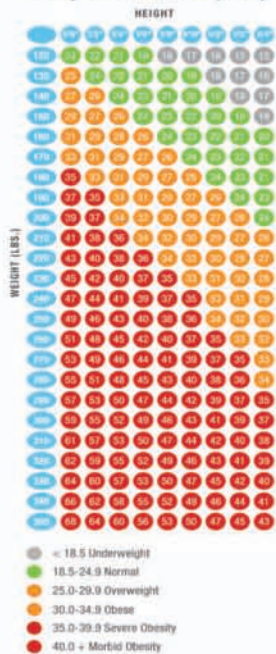


Obesity Treatment Guide

A reference for assessing and treating overweight and obese patients.

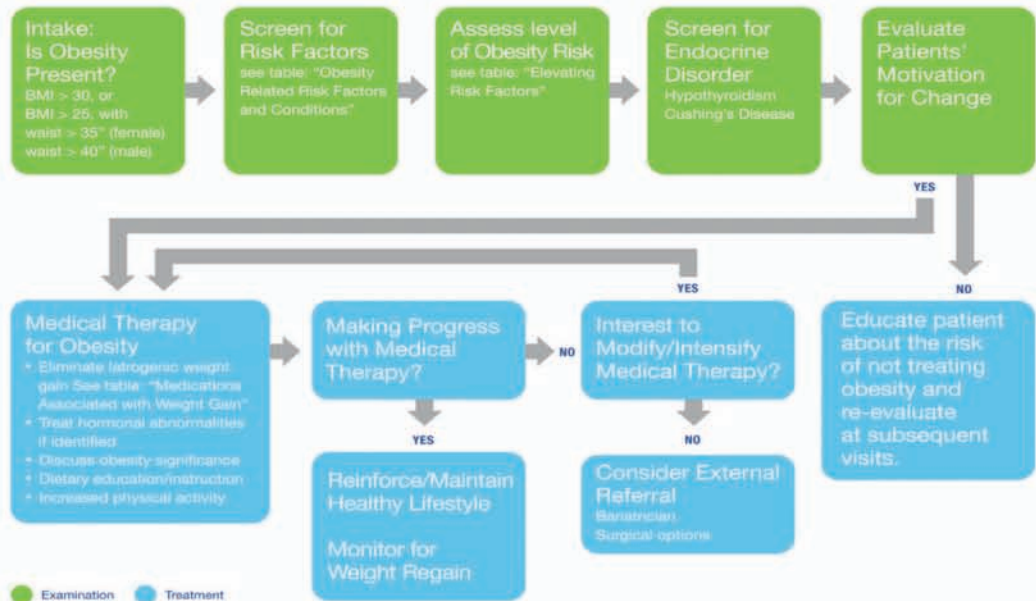
Body Mass Index (BMI)



How to Calculate BMI

$$\text{BMI} = \left(\frac{\text{weight (lbs)}}{\text{height squared (in}^2\text{)}} \right) \times 703$$

Source: National Institutes of Health



Obesity is a chronic disease requiring a lifelong effort for successful treatment. Physicians and other health care practitioners play a key role in evaluating and treating obese patients. Treatment incorporates a two step process: assessment and management. Assessment includes determination of the degree of obesity and overall health status. Management involves not only weight loss but also measures to control other risk factors. This reference guide is designed to help identify and manage obese patients by meeting their multi-faceted needs.

New Dimensions
Medical and Surgical Weight Loss

A combination of diet modification, increased physical activity, and behavior therapy can be effective for patients who are motivated to lose weight. Convincing evidence supports the benefit of weight loss for reducing blood pressure, lowering blood glucose and improving dyslipidemias. Organizing a "team" of various health care practitioners is one way of meeting the needs of patients. If that approach is not possible, patients can be referred to other specialists required for their care.

Obesity Related Risk Factors and Conditions

- Insulin resistance, Type 2 diabetes
- Hyperlipidemia
- Hypertension
- Coronary heart disease
- Congestive heart failure
- Stroke
- Some types of cancer (endometrial, colon, kidney, gallbladder, postmenopausal breast cancer)
- Gastroesophageal reflux disease (GERD)
- Gallstones, gallbladder disease
- Gout
- Nonalcoholic fatty liver disease
- Pregnancy complications
- Menstrual irregularities, PCOS
- Bladder control problems, stress incontinence
- Osteoarthritis, destruction of weight bearing joints
- Obstructive sleep apnea, respiratory problems
- Infertility
- Psychological disorders (e.g., depression, eating disorders, distorted body image, low self-esteem)

Clinical judgment should be applied to determine which of these diagnoses is likely to merit additional screening.

