

# Medical Care for Patients with Obesity

U.S. Department of Health  
and Human Services

NATIONAL INSTITUTES OF HEALTH

NIDDK | NATIONAL INSTITUTE OF  
DIABETES AND DIGESTIVE  
AND KIDNEY DISEASES

## WIN *Weight-control Information Network*

More than one-third of adults in the United States are obese. The U.S. Government views obesity as one of the most severe health concerns facing the nation. With so many people struggling with obesity, almost all health care providers can expect to care for patients who are obese. This fact sheet offers helpful tips for health care providers to overcome the challenges unique to providing optimal care to these patients, no matter what weight-loss treatment is used.

### What Is Obesity?

“Obesity” refers to an excess amount of body fat. It develops when the number of calories (energy) consumed in food and beverages exceeds the number of calories that the body burns to function. There are few studies in humans that link direct amounts of total body fat to sickness and death. There are also no formal standards issued by the National Institutes of Health (NIH) that define obesity based on the amount or percentage of a person’s total body fat. A common way to screen for obesity is the body mass index.

### What Is the Body Mass Index?

The Body Mass Index (BMI) is a tool used to measure weight as it relates to height. BMI has its limits. It does not assess body fat or muscle directly. BMI is measured by dividing a person’s weight in pounds by height in inches squared and multiplying by 703.

Men and women can have the same BMI but different body fat percentages. As a rule, women usually have more body fat than men. A bodybuilder with large muscle mass and low body fat may have the same BMI as a person who has more body fat. However, a BMI of 30 or higher usually suggests excess body fat.

The NIH currently defines overweight as a BMI of 25 to 29.9 and obesity as a BMI greater than or equal to ( $\geq$ ) 30. Obesity is further broken down into Class I (BMI of 30 to 34.9), Class II (BMI of 35 to 39.9), and Class III (BMI  $\geq$  40) or “extreme obesity.” (See BMI table on page 7.) An online tool for measuring BMI is available at <http://www.nhlbisupport.com/bmi/bminojs.htm>.

“Helping patients to overcome their sense of shame when it comes to discussing food and healthy eating may be hard—the most helpful action is to listen and establish a sense of trust.”

—A health care provider

Here are some issues that may prevent patients with obesity from seeking help:

- Being ashamed or embarrassed about their weight
- Hearing hurtful comments that the health care provider or staff may say about their weight
- Being disrespected by staff or health care providers in the past

## What Are Some of the Challenges to Treating Patients with Obesity?

Patients with obesity may delay seeing a health care provider for routine medical care. They may also be less likely to receive certain health tests, such as Pap smears, breast exams, and pelvic exams. Lack of routine medical care is most likely the result of both patient and provider factors. Both the patient and the health care provider play a role in the health of the patient.

## How Can Health Care Providers Offer Optimal Medical Care to Patients with Obesity?

Health care providers can take steps to make sure that their patients receive quality care. Health care providers should do the following:

- Treat patients with respect.
- Have suitable equipment and supplies on hand to improve patient access to care.
- Support healthy behaviors and self-acceptance even if the patient does not wish to lose weight or cannot successfully lose weight.

To create a positive office climate, medical and other staff should review this fact sheet.

### Create a positive, open, and comfortable office space

- Provide sturdy, armless chairs and high, firm sofas in waiting rooms.
- Provide sturdy, wide exam tables bolted to the floor to prevent tipping.
- Provide a sturdy stool or step with handles to help patients climb onto the exam table.
- Provide extra-large patient gowns.
- Install a split toilet seat. Provide a specimen collector with a handle.
- Provide reading materials in the waiting room that focus on healthy habits, rather than physical looks or being “thin.”

### Use medical devices that can correctly assess patients with obesity

- Use large adult blood pressure cuffs or thigh cuffs on patients with an upper-arm circumference greater than 34 cm.
- Use extra long needles to draw blood and have large vaginal specula on hand.
- Have a weight scale with the capacity to measure patients who weigh more than 400 pounds.

### Be respectful when talking about the patient's weight

- Weigh patients in a private area and only when medically needed.
- Record weight without comments.
- Ask patients if they want to discuss their weight or health.
- Avoid using the term "obesity." Your patients may prefer such terms as "BMI" or "weight." Ask your patients what terms they would like you to use when discussing their weight.

### Track and test for the following health problems linked to obesity:

- type 2 diabetes
- hypertension (high blood pressure)
- sleep apnea (when breathing pauses while sleeping)
- nonalcoholic steatohepatitis (fatty liver disease)
- lower extremity edema (swelling of the legs and feet)
- skin compression (ulcers)

### Offer well-care services

- Allow enough time during office visits to provide well-care services.
- Suggest or provide such services as Pap smears, breast exams, mammography, prostate exams, and stool testing.

Here are some issues that may prevent a health care provider from providing the best care to patients who are obese:

- Lack of suitable medical tools to correctly assess and treat patients
- Lack of training in providing the physical and emotional support that patients may need
- Belief that a patient's weight is mainly due to lack of willpower
- Challenges performing exams, such as pelvic exams, due to a patient's size

“My doctor talks about nutrition and what to eat for my type, but not about dieting. She encourages exercise, but doesn’t push. I have been able to make beneficial changes in my diet under her nonjudgmental guidance. She is very respectful. . . . My comfort seems to be a goal for her.”

