Obesity is a complex, progressive, and relapsing chronic disease characterized by abnormal and/or excessive body fat (adiposity) that impairs health.

### 1. Ask

Weight is a sensitive issue. Do not assume every patient with a larger body has obesity. Ask for permission to discuss body weight. Does the person feel their weight is impairing their medical, functional, or psychosocial health?

*Would it be alright if we discussed your weight?*

If the person is not ready to discuss their weight offer resources about obesity as a chronic disease and an open opportunity to reassess.

### 2. Assess

Understanding an individual's story and life context is crucial in the management of obesity.

1. The value-based goal that matters to the patient
   *e.g. Being able to play at the park with my grandchildren*
2. Obesity classification (height, weight, BMI & waist circumference)
3. Adiposity related complications and ‘root causes’ of weight gain
   *(4M framework - Mechanical, Metabolic, Mental and Social Milieu)*
4. Disease severity *e.g. Edmonton Obesity Staging System (EOSS)*

### 3. Advise

On obesity risks. Discuss the health benefits of obesity management.

#### Medical Nutrition Therapy (MNT)

MNT is used in managing chronic diseases and focuses on nutrition assessment, diagnostics, therapy and counselling. MNT should:

- be personalized and meet individual values, preferences and treatment goals to promote long term adherence
- be administered by a registered dietitian to improve weight-related and health outcomes

#### Physical Activity

30-60 mins of aerobic activity on most days of the week, at moderate to vigorous intensity, can result in:

- small amount of weight and fat loss
- improvements in cardiometabolic parameters
- weight maintenance after weight loss

Remember nutrition and physical activity recommendations are important for all Canadians regardless of body size or composition.

### The Three Pillars of Obesity Management that Support Nutrition and Activity

#### Psychological Intervention

- Implement multicomponent behaviour modification
- Manage sleep, time, and stress
- Cognitive behavioural therapy and/or acceptance and commitment therapy should be provided for patients if appropriate

#### Pharmacological Therapy

- liraglutide
- naltrexone/bupropion *(in a combination tablet)*
- orlistat
- semaglutide

**CRITERIA**

- BMI ≥30 kg/m²
- BMI ≥27 kg/m² with obesity (adiposity) related complications

#### Bariatric Surgery

Procedure should be decided by surgeon in discussion with the patient.

- Sleeve gastrectomy
- Roux-en-Y gastric bypass
- Biliopancreatic diversion with/without duodenal switch

**CRITERIA**

- BMI ≥40 kg/m²
- BMI ≥35 - 40 kg/m² with an obesity (adiposity) related complication or
- BMI ≥30 kg/m² with poorly controlled type 2 diabetes

### 4. Agree

Agree on realistic expectations, sustainable behavioural goals, and health outcomes. Agree on a personalized action plan that is practical and sustainable, and addresses the drivers of weight gain.

### 5. Assist

Assist in identifying and addressing drivers and barriers. Provide education and resources. Refer to appropriate providers or interdisciplinary teams (if available). Arrange for regular, timely follow-up.