

Strategies for Managing Obesity in Primary Care Practice

Obesity remains a significant and growing health problem in the United States, placing substantial risks on patients' health and considerable burdens on healthcare systems and the economy. Obesity is now recognized as a chronic disease and a global epidemic, and many experts agree that treatment should be a primary focus among healthcare professionals—yet it remains undertreated. Obesity—like any other chronic disease—requires long-term medical management.



This handout provides tips for the management of obesity in primary care.

STEP 1

Approach the treatment of obesity as a chronic disease



- ✓ Obesity is caused by various factors, including endocrine and metabolic physiology, environment, genetics, and behavioral and psychosocial elements
- ✓ Evidence shows that modest weight loss of 5% to 10% can improve many comorbidities
- ✓ Even healthcare professionals are prone to stigma about obesity, which creates barriers to treatment for patients

STEP 2

Ask patients for permission to discuss weight



- ✓ Discussions about weight should be patient centered, empathetic, unbiased, and focused on health rather than weight
- ✓ Use people-first language such as “person with obesity,” and avoid “obese patient,” “morbid obesity,” or referring to the patient as “fat”
- ✓ Focus on shared decision-making strategies to provide practical options to assist with weight loss

STEP 3

Lifestyle interventions remain the cornerstone of obesity treatment



- ✓ Lifestyle modifications should include physical activity, diet, and behavior modification
- ✓ Refer patient to a dietitian or weight management program if available

STEP 4

Offer pharmacotherapy when appropriate



- ✓ Current guidelines recommend pharmacotherapy as an adjunct to lifestyle therapy for patients with a BMI of ≥ 27 kg/m² with an obesity-related comorbidity such as type 2 diabetes, hypertension, nonalcoholic fatty liver disease, or obstructive sleep apnea or ≥ 30 kg/m² without a comorbidity
- ✓ Multiple medications are approved by the FDA for chronic weight management—choose the option that is best for your patient based on individual factors including safety, efficacy, adverse event profile, and cost/insurance coverage
- ✓ Weight loss efficacy is 7.5% to 17% depending on the agent chosen

STEP 5

Refer for bariatric surgery if patient is willing and meets qualifications



- ✓ Traditionally for patients with a BMI of ≥ 35 kg/m² plus a comorbidity or a BMI of ≥ 40 kg/m²
- ✓ New guidelines recommend for individuals with a BMI of ≥ 35 kg/m² regardless of comorbidities
- ✓ Weight loss efficacy is 25% to 35%