Management Initiative: Activity Therapy (<http://cl.kp.org/pkc/national/topics/cmi/wmi/adult/clinicians/txopts/index.htm#3>)

## **Accomplish™ Weight Management Programs**

Group Health's structured diet and exercise programs combine behavioral support, caloric restriction and/or meal replacement, and specific goals for physical activity. A maintenance program is also available and provides up to 18 months of ongoing counseling and support following weight loss.

- Take Charge - A classroom-based group program for people needing to lose 20 lb or more. Available in Seattle and Bellevue.
- HMR® @ Home - Weekly telephone sessions. Available throughout the Washington and Idaho service area.
- One on One - Individual counseling using the same diet program as Take Charge. Available in Seattle and Bellevue.
- For more information, see Group Health Weight Management Programs at [www.ghc.org/products/weight\\_management/index.jhtml](http://www.ghc.org/products/weight_management/index.jhtml).

### **Supporting information**

See also Kaiser Permanente Weight Management Initiative: Combined Therapy (<http://cl.kp.org/pkc/national/topics/cmi/wmi/adult/clinicians/txopts/index.htm#4>).

#### **Group Health outcome data**

Take Charge classroom program (Data gathered 1/1/2002–1/20/2005; N = 271)

- Average weight at outset: 241 lb
- Average weight at completion of weight loss phase: 202 lb
- Average weight loss: 38.7 lb
- Average number of weeks in weight loss: 22.4
- Participants attending maintenance class immediately following weight loss: 45%

HMR@Home telephone program (Data gathered 12/2002–2/2003; N = 23)

- Average weight at outset: 200.5 lb
- Average weight loss after 6 weeks: 15.4 lb
- Average weight loss after 13 weeks: 24.5 lb

One on One individual counseling (Program-specific data are not available.)

Maintenance program (Data gathered 1/1/2000–4/25/2003; N = 81)

- Average weight when entering weight loss phase: 239 lb
- Average total weight loss: 60.8 lb
- Average weight after 12 months of maintenance class: 192.3 lb Average percentage of lost weight kept off at 12 months post-diet: 76.2%, or 46.9 lb

#### **Costs**

Accomplish™ Weight Management Programs offers Group Health members a 10% discount on service fees for classes and telephone counseling during the weight loss phase of their participation. HMR® meal replacement products must be purchased separately.

## Weight Watchers®

Weight Watchers is a moderate-fat, balanced, reduced-calorie diet program. Such diets usually have 20–30% of total calories from fat, 15–20% from protein, and 55–60% from carbohydrates.

The Weight Watchers diet sets up a daily deficit of 500–1000 calories while providing a minimum of 1000–1200 calories for women and 1200–1400 for men. The program uses portion control and has participants track "points" instead of calories. The number of points allowed per day is based on current body weight, and participants can earn additional points through physical activity. While a variety of foods are allowed, high-fat foods have more points, encouraging higher intake of low-fat, high-fiber choices such as vegetables and whole grains. Participants can plan ahead for eating at special occasions by saving points during the week.

Weight Watchers offers regular weekly group meetings with counseling, as well as an online version of its program.

- See the Group Health members page on the Weight Watchers Web site, at [www.weightwatchers.com/cs/index.aspx?path=cs/ghc](http://www.weightwatchers.com/cs/index.aspx?path=cs/ghc).
- For more information, see Group Health Weight Management Programs at [www.ghc.org/products/weight\\_management/index.jhtml](http://www.ghc.org/products/weight_management/index.jhtml).

### Supporting information

See also Kaiser Permanente Weight Management Initiative: Combined Therapy (<http://cl.kp.org/pkc/national/topics/cmi/wmi/adult/clinicians/txopts/index.htm#4>).

Effectiveness	Risks	Comments
Average weight loss is 5.3–7.5% at 6 months and 2.7–3.2% at 1–2 years. Attrition is moderate with rates of 18–25% at 1 year (Tsai and Wadden 2005).	There is no evidence of adverse health events related to Weight Watchers (Tsai and Wadden 2005, Dansinger et al 2005).	In head-to-head comparisons, the Weight Watchers program has been found to be no more effective than other commercial diet programs in promoting weight loss (Dansinger et al 2005, Truby et al 2006).  Less costly than pharmacotherapy and very low-calorie diet programs.

