

# Medical Care for Obese Patients

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*

Approximately 32 percent of adults in the United States are obese, up from 23 percent a decade ago. The U.S. Government considers obesity to be one of the most serious health concerns facing the nation. As prevalence rates continue to rise, almost all health care providers can expect to encounter obese patients in their practices. This fact sheet offers practical tips for overcoming the challenges unique to providing optimal care to patients who are obese, independent of weight-loss treatment.

## Obesity and Body Mass Index

Body mass index (BMI) closely correlates with body fat in most people and can help predict the development of health problems related to excess weight. BMI is calculated by dividing a person's weight in kilograms by height in meters squared. The mathematical formula is "weight (kg) / height (m<sup>2</sup>)."

The National Institutes of Health identify obesity as a BMI greater than or equal to ( $\geq$ ) 30. Obesity is further broken down to 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." For more information about calculating BMI, a patient can visit <http://nhlbisupport.com/bmi/bminojs.htm>.

## Challenges in Treating Obese Patients

Patients who are obese may delay seeking medical care. They may also be less likely to receive certain preventive care services, such as Pap smears, breast examinations, and pelvic examinations. Insufficient medical care is probably the result of both patient and physician factors.

"Getting patients to overcome their sense of shame when it comes to discussing food and diet progress is difficult—the most helpful action is to listen and establish a sense of trust."

– A health care provider

Patient barriers to adequate medical care and preventive service include:

- Self-consciousness about weight.
- Fears of disparaging, negative, or inappropriate comments from physicians and medical staff.
- Weight gain or failure to lose weight since last medical appointment.
- Past negative experiences with or disrespectful treatment from physicians and medical staff.

## Providing Optimal Medical Care to Obese Patients

Health care providers can take steps to overcome barriers to ensure optimal medical care for patients who are obese. Optimal care begins with educating staff about treating patients with respect. Having appropriate equipment and supplies on hand further increases patient access to care. Weighing patients privately and only when necessary may help them overcome their reluctance to seek medical services. Offering preventive services in addition to monitoring and treating ongoing medical conditions helps ensure that obese patients receive the same level of care as nonobese patients. Finally, providers should encourage healthy behaviors and self acceptance even in the absence of weight loss.

Using the following checklist may improve patient care in your office. To create a positive office environment, review the checklist with your medical and administrative staff.

### Create an accessible and comfortable office environment.

- Provide sturdy, armless chairs and high, firm sofas in waiting rooms.
- Provide sturdy, wide examination tables that are bolted to the floor to prevent tipping.
- Provide a sturdy stool or step with handles to help patients get on the examination table.
- Provide extra large examination gowns.
- Install a split lavatory seat and provide a specimen collector with a handle.

### Use medical equipment that can accurately assess patients who are obese.

- Use large adult blood pressure cuffs or thigh cuffs on patients with an upper-arm circumference greater than 34 cm.
- Have extra long phlebotomy needles, tourniquets, and large vaginal speculae on hand.
- Have a weight scale with adequate capacity (greater than 350 pounds) for obese patients.

## Reduce patient fears about weight.

- Weigh patients only when medically appropriate.
- Weigh patients in a private area.
- Record weight without comments.
- Ask patients if they wish to discuss their weight or health.
- Avoid using the term obesity. Your patients may be more comfortable with terms such as “difficulties with weight” or “being overweight.” You may wish to ask your patients what terms they prefer when discussing their weight.

### 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. The number at the top of the column is the BMI at that height and weight. Pounds have been rounded off.

BMI	Body Weight (pounds)																					
	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
Height (inches)																						
58	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167	172	177	181	186	191
59	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173	178	183	188	193	198
60	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179	184	189	194	199	204
61	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185	190	195	201	206	211
62	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191	196	202	207	213	218
63	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197	203	208	214	220	225
64	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204	209	215	221	227	232
65	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210	216	222	228	234	240
66	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216	223	229	235	241	247
67	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223	230	236	242	249	255
68	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230	236	243	249	256	262
69	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236	243	250	257	263	270
70	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243	250	257	264	271	278
71	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250	257	265	272	279	286
72	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258	265	272	279	287	294
73	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265	272	280	288	295	302
74	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272	280	287	295	303	311
75	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279	287	295	303	311	319
76	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287	295	304	312	320	328

Source: *Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults*, National Institutes of Health, National Heart, Lung, and Blood Institute, June 1998.

