



AMERICAN
COLLEGE of
CARDIOLOGY

2013 AHA/ACC/TOS GUIDELINE FOR THE MANAGEMENT OF OVERWEIGHT AND OBESITY IN ADULTS

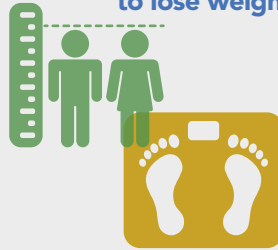
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POINTS TO
REMEMBER

1

Measure height and weight and calculate body mass index (BMI)

at annual visits or more frequently to identify patients who need to lose weight



- ▶ Continue use of current cut points to identify adults who may be at increased risk for cardiovascular disease (CVD):

Overweight
(BMI > 25.0–29.9 kg/m²)

Obesity
(BMI ≥ 30 kg/m²)

- ▶ The obesity cut point should be used to identify adults at increased risk for all-cause mortality.

2

Measure waist circumference

at annual visits or more frequently in overweight and obese adults



- ▶ Use cut points defined by National Institutes of Health or World Health Organization

3

Overweight and obese adults with CVD risk factors should be counseled that even **modest weight loss** (3 – 5% of body weight) can result in clinically meaningful benefits for triglycerides, blood glucose, glycated hemoglobin, and development of diabetes.



Greater weight loss (> 5%)

can further reduce blood pressure, improve lipids, and reduce the need of medications to control blood pressure, blood glucose, and lipids.

4

A diet prescribed for weight loss is recommended to be part of a comprehensive lifestyle intervention, a component of which includes a plan to achieve reduced caloric intake. Any one of the following methods can be used:

Prescribe

FOR WOMEN:

1,200–1,500*
kcal/day

FOR MEN:

1,500–1,800*
kcal/day



Prescribe a

500
kcal/day
or
750
kcal/day

**ENERGY
DEFICIT**



Prescribe one of the

Evidence-Based Diets

that restricts certain food types (such as high-carbohydrate foods, low-fiber foods, or high-fat foods) in order to create an energy deficit by reduced food intake.

*kcal levels are usually adjusted for the individual's body

5

Prescribing a calorie-restricted diet should be based on the patient's preferences and health status, and preferably with a referral to a nutrition professional for counseling.

