

Better Health 4 YOU

SMART Local 36 Benefit Fund

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WELLNESS-Obesity

Why Plans need to be concerned about Employee Wellness

Treatment of an overweight or obese person incorporates a two-step process: assessment and management. Assessment includes determination of the degree of obesity and overall health status. Management involves not only weight loss

Assessment

Body Mass Index

Assessment of a patient should include the evaluation of body mass index (BMI), waist circumference, and overall medical risk.

Here is a shortcut method for calculating BMI. (Example: for a person who is 5 feet 5 inches tall weighing 180 lbs.)

1. Multiply weight (in pounds) by 703 $180 \times 703 = 126,540$
2. Multiply height (in inches) by height (in inches) $65 \times 65 = 4,225$
3. Divide the answer in step 1 by the answer in step 2 to get the BMI.

$$126,540 / 4,225 = 29.9 \text{ BMI} = 29.9$$

and maintenance of body weight but also measures to control other risk factors. Obesity is a chronic disease. Convincing evidence supports the benefit of weight loss for reducing blood pressure, lowering blood glucose, and improving cholesterol issues.

There is evidence to support the use of BMI in risk assessment since it provides a more accurate measure of total body fat compared with the assessment of body weight alone.

Waist Circumference

Excess abdominal fat is an important, independent risk

Additional Annual Medical Costs per Year

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Up to 20 lbs. over a healthy weight- **\$382**

30-60 lbs. over a healthy weight- **\$917**

60-100 lbs. over a healthy weight- **\$1,849**

100+ lbs. over a healthy weight- **\$2,096**



factor for disease. Waist circumference measurement is particularly useful in patients who are categorized as normal or overweight. **Men who have**

waist circumferences greater than 40 inches, and women who have waist circumferences greater than 35 inches, are at higher risk of diabetes, elevated cholesterol, hypertension, and cardiovascular disease because of excess abdominal fat.

Readiness to Lose Weight

The decision to attempt weight-loss treatment should also consider the patient's readiness to make the necessary lifestyle changes. Evaluation of readiness should include the following:

- Reasons and motivation for weight loss
- Previous attempts at weight loss
- Support expected from family and friends
- Understanding of risks and benefits
- Attitudes toward physical activity
- Time availability
- Potential barriers, including financial limitations, to the patient's adoption of change

Management

Weight Loss

Goals of therapy are to reduce body weight and maintain a lower body weight for the long term; the prevention of further weight gain

is the minimum goal. An initial weight loss of 10 percent of body weight achieved over 6 months is a recommended target. The rate of weight loss should be 1 to 2 pounds each week. Greater rates of weight loss do not achieve better long-term results. After the first 6 months of weight loss therapy, the priority should be weight maintenance achieved through combined changes in diet, physical activity, and behavior. Further weight loss can be considered after a period of weight maintenance.

Prevention of Weight Gain

In some patients, weight loss or a reduction in body fat is not achievable. A goal for these patients should be the prevention of further weight gain. Prevention of weight gain is also an appropriate goal for people with a BMI of 25 to 29.9 who are not otherwise at high risk. A combination of diet modification, increased physical activity, and behavior therapy can be effective.

Dietary Therapy

Caloric intake should be reduced by 500 to 1,000 calories per day (kcal/day) from the current level. Most overweight and obese people should adopt long-term nutritional adjustments to reduce caloric intake. Dietary therapy includes instructions for modifying diets to achieve this goal. Moderate caloric reduction is the goal for the majority of cases;

however, diets with greater caloric deficits are used during active weight loss. The diet should be low in calories, but it should not be too low (less than 800 kcal/day). Diets lower than 800 kcal/day have been found to be no more effective than low-calorie diets in producing weight loss. In general, diets containing 1,000 to 1,200 kcal/day should be selected for most women; a diet between 1,200 kcal/day and 1,600 kcal/day should be chosen for men and may be appropriate for women who weigh 165 pounds or more, or who exercise. Long-term changes in food choices are more likely to be successful when the patient's preferences are taken into account and when the patient is educated about food composition, labeling, preparation, and portion size. Although dietary fat is a rich source of calories, reducing dietary fat without reducing calories will not produce weight loss. Frequent contact with practitioners during the period of diet adjustment is likely to improve compliance.

Physical Activity

Physical activity has direct and indirect benefits. Increased physical activity is important in efforts to lose weight because it increases energy expenditure and plays an integral role in weight maintenance. Physical activity also reduces the risk of heart disease more than that achieved by weight loss alone.

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Call me anytime with questions