—A patient

### Promote healthy behaviors

- Ask your patients if they would like to talk about weight loss. If they want to talk about losing weight, let them know that a weight loss of 5 to 7 percent of body weight may lower their chance of developing diabetes. Work with your patients to establish realistic goals.
- Start small. Encourage patients to start with simple goals such as walking for 10 minutes, three times a day. Once they achieve this goal, they can build on it.
- Offer patients information and referrals to registered dietitians, other health providers, and support groups, as needed.
- Promote self-acceptance and encourage patients to lead full and active lives.

Health care providers have the power to help improve the lives of patients with obesity. Changes that foster respect for the patient and a supportive and well-designed space for receiving services are within reach of most health care providers. The suggestions outlined in this fact sheet offer a solid starting place. Additional resources to help achieve these changes are listed at the end of this fact sheet.

### Additional Information for Health Care Providers

Davis NJ, Shishodia H, Taqui B, Dumfeh C, Wylie-Rosett J. Resident physician attitudes and competence about obesity treatment: need for improved education. *Medical Education Online*. 2008;13:5. Available at <http://www.med-ed-online.net/index.php/meo/article/download/4475/4655>. Accessed March 2011.

Huizinga MM, Cooper LA, Bleich SN, Clark JM, Beach MC. Physician respect for patients with obesity. *Journal of General Internal Medicine*. Nov 2009;24(11):1236–1239. Available at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2771236/?tool=pubme>. Accessed March 2011.

National Heart, Lung, and Blood Institute, NIH. Body Mass Index Tables. [http://www.nhlbi.nih.gov/guidelines/obesity/bmi\\_tbl.htm](http://www.nhlbi.nih.gov/guidelines/obesity/bmi_tbl.htm). Accessed June 2011.

National Task Force on the Prevention and Treatment of Obesity. Medical care for obese patients: advice for health care professionals. *American Family Physician*. 2002;65(1):81–88. Available at <http://www.aafp.org/afp/2002/0101/p81.html>. Accessed March 2011.

Shay LE, Shobert JL, Seibert D, Thomas LE. Adult weight management: translating research and guidelines into practice. *Journal of the American Academy of Nurse Practitioners*. Apr 2009;21(4):197–206. Available at <http://onlinelibrary.wiley.com/doi/10.1111/j.1745-7599.2008.00383.x/full>. Accessed March 2011.

### Medical Supplies and Equipment

#### **Amplestuff: Make Your World Fit You (Catalog)**

Department WS  
P.O. Box 116  
Bearsville, NY 12409  
Phone: 845–679–3316  
Toll-free number: 1–866–486–1655  
Email: [amplestuff2@aol.com](mailto:amplestuff2@aol.com)  
Internet: <http://www.amplestuff.com>

### Additional Reading from the Weight-control Information Network

The following publications are available online at the addresses listed in each description and also by calling WIN toll-free at 1–877–946–4627.

**Active at Any Size** is a brochure that provides ideas and tips on how people who are overweight or obese can be physically active. It focuses on handling common barriers and setting goals. Available at <http://www.win.niddk.nih.gov/publications/active.htm>.

**Bariatric Surgery for Severe Obesity** is a fact sheet that discusses bariatric surgery as an option for people who are severely obese and who cannot lose weight by standard means or who suffer from serious health problems linked to obesity. Available at <http://www.win.niddk.nih.gov/publications/gastric.htm>.

**Just Enough for You: About Food Portions** is a brochure defining the difference between a portion—the amount of food a person chooses to eat—and a measured serving. It offers tips for judging portion sizes and for controlling portions at home and when eating out. Available in English and Spanish at <http://www.win.niddk.nih.gov/publications>.

Changes that foster respect for the patient and a supportive and well-designed space for receiving services are within reach of most health care providers.

“My doctor never judges me on my weight and never talks down to me about it.”

—A patient

**Talking With Patients About Weight Loss: Tips for Primary Care Professionals** is a fact sheet discussing how primary care providers are in an ideal position to offer weight-loss guidance to patients who are overweight or obese. This fact sheet offers tips that can help professionals talk with patients about this subject. Available at <http://www.win.niddk.nih.gov/publications/talking.htm>.

**Walking . . . A Step in the Right Direction** is a brochure explaining how to start a walking program, presenting a sample program, and showing stretches for warming up and cooling down. Available in English and Spanish at <http://www.win.niddk.nih.gov/publications>.

## Additional Information for Patients

### **American Association of Diabetes Educators**

100 West Monroe Street, Suite 400

Chicago, IL 60603

Phone: 1-800-338-3633

Email: [aade@aadenet.org](mailto:aade@aadenet.org)

Internet: <http://www.diabeteseducator.org>

Locate a certified diabetes educator (C.D.E.).