Elevating Risk Factors*

- Coronary Artery Disease
- Other Vascular Occlusive Disease
- Diabetes
- Sleep Apnea
- Limited functional status
- BMI 40+

*Presence of one or more risk factors is associated with an elevated risk of sudden death, or other non-reversible organ damage. Repeated cycles of conservative therapy may not be appropriate for such patients unless clear improvement is being achieved. Consider expedited external referral.

Medications Associated with Weight Gain

Psychiatric/neurological

- Antipsychotic agents: phenothiazine, olanzapine, clozapine, risperidone
- Mood stabilizers: lithium
- Antidepressants: tricyclics, monoamine oxidase inhibitors, selective serotonin reuptake inhibitors (paroxetine hydrochloride), mirtazapine
- Antiepileptic drugs: gabapentin, valproate sodium, carbamazepine

Steroid hormones

- Corticosteroids

Progestational steroids

Antidiabetes agents

- Insulin
- Sulfonylureas
- Thiazolidinediones

Antihypertensive agents

- Beta- and alpha-1 adrenergic receptor blockers

Antihistamines

- Cyproheptadine hydrochloride

Want to know more?

Call us to find out about medical and surgical weight loss treatments for your patients at **210.614.3370** or visit us online at NewDimensionsWeightLoss.com.

Obesity Provider Toolkits are available at thecmafoundation.org

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Comparison of Bariatric Surgical Procedures

The following information provides an overview of the differences between surgical weight loss options. Only patient and surgeon can evaluate the benefits and risks of weight loss surgery and choose the most appropriate procedure.

		HEALTH BENEFITS SHOWN IN CLINICAL TRIALS								
	Procedure description	How it works to help you lose weight	How it affects digestion	Total percent excess body weight lost (at 3 years)	Type 2 diabetes	High blood pressure	High cholesterol	Obstructive sleep apnea	Average surgery time	Length of hospital stay
GASTRIC BANDING	 <p>The adjustable gastric band wraps around the upper part of the stomach, dividing the stomach into a small upper pouch that holds about 1/2 cup of food and a larger lower stomach. The degree of band tightness affects how much food you can eat and the length of time it takes for food to leave the stomach pouch.</p>	By creating a smaller stomach pouch, the gastric band limits the amount of food that can be eaten at one time, so you feel full sooner and stay full longer. As you eat less food, your body will stop storing excess calories and start using its fat energy supply.	Does not significantly alter normal digestion and absorption. Food passes through the digestive tract in the usual order, allowing it to be fully absorbed in the body.	41%	59% resolved ²	56% resolved ²	36% resolved ¹	45% resolved ²	1 to 2.5 hours ²	1 to 3 days ²
SLEEVE GASTRECTOMY	 <p>During the sleeve gastrectomy procedure, a thin vertical sleeve of stomach is created using a stapling device. The sleeve is about the size of a banana. The rest of the stomach is removed.</p>	By creating a smaller stomach sleeve, a sleeve gastrectomy limits the amount of food that can be eaten at one time, so you feel full sooner and stay full longer. As you eat less food, your body will stop storing excess calories and start using its fat supply for energy.	Does not significantly alter normal digestion and absorption. Food passes through the digestive tract in the usual order, allowing it to be fully absorbed in the body.	66% ⁴	81% resolved ⁵	78% resolved ⁵	67% resolved ⁶	80% resolved ⁵	1.5 to 3.5 hours ⁵	2 to 12 days ⁵
GASTRIC BYPASS	 <p>In this procedure, the surgeon creates a small stomach pouch using a stapling device and attaches a section of the small intestine directly to the pouch. This allows food to bypass a portion of the small intestine.</p>	By creating a smaller stomach pouch, a gastric bypass limits the amount of food that can be eaten at one time, so you feel full sooner and stay full longer. By bypassing a portion of the small intestine, your body also absorbs fewer calories. As you eat less food and absorb fewer calories, your body will stop storing excess calories and start using its fat supply for energy.	Reduces the amount of calories (in the form of nutrients) absorbed.	62% ⁷	78% resolved ²	66% resolved ²	61% resolved ⁸	76% resolved ²	2 to 3.7 hours ²	2 to 8 days ²

Courtesy of Ethicon Endo-Surgery

Resolution statistics reflect observations in the confines of studies; EES has no independent data to suggest permanent resolution.

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