TABLE 416-3 ETHNIC-SPECIFIC CUTPOINT VALUES FOR WAIST CIRCUMFERENCE

Ethnic Group	Waist Circumference
Europeans	
Men	>94 cm (>37 in)
Women	>80 cm (>31.5 in)
South Asians and Chinese	
Men	>90 cm (>35 in)
Women	>80 cm (>31.5 in)
Japanese	
Men	>85 cm (>33.5 in)
Women	>90 cm (>35 in)
Ethnic South and Central Americans	Use South Asian recommendations until more specific data are available.
Sub-Saharan Africans	Use European data until more specific data are available.
Eastern Mediterranean and Middle Eastern (Arab) populations	Use European data until more specific data are available.

Source: From KGMM Alberti et al for the IDF Epidemiology Task Force Consensus Group: Lancet 366:1059, 2005.

Not all patients who are deemed obese by BMI alone need to be treated, as exemplified by the concepts of obesity paradox or the metabolically healthy obese. However, patients who present with obesity-related comorbidities and who would benefit from weight loss intervention should be managed proactively. Therapy for obesity always begins with lifestyle management and may include pharmacotherapy or surgery, depending on BMI risk category **(Table 416-5)**. Setting an initial weight-loss goal of 8–10% over 6 months is a realistic target.

TABLE 416-4 OBESITY-RELATED ORGAN SYSTEMS REVIEW

Cardiovascular
- Hypertension
- Congestive heart failure
- Cor pulmonale
- Varicose veins
- Pulmonary embolism
- Coronary artery disease

Endocrine
- Metabolic syndrome
- Type 2 diabetes
- Dyslipidemia
- Polycystic ovarian syndrome

Musculoskeletal
- Hyperuricemia and gout
- Immobility
- Osteoarthritis (knees and hips)
- Low back pain
- Carpal tunnel syndrome

Psychological
- Depression/low self-esteem
- Body image disturbance
- Social stigmatization

Integument
- Striae distensae
- Stasis pigmentation of legs
- Lymphedema
- Cellulitis
- Intertrigo, carbuncles
- Acanthosis nigricans
- Acrochordons (skin tags)
- Hidradenitis suppurativa

Respiratory
- Dyspnea
- Obstructive sleep apnea
- Hypoventilation syndrome
- Pickwickian syndrome
- Asthma

Gastrointestinal
- Gastroesophageal reflux disease
- Nonalcoholic fatty-liver disease
- Cholelithiasis
- Hernias
- Colon cancer

Genitourinary
- Urinary stress incontinence
- Obesity-related glomerulopathy
- Hypogonadism (male)
- Breast and uterine cancer
- Pregnancy complications

Neurologic
- Stroke
- Idiopathic intracranial hypertension
- Meralgia paresthetica
- Dementia

LIFESTYLE MANAGEMENT

Obesity care involves attention to three essential elements of lifestyle: dietary habits, physical activity, and behavior modification. Because obesity is fundamentally a disease of energy imbalance, all patients must learn how and when energy is consumed (diet), how and when energy is expended (physical activity), and how to incorporate this information into their daily lives (behavioral therapy). Lifestyle management has been shown to result in a modest (typically 3–5 kg) weight loss when compared with no treatment or usual care.

Diet Therapy The primary focus of diet therapy is to reduce overall calorie consumption. Guidelines from the National Heart, Lung, and Blood Institute recommend initiating treatment with a calorie deficit of 500–1000 kcal/d compared with the patient's habitual diet. This reduction is consistent with a goal of losing ~1–2 lbs per week. The calorie deficit can be instituted through dietary substitutions or alternatives. Examples include choosing smaller portion sizes, eating more fruits and vegetables, consuming more whole-grain cereals, selecting leaner cuts of meat and skimmed dairy products, reducing consumption of fried foods and other foods with added fats and oils, and drinking water instead of sugar-sweetened beverages. It is important that dietary counseling remain patient centered and that the goals set be practical, realistic, and achievable.

The macronutrient composition of the diet will vary with the patient's preference and medical condition. The 2010 U.S. Department of Agriculture Dietary Guidelines for Americans **(Chap. 95e)**, which focus on health promotion and risk reduction, can be applied to treatment of overweight or obese patients. The recommendations include maintaining a diet rich in whole grains, fruits, vegetables, and dietary fiber; consuming two servings (8 oz) of fish high in omega 3 fatty acids per week; decreasing sodium intake to <2300 mg/d; consuming 3 cups of milk (or equivalent low-fat or fat-free dairy products) per day; limiting cholesterol intake to <300 mg/d; and keeping total fat intake at 20–35% of daily calories and saturated fat intake at <10% of daily calories. Application of these guidelines to specific calorie goals can be found on the website *www.choosemyplate.gov*. The revised Dietary Reference Intakes for Macronutrients released by the Institute of Medicine recommends that 45–65% of calories come from carbohydrates, 20–35% from fat, and 10–35% from protein. The guidelines also recommend daily fiber intake of 38 g (men) and 25 g (women) for persons over 50 years of age and 30 g (men) and 21 g (women) for those under age 50.

Since portion control is one of the most difficult strategies for patients to manage, the use of pre-prepared products such as meal replacements is a simple and convenient suggestion. Examples include frozen entrees, canned beverages, and bars. Use of meal replacements in the diet has been shown to result in a 7–8% weight loss.