Health care provider barriers to adequate medical care and preventive services include:

- Lack of appropriate medical equipment to accurately assess and treat patients who are obese.
- Lack of training in accommodating the physical and emotional needs of persons who are obese.
- Perception that patients' obesity is mainly due to lack of willpower.
- Difficulty performing examinations, such as pelvic exams, due to the patient's size.
- Focus on treating ongoing medical conditions, to the exclusion of preventive care services.
- Perception that a patient's health is not improved unless she or he loses weight.

### Monitor obesity-related medical conditions and risk factors.

- Conduct tests to assess type 2 diabetes, dyslipidemia, hypertension, sleep apnea, ischemic heart disease, thyroid disease, and nonalcoholic steatohepatitis as medically indicated.
- Consider concerns of the extremely obese patient that may be overlooked such as lower extremity edema, thromboembolic disease, respiratory insufficiency (Pickwickian syndrome), skin compression (ulcers), and fungal infections.

### Offer preventive care services.

- Allow adequate time during office visits for preventive care services.
- Recommend or provide preventive care services such as Pap smears, breast examinations, mammography, prostate examinations, and stool testing.

### Encourage healthy behaviors.

- Discuss weight loss—as little as 5 to 10 percent of body weight—as a treatment for weight-related medical conditions. Work with your patient to establish realistic treatment goals.
- Emphasize healthy behaviors to prevent further weight gain, whether or not the patient is able or willing to lose weight.
- Encourage physical activity to improve cardiovascular health.
- Seek professional resources to assist your patients and provide referrals to registered dietitians, certified diabetes educators, exercise physiologists, weight-management programs, and support groups, as appropriate.
- Provide printed educational materials and lists of resources to patients. Offering this information may be especially helpful if your time with the patient is limited. Be sure that reading materials appropriately emphasize health rather than thinness.
- Promote self-acceptance and encourage patients to lead a full and active life.

Providing optimal medical care to patients who are obese may be challenging. Changes that foster a supportive and accessible environment for the patient, however, are within reach of most

health care providers and can go far to overcome both patient and provider barriers to care.

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

*Active at Any Size*. National Institutes of Health (NIH) Publication No. 04-4352.

*Healthy Eating and Physical Activity Across Your Lifespan: Better Health and You*. NIH Publication No. 04-4992.

*Just Enough for You: About Food Portions*. NIH Publication No. 03-5287.

*Walking...A Step in the Right Direction*. NIH Publication No. 04-4155.

*Prescription Medications for the Treatment of Obesity*. NIH Publication No. 04-4191.

### Additional Reading

American Medical Association. *Assessment and Management of Adult Obesity: A Primer for Physicians*. Available at: <http://www.ama-assn.org/ama/pub/category/10931.html>. Updated April 6, 2006. Accessed January 2007.

National Heart, Lung, and Blood Institute, NIH. *Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults*. Available at: [http://www.nhlbi.nih.gov/guidelines/obesity/ob\\_gdlns.pdf](http://www.nhlbi.nih.gov/guidelines/obesity/ob_gdlns.pdf). September 1998. Accessed January 2007.

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.

### Additional Patient Information

#### **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.aadenet.org>

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

#### **American Dietetic Association**

120 South Riverside Plaza

Suite 2000

Chicago, IL 60606-6995

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

– A patient

“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

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.*

#### **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>

#### **Advocacy and Policy Organizations**

##### **NAASO, The Obesity Society**

8630 Fenton Street  
Suite 918  
Silver Spring, MD 20910  
Phone: (301) 563–6526  
Internet: <http://www.naaso.org>

##### **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 22501  
Oakland, CA 94609  
Phone: (916) 558–6880  
Internet: <http://www.naafa.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>

## 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 service of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) of the National Institutes of Health, which is the Federal Government's lead agency responsible for biomedical research on nutrition and obesity. Authorized by Congress (Public Law 103-43), WIN provides the general public, health professionals, the media, and Congress with up-to-date, science-based health information on weight control, obesity, physical activity, and related nutritional issues.

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

Special thanks to Lynn McAfee of the Council on Size and Weight Discrimination for providing the patient quotes for this fact sheet.