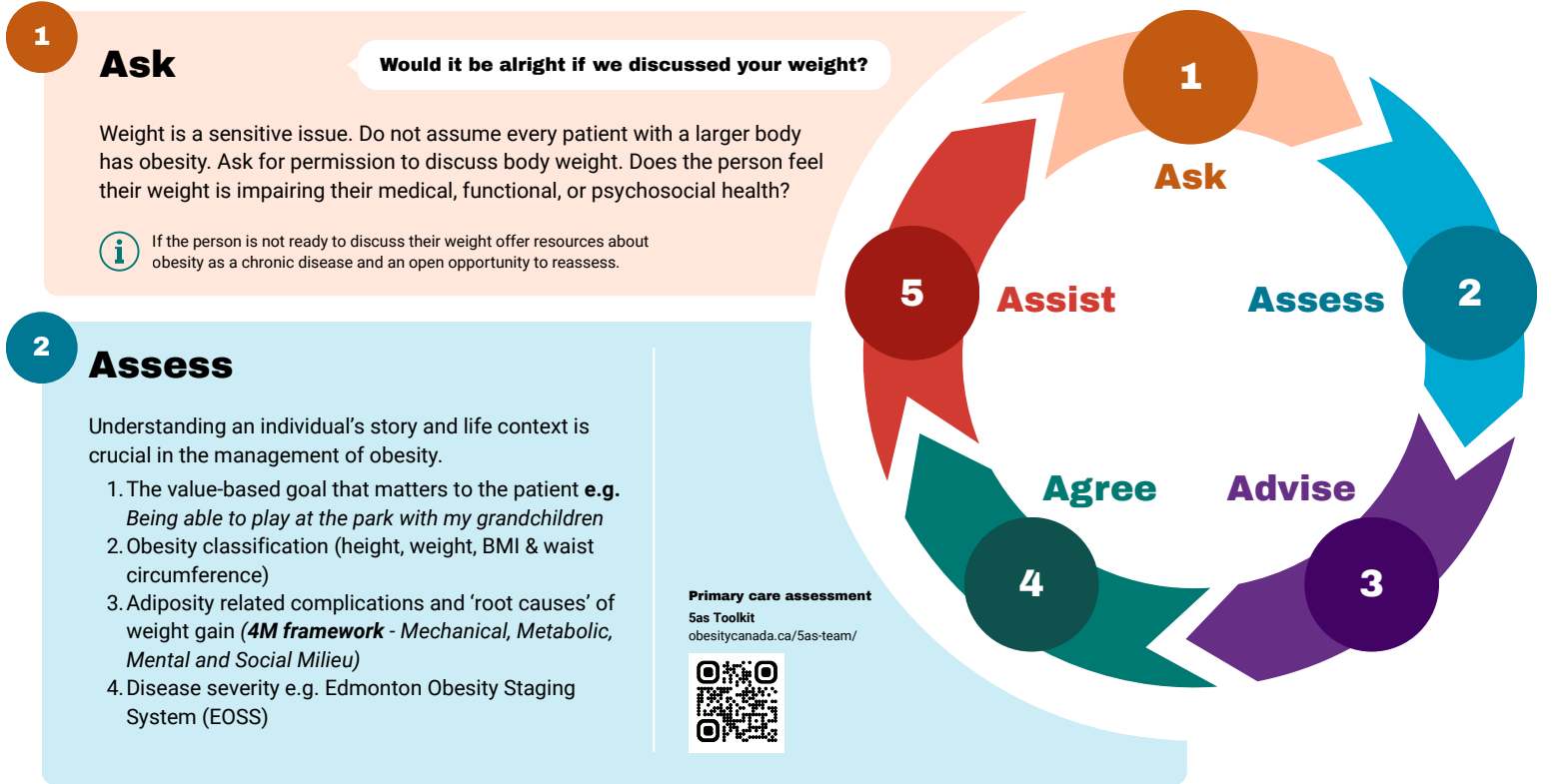


5As Framework for Obesity Management in Adults

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

Download the full Adult Obesity Clinical practice guidelines:
obesitycanada.ca/guidelines



1 Ask

Would it be alright if we discussed your weight?

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?

i 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.

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

Primary care assessment 5as Toolkit
obesitycanada.ca/5as-team/

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

i 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
- setmelanotide
- tirzepatide

criteria

BMI $\geq 30 \text{ kg/m}^2$ or BMI $\geq 27 \text{ kg/m}^2$ with obesity (adiposity) related complications

*approved obesity pharmacotherapy in Canada as of December 2025

Bariatric Surgery

i 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 $\geq 40 \text{ kg/m}^2$ or BMI $\geq 35 - 40 \text{ kg/m}^2$ with an obesity (adiposity) related complication or BMI $\geq 30 \text{ kg/m}^2$ with poorly controlled type 2 diabetes

Treating the root causes of obesity is the foundation of obesity management — refer to the 4m framework — mechanical, metabolic, mental and social milieu

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.