

Obesity Treatment Guidelines

This handout is based on the guidelines set by the American College of Cardiology (ACC)/American Heart Association (AHA)/The Obesity Society (TOS), and the American Association of Clinical Endocrinologists (AACE)/American College of Endocrinology (ACE), which continue to be the standard of care for managing overweight and obesity in adults.

Establishing prevention and treatment targets

- According to ACC/AHA/TOS guidelines, patients with obesity should be evaluated for their readiness to adopt lifestyle changes. Those who are prepared should work with a clinician to set weight loss goals and develop complementary lifestyle strategies.
 - For patients with obesity stage 0, the recommended therapeutic targets are weight loss or prevention of further weight gain, along with the prevention of complications.
 - For patients with obesity stage 1 or 2, weight loss is advised. The AACE/ACE guidelines set complication-specific treatment targets, which include weight loss and other clinical outcomes, whereas the ACC/AHA/TOS guidelines recommend setting weight-loss goals collaboratively with the patient, rather than solely based on weight-related complications.
 - To prevent the progression or reduce the burden of weight-related complications, both guidelines recommend that patients with obesity stage 1 or 2 lose at least 5% of their body weight. The AACE/ACE guidelines further recommend a loss of at least 10% of body weight for many complication-specific targets.
 - The AACE/ACE guidelines suggest aiming for a 2.5% weight loss within 1 month for all patients with overweight or obesity.
 - The ACC/AHA/TOS guidelines recommend that all patients with overweight or obesity achieve a realistic and meaningful goal of 5% to 10% weight loss within 6 months.
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Treatment

According to these guidelines, individuals with overweight or obesity who have lost weight should be advised to participate in a comprehensive weight loss maintenance program for at least 1 year.

Weight-related complications should be managed in parallel with any treatment for overweight or obesity.² Such management may or may not require additional therapy.

Treatment for overweight and obesity

- For individuals with overweight or obesity aiming to lose weight, both guidelines recommend a combination of aerobic exercise, resistance training, and a reduced-calorie diet. They also encourage active leisure-time activities and reducing sedentary behavior.
- Patients are advised to engage in behavioral interventions that support adherence to physical activity and dietary plans. These interventions can include self-led activities (e.g., goal setting, self-monitoring of food intake and exercise), one-on-one sessions with clinicians (e.g., cognitive behavioral therapy, dietary education), and group meetings (e.g., peer support, social support structures).

- These interventions are often multidisciplinary, involving psychologists, psychiatrists, and dietitians, and can be conducted remotely via telephone or the Internet.
- The AACE/ACE guidelines suggest escalating behavioral interventions for patients who do not achieve a 2.5% weight loss within one month of starting treatment.
- A structured, comprehensive lifestyle intervention program designed for weight loss, which includes a healthy meal plan, physical activity, and behavioral strategies, is recommended for all patients with overweight or obesity seeking to lose weight.
- An in-person, high-intensity program (≥ 14 sessions in 6 months) is identified as the most effective behavioral treatment for overweight or obesity. This recommendation is based on treatment efficacy, with such programs typically resulting in a 5% to 10% body weight loss over six months.
- To enhance adherence and outcomes, calorie-restricted diets, physical activity prescriptions, and behavioral lifestyle interventions should be tailored to each individual patient.

Pharmacological treatment

- Pharmacotherapy, or anti-obesity medications (AOMs), combined with lifestyle modifications, results in greater and more sustained weight loss compared to lifestyle changes alone. The AACE/ACE guidelines advise considering this combination for anyone with a BMI of 27 kg/m² or higher if lifestyle changes alone fail to stop weight gain; it is also recommended for individuals with stage 2 obesity.
- The use and selection of AOMs should be personalized, taking into account clinical weight loss goals, weight-related conditions, and specific drug cautions and warnings.

Surgical procedures and devices for weight management

- These guidelines suggest considering bariatric procedures for individuals with a BMI of 40 kg/m² or more, or a BMI of 35 kg/m² or more with weight-related complications, provided these procedures do not pose excessive risk to the patient.
- Additionally, the AACE/ACE obesity guidelines recommend that patients with a BMI of 30 kg/m² or more, who have type 2 diabetes (T2D) and struggle to control glycemic levels despite lifestyle changes and medication, should also be evaluated for bariatric surgery.

References

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