### Evidence summary: commercial weight loss programs

A 2005 systematic review of commercial weight loss programs concluded that, with the exception of Weight Watchers, the evidence to support the use of the major commercial and self-help weight loss programs is suboptimal (Tsai and Wadden 2005). The review identified one multi-center and two single-center randomized controlled trials totaling 551 subjects. The multi-center RCT (Heshka et al 2003) found significantly more weight loss after 1 and 2 years with Weight Watchers compared to a self-help intervention. The absolute difference in weight loss between groups was 3.0 kg after 1 year and 2.7 kg after 2 years.

The Dansinger (2005) RCT found that four popular diet programs (Weight Watchers, Atkins, Ornish, and the Zone) had similar efficacy. There was statistically significant weight reduction of 2–3 kg in each group at 1 year compared to baseline, but no significant between-group differences. The study also found a statistically significant association between dietary adherence and weight loss for each diet. Implications of the Dansinger study are that all of these popular diets can be effective if patients are able to adhere to them.

## Self-help resources

Patients often ask for advice about popular diets, such as Atkins, South Beach, or the Zone. There are many popular diets, with variable levels of evidence on their effectiveness. Successful weight management depends less on the diet chosen than on the consistency and continuity of healthy nutritional choices throughout the patient's life. A patient's interest in exploring nutritional change can present a prime opportunity to discuss healthy diet and weight management goals; see Patient-Centered Communication for principles and strategies.

**Note:** As of September 2006, reviews of selected popular diets are underway, and will be included in future editions of this guideline.

## Supporting information

See also: Kaiser Permanente Weight Management Initiative: Self Care  
(<http://cl.kp.org/pkc/national/topics/cmi/wmi/adult/clinicians/txopts/index.htm>)

### Effectiveness\*

Receiving information or health care provider advice outside the context of a structured program has minimal impact on body weight.

### Risks\*

Patients may engage in unhealthy dietary practices. Nutritional constituents of the diet used may have adverse physiologic effects on glycemia, blood pressure, or lipids.

\* Source: Kaiser Permanente Weight Management Initiative: Self Care  
(<http://cl.kp.org/pkc/national/topics/cmi/wmi/adult/clinicians/txopts/index.htm>)

## Pharmacotherapy: Orlistat

- Typically dosed 120 mg t.i.d.
- Orlistat works on the intestinal system to block fat absorption.
- Orlistat is appropriate only after a failed trial of behavioral treatment targeting improved diet and physical activity.
- In clinical trials, orlistat was usually combined with a low-fat diet and increased physical activity.
- Patients prescribed orlistat should also take a multivitamin that includes fat-soluble vitamins.

## Supporting information

See also Kaiser Permanente Weight Management Initiative: Orlistat (<http://cl.kp.org/pkc/national/topics/cmi/wmi/adult/clinicians/txopts/index.htm#5>)

Effectiveness*	Risks*	Costs/Coverage	Comments*
Average weight loss at 6 months is 8.4 kg and 8.5 kg at 1 year, approximately 3.5 kg above that of study controls. Three-year weight loss is 7.8 kg. 45% of patients using orlistat lost >5% of body weight and 21% lost >10% of body weight.	Potential for fat-soluble vitamin deficiency. GI symptoms including loose and oily stools are common. Use of a daily fat-soluble multivitamin minimizes risk of nutritional deficiency.	Approximate retail price (capsule) 120 mg (90 ea): \$215.66	Weight will return to baseline after medication is discontinued. Use associated with decreased risk of diabetes, lower LDL cholesterol, and lower blood pressure.  Manufacturer: Roche Laboratories

\* Source: Kaiser Permanente Weight Management Initiative: Orlistat (<http://cl.kp.org/pkc/national/topics/cmi/wmi/adult/clinicians/txopts/index.htm#5>)

## Pharmacotherapy: Sibutramine

- Starting dose typically 5–10 mg daily.
- Sibutramine suppresses appetite and enhances satiety.
- Sibutramine should be used with caution as it can elevate blood pressure and heart rate. Adult patients with uncontrolled hypertension, cardiovascular disease, or a history of myocardial infarction or stroke should not take sibutramine. Patients taking selective serotonin reuptake inhibitors (SSRIs), monoamine oxidase inhibitors (MAOIs), triptans, and other agents that affect serotonin should avoid taking sibutramine.

