MQIC

Michigan Quality Improvement Consortium Guideline

Management of Overweight and Obesity in the Adult

October 2025

The following guideline recommends specific interventions for treatment of overweight and obese conditions in adults.

Eligible Population	Key Components	Recommendation and Level of Evidence	Frequency
Adults 18 years or older	Assessment of Body Mass Index (BMI[1])	Screen to establish a diagnosis of overweight or obesity by calculating body mass index (BMI[1]) and document the presence of overweight or obesity in the medical record. ◆ If overweight, assess for complicating risk factors: - Hypertension - High triglycerides, high LDL or low HDL - Impaired fasting glucose - Diabetes mellitus - NAFLD - Family history of premature coronary heart disease (CHD) or personal history of CHD - Presence of atherosclerotic disease - Sleep Apnea - Smoking Assess current eating patterns, exercise behaviors, history of weight loss attempts and psychosocial factors or medications that contribute to weight gain[2].	At each periodic health exam; more frequently at the discretion of the physician
Patients with BMI[1] ≥ 25	Interventions to promote weight management	**Help your patients establish their own realistic and specific lifestyle goals:** Offer comprehensive lifestyle intervention to achieve weight loss and to improve patient-specific risks such as blood pressure and/or glucose control. **[A]** Promote an evidence-based diet that produces a caloric deficit and takes patient preferences into account. **[A]** Plan to reduce caloric intake to achieve a 5% to 10% reduction in body weight over 6 months. Consider greater weight loss (~15%) in some to achieve remission of Type 2 Diabetes **[D]** Counsel on decreased dietary intake combined with regular moderate to vigorous physical activity to produce a caloric deficit leading to weight loss. **[A]** Address psychosocial concerns that may impact weight and stigma associated with obesity. Recommend referral to National Diabetes Prevention Program (DPP) or Medicare DPP for individuals with prediabetes **[B]**.	At each periodic health exam; more frequently when possible
Patients with BMI[1] ≥ 30 or ≥ 27 with other risk factors or diseases	Interventions to promote weight management	**All of the above plus:** Consider referral to intensive, multicomponent behavioral interventions to promote improvement in weight status[3]. **[A]** Review the patient's medications to consider changing any weight-potentiating medications[2] to those that are either weight-neutral or weight-negative. **[D]** Consider pharmacotherapy **only** for patients with increased medical risk because of their weight who fail intensive lifestyle changes alone. **[D]** Pharmacotherapy is more effective when used along with intensive lifestyle changes. **[A]**	
BMI[1] ≥ 40 or ≥ 35 with uncontrolled comorbid conditions[3]	Surgical treatment	Weight loss surgery should be considered when other methods of treatment have failed and for patients who have clinically severe obesity, i.e., BMI ≥ 40 or BMI ≥ 35 with serious, obesity-related comorbid conditions[4]. **[A]** Evaluate for psychological readiness for surgical intervention and post-surgical lifestyle commitment.	

[1] BMI is an accurate proxy for body fat in average adults but may be misleading in muscular individuals and the elderly. Lower BMI thresholds are used to classify overweight (BMI 23-27.5 kg/m ^{2}) and obese (BMI ≥27.5 kg/m^2) individuals of Asian and South Asian descent.

[2] Weight gain may be associated with medications: certain anti-hyperglycemic agents, SSRI, tricyclic antidepressants, atypical antipsychotics, anticonvulsants, beta-blockers and corticosteroids.

[3] US Preventive Services Task Force. Behavioral weight loss interventions to prevent obesity-related morbidity and mortality in adults. *JAMA* 2018; 320:1163-1171.

[4] Serious comorbidities including: Cardiac disease (CHD, pulmonary hypertension, congestive heart failure, and cardiomyopathy); type 2 diabetes; obstructive sleep apnea and other respiratory disease (chronic asthma); hypoventilation syndrome (Pickwickian syndrome); non-alcoholic fatty liver disease or steatohepatitis; pseudo-tumor cerebri; hypertension; hyperlipidemia; severe joint or disc disease if interferes with daily functioning

Levels of Evidence for the most significant recommendations: A = randomized controlled trials; B = controlled trials, no randomization; C = observational studies; D = opinion of expert panel

This guideline represents core management steps. It is based on the VA/DoD Clinical Practice Guideline for Screening and Management of Overweight and Obesity, Department of Veteran Affairs, Department of Defense, Version 2.0 - 2014; the United States Preventive Services Task Force Obesity Screening and Counseling: Adults, June 2012; and 2013 AHA/ACC/TOS Guideline for the Management of Overweight and Obesity in Adults: A Report of the ACC/AHA Task Force on Practice Guidelines and The Obesity Society. Individual patient considerations and advances in medical science may supersede or modify these recommendations.

Approved by MQIC Medical Directors March 2009, 2011, 2013, 2015, 2017, 2019, 2021, 2023, Oct 2025 **MQIC.ORG**