

Guide to Providing a Practical Approach to Addressing Obesity Management in Family Practice

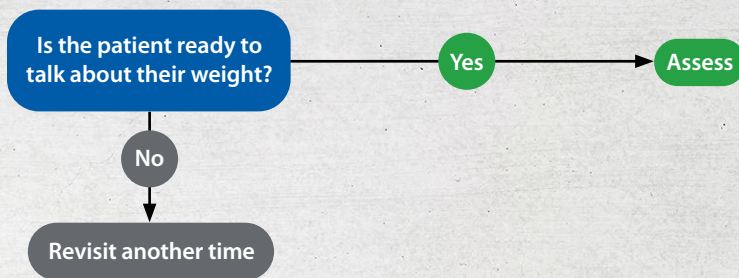
This Guide for Improvement of Family Medicine Training (GIFT) tool is the latest in the series. Created by residents for residents this GIFT provides a practical approach to addressing obesity management in family practice using relevant evidence-based guidelines. Key points for management are outlined, with links to resources. Consider using this tool as a discussion guide across multiple follow-up visits.

Obesity classification

Once a BMI is ≥ 30 , there is an increased risk of mortality and cardiovascular diseases. The higher the BMI the greater the risk and the more likely that nutrition, physical activity, and medications/surgery should be considered.^{1,2,3,4,5,6,7}

Special considerations

- Structural inequities in Canadian society enforce social and health disparities. Indigenous people are particularly affected by these inequities due to the ongoing impacts of intergenerational trauma and colonization. These structural inequities cause Indigenous people to experience higher rates of obesity.⁸
- Climate change and exploitation of the planet have led to changes in food systems and an increase in non-communicable disease, namely obesity. Efforts to mitigate climate change overlap with obesity management.⁹



Root causes and consequences of obesity⁶



Mental	Depression, eating disorder, insomnia
Mechanical	Sleep apnea, osteoarthritis, reflux
Metabolic	Type 2 diabetes, hypertension, dyslipidemia
Monetary	Education, income, disability, insurance

5As of obesity management^{6,10,11}

Ask	<input type="checkbox"/> Is it all right if we discuss your weight?
Assess	<input type="checkbox"/> Physical exam: height, weight, waist circumference, blood pressure <input type="checkbox"/> Labs: lipid panel, HbA1c
Advise	<input type="checkbox"/> Nutrition <input type="checkbox"/> Physical activity <input type="checkbox"/> Psychology <input type="checkbox"/> Pharmacology <input type="checkbox"/> Surgical intervention
Agree	<input type="checkbox"/> SMART goals
Assist	<input type="checkbox"/> Provide education and resources

Nutrition ^{3,6,12}

- [REAP \(Rapid Eating Assessment for Participants\) survey](#)
- There is no one-size-fits-all eating pattern
- Focus on building healthy relationships with food and eating to create sustainable changes
- Refer to dietician

Pharmacology ⁴

- Indications to start prescription. Read through the [Pharmacotherapy Decision Tool](#)
 - BMI ≥ 30 OR BMI ≥ 27 with related complications
- Approved prescription for obesity medication
- Semaglutide (Wegovy)
 - Liraglutide (Saxenda)
 - Naltrexone-Bupropion (Contrave)
 - Orlistat (Xenical)

Physical activity ²

Physical activity, with or without weight loss, can reduce blood pressure, abnormal metabolic markers, adipose tissue around the heart and liver, as well as improve mood³

- [Set SMART goals](#)
- [Prescribe exercise](#)
- [Read condition-specific patient exercise handouts](#)

Psychology ^{6,7,13}

- Behavioural changes are most effective when paired with intensive lifestyle changes
- There is no evidence to support any particular intervention; tailor to the needs of the patient
- Consider referral to psychologist for cognitive behavioural therapy

Surgical intervention ^{1,5,14}

- Consider referral when:
- BMI ≥ 40 , BMI ≥ 35 plus obesity-related diseases, or BMI ≥ 30 with severe obesity-related diseases not responding to other management. Surgery offers advantages in terms of quality of life, long-term weight loss, and resolution of obesity-related diseases



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Additional Resources

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