## Supporting information

See also Kaiser Permanente Weight Management Initiative: Sibutramine (<http://cl.kp.org/pkc/national/topics/cmi/wmi/adult/clinicians/txopts/index.htm#6>)

<b>Effectiveness*</b>	<b>Risks*</b>	<b>Costs/Coverage</b>	<b>Comments*</b>
Average weight loss is 8.2 kg at 6 months and 1 year and 10.8 kg at 2 years. 63% of study patients lost >5% of body weight and 57% lost >10%.	Increased blood pressure and heart rate can occur. Should not be used in patients with hypertension, CAD, history of CVA, or CHF. 5% of patients need to discontinue therapy due to hypertension.	Approximate retail price (capsule) 5 mg (30 ea): \$101.42 10 mg (30 ea): \$91.99 15 mg (30 ea): \$119.99	Weight will return to baseline after medication is discontinued. Use associated with modest improvement in diabetes status, lower triglycerides, and higher HDL.  Manufacturer: Abbott Laboratories

\* Source: Kaiser Permanente Weight Management Initiative: Sibutramine (<http://cl.kp.org/pkc/national/topics/cmi/wmi/adult/clinicians/txopts/index.htm#6>)

### **Pharmacotherapy: Evidence Summary**

There is evidence from three meta-analyses (Padwal et al 2003, Arterburn et al 2004, Li et al 2005) that anti-obesity medications have a moderate effect on weight loss. A Cochrane Library review (Padwal et al 2003) was the most methodologically rigorous. It only included double-blind placebo-controlled RCTs with at least 1 year follow-up, and used intention to treat analysis. The Cochrane review found that, compared to placebo, the amount of weight lost after 1 year was 4.25 kg more with sibutramine versus placebo and 2.70 kg more with orlistat compared to placebo. A meta-analysis of orlistat trials found a small but statistically significant increase in fecal incontinence and discontinuation due to GI side effects. There was no meta-analysis of sibutramine side effects. The evidence base is limited by high attrition rates in individual studies.

One small RCT included a head-to-head comparison of orlistat and sibutramine in obese women who were adherent to a diet (Sari et al 2004). This study found significantly more weight loss after 6 months with either sibutramine alone or a combination of sibutramine plus orlistat compared to orlistat alone. The absolute difference in weight loss was about 4.5 kg with sibutramine alone and 5.5 kg with sibutramine and orlistat.

## **Bariatric surgery**

Roux-en-Y gastric bypass is the most commonly performed type of bariatric surgery. Other procedures include gastric banding and biliopancreatic diversion. Bariatric surgery is appropriate only after a trial of behavioral treatment and consideration of drug therapy.

- Group Health Bariatric Surgery Program <http://incontext.ghc.org/clinical/bariatric/bsp.html>
- Group Health Bariatric Surgery Clinical Review Criteria <http://www.ghc.org/hosting/clinical/criteria/reviewCriteria.jhtml?page=/common/clinical/criteria/obesitysurg05.html#medcrit>.

## Patient-Centered Communication

### What is the "patient-centered approach"?

- Healthy weight can only be achieved through a patient's decisions and actions.
- The health care team's role is to assess, advise, and assist with self-management (Glasgow et al 2003).

### Contrasting Approaches: Talking With Patients About Change

<b>Patient-Centered Approach (Brief Negotiation)</b>	<b>vs.</b>	<b>Usual Approach</b>
<ul style="list-style-type: none"><li>• Patient is responsible for making changes when ready.</li><li>• Clinician assesses patient's readiness to change.</li><li>• When patient is not ready for change, clinician lets go.</li><li>• Clinicians are the facilitators.</li></ul>		<ul style="list-style-type: none"><li>• Clinician is responsible for "making the patient change."</li><li>• Clinician treats everyone as "ready."</li><li>• When patient is not ready for change, clinician pushes harder.</li><li>• Clinicians are the experts.</li></ul>

### The "Five A's"

(Whitley et al 2002, Glasgow et al 2003)

The U.S. Preventive Services Task Force (USPSTF) adopted the Five A's approach to guide clinician counseling for a variety of health behavior changes, such as smoking cessation. This construct has the strongest evidence for effectiveness in behavior change (Whitlock et al 2002).

