Key Highlights from the recommended guideline:

- A comprehensive lifestyle intervention is the cornerstone of weight management.
- Additional options include pharmacotherapy and bariatric surgery.

Scope: This guideline is for physicians and other healthcare professionals involved in the care of adults with overweight or obesity.

How should I assess overweight and obesity?

- Measure body mass index (BMI) and waist circumference in all adults. [Level of Evidence: 3, Grade: A]
- Assess the patient’s readiness to change before starting a healthy lifestyle plan to address weight management. [Level of Evidence: 3, Grade: B]
- In your history and physical examination, look for secondary causes of obesity and obesity-related risks and complications. [Level of Evidence: 3, Grade: A]
  - Also screen for eating disorders, depression and other psychiatric disorders as appropriate. [Level of Evidence: 3, Grade: B]
- Measure fasting plasma glucose and complete lipid profile. [Level of Evidence: 3, Grade: A]
  - Use additional testing (e.g., liver enzymes, sleep studies) as appropriate based on clinical parameters. [Level of Evidence: 3, Grade: B]

What are the key principles of obesity management to keep in mind?

- Moderate weight loss of up to 10% of body weight can produce significant health benefits [Level of Evidence: Not Stated]
- Help patients develop a comprehensive intervention to promote a healthy lifestyle. [Level of Evidence: 1, Grade: A]
  - Discuss education, support and therapy as adjuncts to this program with patients who are willing to participate. [Level of Evidence: 2, Grade: B]
  - Work with other healthcare professionals to develop a comprehensive weight management program. [Level of Evidence: 3, Grade: C]
  - Consider combining dietary counseling, behaviour modification techniques, cognitive-behavioural therapy and enhanced physical activity as components of the intervention. [Level of Evidence: 1, Grade: A]
- Use an energy-reduced diet and regular physical activity as first-line treatment. [Level of Evidence: 2, Grade: A]
  - Also use diet and exercise therapy for overweight or obese people with risk factors for type 2 diabetes [Level of Evidence: 1, Grade: A] and cardiovascular disease [Level of Evidence: 2, Grade: A]
What should I know about dietary interventions?

- Ensure that the individual and family develop a dietary plan that is nutritionally balanced and energy reduced, and that they receive dietary counseling, preferably with a registered dietitian. [Level of Evidence: 2, Grade: B]
- Consider using an adequate high-protein or low-fat diet in the short term (6-12 months) for obese adults. [Level of Evidence: 2, Grade: B]
- Consider meal replacements for selected adults who are starting a weight-loss program. [Level of Evidence: 2, Grade: C]

What should I know about physical activity as part of the program?

- Suggest long-term, regular physical activity—30 to 60 minutes daily at moderate intensity—to all overweight and obese patients. [Level of Evidence: 2, Grade: B]
  - Suggest that patients gradually increase the total duration of the exercise. [Level of Evidence: 2, Grade: A]
  - Also recommend endurance training for adults. [Level of Evidence: 2, Grade: B]
  - Assess patients before they embark on a vigorous exercise program. [Level of Evidence: 4, Grade: C]

What other therapeutic options are available for weight management in adults?

- Add pharmacotherapy for selected patients who are not achieving or maintaining weight loss with diet and exercise alone, especially if they have type 2 diabetes or risk factors for it (including impaired glucose tolerance). [Level of Evidence: 2, Grade: B]
- Consider bariatric surgery for adults with BMI ≥ 40 (or BMI ≥ 35 with severe comorbid disease) if lifestyle intervention is inadequate. [Level of Evidence: 4, Grade: C]
- Inform patients that there is insufficient evidence for or against herbal remedies, dietary supplements or homeopathy for weight management. [Level of Evidence: 4, Grade: C]

Levels of Evidence

The levels of evidence used to grade the recommendations in this guideline are as follows:

<table>
<thead>
<tr>
<th>Levels of Evidence</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>Randomized controlled trials (or meta-analyses) without important limitations</td>
</tr>
<tr>
<td>2</td>
<td>Randomized controlled trials (or meta-analyses) with important limitations</td>
</tr>
<tr>
<td></td>
<td>Observational studies (nonrandomized clinical trials or cohort studies) with overwhelming evidence</td>
</tr>
<tr>
<td>3</td>
<td>Other observational studies (prospective cohort studies, case-control studies, case series)</td>
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<tr>
<td>4</td>
<td>Inadequate or no data in population of interest</td>
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<tr>
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<td>Anecdotal evidence or clinical experience</td>
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Grades (Strength of Recommendation)

<table>
<thead>
<tr>
<th>Grades</th>
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<tbody>
<tr>
<td>A</td>
<td>Strong recommendation (action can apply to most individuals in most circumstances)</td>
</tr>
<tr>
<td></td>
<td>- Benefits clearly outweigh risks (or vice versa)</td>
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<td>- Evidence is level 1, 2 or 3</td>
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<tr>
<td>B</td>
<td>Intermediate recommendation (action may vary depending on the person’s characteristics or other circumstances)</td>
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<td></td>
<td>- Unclear whether benefits outweigh risks</td>
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<td></td>
<td>- Evidence is level 1, 2 or 3</td>
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<tr>
<td>C</td>
<td>Consensus (weak) recommendation (alternative actions may be equally reasonable)</td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
<td>- Evidence is level 3 or 4</td>
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</tbody>
</table>
The above recommendations were derived from the following GAC endorsed guideline:


Rating (out of 4): 🍎🍎🍎🍎

Endorsed Date: September 2007  Planned Review Date: September 2010

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