### **American Dietetic Association**

120 South Riverside Plaza, Suite 2000

Chicago, IL 60606-6995

Phone: 1-800-877-1600

Email: [findnrd@eatright.org](mailto:findnrd@eatright.org)

Internet: <http://www.eatright.org>

Locate a registered dietitian (R.D.).

### **National Diabetes Information Clearinghouse**

1 Information Way

Bethesda, MD 20892-3560

Phone: 1-800-860-8747

Email: [ndic@info.niddk.nih.gov](mailto:ndic@info.niddk.nih.gov)

Internet: <http://www.diabetes.niddk.nih.gov>

Find health information and publications on diabetes.

## Body Mass Index Table

To use the table, find the appropriate height in the left-hand column labeled Height. Move across to a given weight (in pounds). The number at the top of the column is the BMI at that height and weight. Pounds have been rounded off.

		Normal										Overweight										Obese										Extreme Obesity									
		Body Mass Index Table																																							
BMI	Height (inches)	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54				
58	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167	172	177	181	186	191	196	201	205	210	215	220	224	229	234	239	244	248	253	258					
59	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173	178	183	188	193	198	203	208	212	217	222	227	232	237	242	247	252	257	262	267					
60	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179	184	189	194	199	204	209	215	220	225	230	235	240	245	250	255	261	266	271	276					
61	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185	190	195	201	206	211	217	222	227	232	238	243	248	254	259	264	269	275	280	285					
62	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191	196	202	207	213	218	224	229	235	240	246	251	256	262	267	273	278	284	289	295					
63	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197	203	208	214	220	225	231	237	242	248	254	259	265	270	278	282	287	293	299	304					
64	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204	209	215	221	227	232	238	244	250	256	262	267	273	279	285	291	296	302	308	314					
65	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210	216	222	228	234	240	246	252	258	264	270	276	282	288	294	300	306	312	318	324					
66	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216	223	229	235	241	247	253	260	266	272	278	284	291	297	303	309	315	322	328	334					
67	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223	230	236	242	249	255	261	268	274	280	287	293	299	306	312	319	325	331	338	344					
68	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230	236	243	249	256	262	269	276	282	289	295	302	308	315	322	328	335	341	348	354					
69	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236	243	250	257	263	270	277	284	291	297	304	311	318	324	331	338	345	351	358	365					
70	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243	250	257	264	271	278	285	292	299	306	313	320	327	334	341	348	355	362	369	376					
71	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250	257	265	272	279	286	293	301	308	315	322	329	338	343	351	358	365	372	379	386					
72	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258	265	272	279	287	294	302	309	316	324	331	338	346	353	361	368	375	383	390	397	408				
73	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265	272	280	288	295	302	310	318	325	333	340	348	355	363	371	378	386	393	401	408					
74	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272	280	287	295	303	311	319	326	334	342	350	358	365	373	381	389	396	404	412	420					
75	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279	287	295	303	311	319	327	335	343	351	359	367	375	383	391	399	407	415	423	431					
76	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287	295	304	312	320	328	336	344	353	361	369	377	385	394	402	410	418	426	435	443					

Source: Adapted from *Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults*.  
The Evidence Report. NIH Publication No. 98-4083: National Heart, Lung, and Blood Institute, 1998.

## Advocacy and Policy Organizations

### **Council on Size and Weight Discrimination**

P.O. Box 305

Mount Marion, NY 12456

Phone: 845-679-1209

Email: [info@cswd.org](mailto:info@cswd.org)

Internet: <http://www.cswd.org>

### **National Association to Advance Fat Acceptance**

P.O. Box 4662

Foster City, CA 94404-0662

Phone: 916-558-6880

Internet: <http://www.naafa.org>

### **Obesity Action Coalition**

4511 North Himes Avenue, Suite 250

Tampa, FL 33614

Phone: 800-717-3117

Internet: <http://www.obesityaction.org>

### **Rudd Center for Food Policy and Obesity**

Yale University

309 Edwards Street

New Haven, CT 06520-8369

Phone: 203-432-6700

Internet: <http://www.yaleruddcenter.org>

### **The Obesity Society**

8630 Fenton Street, Suite 918

Silver Spring, MD 20910

Phone: 301-563-6526

Internet: <http://www.obesity.org>

## Weight-control Information Network

1 WIN Way

Bethesda, MD 20892-3665

Phone: 202-828-1025

Toll-free number:

1-877-946-4627

FAX: 202-828-1028

Email:

[WIN@info.niddk.nih.gov](mailto:WIN@info.niddk.nih.gov)

Internet:

<http://www.win.niddk.nih.gov>

The Weight-control Information Network (WIN) is a national information service of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), part of the National Institutes of Health (NIH). WIN provides the general public, health professionals, and the media with science-based, up-to-date, culturally relevant materials and tips. Topics include healthy eating, barriers to physical activity, portion control, and nutrition myths.

Publications produced by WIN are reviewed by both NIDDK scientists and outside experts. This fact sheet was also reviewed by Rebecca Puhl, Ph.D., Rudd Center for Food Policy and Obesity, Yale University.

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