The Five A's are:

1. Ask
2. Advise
3. Assess readiness
4. Assist
5. Arrange

Five A's counseling can be individualized for patients' health conditions and BMI:

- BMI 18.5–24.9 (p. 14)
- BMI  $\geq 25$  (p. 15)

## Counseling for patients with BMI 18.5–24.9

### 1. Ask

- "Can we measure your weight and height today?"
  - "Your weight today is \_\_\_\_ and your BMI is \_\_\_\_."
  - "BMI is a number that shows your health risks, based on your height and weight."  
Show the patient a BMI chart from InContext if possible.
- "Would you like to take a few minutes to talk about your health and weight?"

### 2. Advise

- "As you can see from the [chart/calculator], your weight is healthy."
- "Maintaining your healthy weight—and not gaining weight—is crucial to good health."
- "One of the most helpful ways to maintain your healthy weight is by being physically active."

### 3. Assess readiness

- "Are you already active and eating a healthy diet?"

### 4. Assist

- "Is there anything we can do to support your efforts?"
- "Would you be interested in any information or resources for healthy eating and getting active?"

If the patient is interested, see Patient Information for pamphlets, links, and other resources to offer.

### 5. Arrange

- Arrange follow-up as needed.

## Counseling for patients with BMI $\geq 25$

### 1. Ask

- "Can we measure your weight and height today?"
  - "Your weight today is \_\_\_ and your BMI is \_\_\_."
  - "BMI is a number that shows your health risks, based on your height and weight." Show the patient a BMI chart from InContext if possible.
- "Would you like to take a few minutes to talk about your health and weight?"
  - "What connection, if any do you see between your [condition] and weight?"
  - "Would you like to know more information about this connection?"

### 2. Advise

- "A BMI in this range increases a person's risk for heart disease, diabetes, and arthritis."
- "I'm concerned that your BMI may contribute to your [condition]."
  - "As your doctor, I believe eating a healthy diet is important to your health. I am only your coach, and do not control what you do, so this choice is up to you. I know that these decisions can sometimes be very difficult to make."

### 3. Assess readiness

If the patient would like more discussion and time allows, ask:

- "On a scale of 0–10, how ready are you to consider eating a healthier diet?"  
0 (not ready) \_\_\_\_\_ 5 (unsure) \_\_\_\_\_ 10 (ready)
- "How important would you say it is for you to make this change?"
- "How confident do you feel about making this change?"
- "What are the three best reasons to do it?"
- "How might you go about it, in order to succeed?"

Examples of advice tailored to the patient's readiness to change:

<b>Not ready</b> 0–3	Advise:	"I understand you're not ready. However, being physically active and eating a healthy diet are the two best things you can do for your health." "If you maintain your current weight and avoid further gains, you are taking a successful step toward staying healthy."
	Encourage:	"I'm here to help you and I'm confident you can [change the behavior] when you're ready."
<b>Unsure</b> 4–6	Explore ambivalence:	"What do you like about the way you are eating now? What don't you like about the way you are eating now?"
	Ask about the next step:	"What would need to be different for you to feel more ready to improve your diet?" "Where does this leave you now? Is there anything you'd like to do between now and our next visit?"
<b>Ready</b> 7–10	Strengthen commitment:	"It's great to know that you are ready to start losing 5 to 10% of your weight (___ pounds)." "What are the two most important reasons for wanting to improve your diet?"
	Facilitate action planning:	"What might get in your way? Could you plan around these roadblocks?" "What is your next step?"

#### 4. Assist

Discuss weight management options and assist the patient with linking up with a specific program.

- "Would you be interested in any information or resources for healthy eating and getting active?" If the patient is interested, see Patient Information for pamphlets, links, and other resources to offer.

#### 5. Arrange

Arrange follow-up and provide an After Visit Summary (AVS).

- **Not ready:** "When you are ready, I am here to support you. I look forward to your next visit."
- **Unsure:** "What information or resources would you be interested in as you consider healthy eating [for your condition] and getting active?"
- **Ready:** "I am really glad that you are [walking, attending Weight Watchers class, etc]."
- **All patients:** "Would it be OK if one of my team checked back with you about this in the next couple of weeks?" or "Let me or my team know how you are doing by secure message or telephone, or at your next visit."

## Patient Information

### SmartPhrases for After Visit Summaries

These SmartPhrases can all be found under .AVSWT.

Get healthier about weight	.AVSWT
Watch calories and portion sizes	.AVSWTCALORIES
Make healthy food choices	.AVSWTFOODCHOICES
Get moving	.AVSWTGETMOVING
Weight loss programs	.AVSWTPROGRAMS
BMI <25	.AVSWTBMI25ORLESS
BMI 25–30	.AVSWTBMI25TO30
BMI ≥30	.AVSWTBMI30ORMORE

### Group Health patient materials

- Getting Healthier About Weight
- DASH Diet
- The Mediterranean Diet
- MyPyramid: Steps to a Healthier You (Food Guide Pyramid)
- Nutrition Facts
- Ornish Program Highlights
- Get Moving

### Resources on MyGroupHealth

**Weight Management Programs** ([www.ghc.org/products/weight\\_management/index.jhtml](http://www.ghc.org/products/weight_management/index.jhtml))

#### Healthy Living (requires login):

[https://member.ghc.org/basicServices/health\\_info/preventive/index.html](https://member.ghc.org/basicServices/health_info/preventive/index.html)

From this page, Group Health members have access to information and tools that can help them make healthier lifestyle choices, including:

- Recipes for Healthy Eating
- Healthy Eating Action Plan
- Healthy Weight Discussion Group
- Checklist for Healthy Living
- Change Your Lifestyle Habits

### Healthwise Knowledgebase® topics

- Healthy Eating
- Healthy Weight
- Questions to Consider When Setting Weight Management Goals

### Adult Weight Management

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## **Group Health Resource Line**

For information on programs and services organization-wide, patients can call the Group Health Resource Line at 206-326-2800 or 1-800-992-2279 outside the Seattle area, or send an e-mail to [resource.l@ghc.org](mailto:resource.l@ghc.org).

## **Take Care Stores**

Take Care Stores offer a range of health and self-care products, including books and videos on diet, nutrition, and exercise. Patients and the public can call the Take Care Store at 1-800-447-2839, visit the online store at [www.take-care.com/book/index.html](http://www.take-care.com/book/index.html), or shop in person at one of four locations in the Puget Sound area.

## **Resources on the Internet**

**Partnership for Healthy Weight Management:** [www.consumer.gov/weightloss/](http://www.consumer.gov/weightloss/)

### **USDA Dietary Guidelines consumer brochures**

- Eating Out with the Guidelines  
([www.health.gov/dietaryguidelines/dga2005/toolkit/eatout.htm](http://www.health.gov/dietaryguidelines/dga2005/toolkit/eatout.htm))
- Finding Your Way to a Healthier You  
([www.health.gov/dietaryguidelines/dga2005/document/html/brochure.htm](http://www.health.gov/dietaryguidelines/dga2005/document/html/brochure.htm))
- MyPyramid ([www.mypyramid.gov/](http://www.mypyramid.gov/))

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# Documentation

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## Process of Development

For this guideline, Group Health has adapted elements of the following, with permission:

- Kaiser Permanente Care Management Institute Weight Management Initiative, 2006. <http://cl.kp.org/pkc/national/topics/cmi/wmi/index.htm>
- "The Four Habits Model." Physician Education & Development, TPMG, Inc., 2003. <http://kpnet.kp.org/cpc/what/PDFs/4%20Habits%20detailed%20-%20Attach%20B.pdf>
- "Brief Negotiation Approaches." Adapted from work by Miller and Rollnick 1990–1995 and Kaiser Permanente Center for Health Research, Portland, Ore. Used with permission of Physician Education & Development, TPMG, Inc.

Practitioners from the following specialties participated in the initial development of the Group Health guideline: family medicine, internal medicine, preventive medicine, nursing, Ob/Gyn.

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