AHA/ACC/TOS Treatment Algorithm

Chronic Disease Management Model for Primary Care of Patients with Overweight and Obesity

Patient Encounter (See Box 1)

Measure weight, height; calculate BMI (See Box 2)

BMI 25-29.9 (overweight) or 30-34.9 (class I obese) or 35-39.9 (class II obese) or ≥40 (class III obese) (See Box 3)

Yes

Assess and treat risk factors for CVD and obesity-related comorbidities (See Box 4)

No BMI ≥25

BMI 19.5-24.9

No, insufficient risk

Assess need to lose weight: BMI ≥30 or BMI 25-29.9 with risk factor(s) (See Box 6)

No, not yet ready

Assess readiness to make lifestyle changes to achieve weight loss (See Box 8)

Yes

High-intensity comprehensive lifestyle intervention (See Box 11a)

Alternate delivery of lifestyle intervention (See Box 11b)

Weight loss ≥5% and sufficient improvement in health targets (See Box 14)

Yes

Comprehensive lifestyle intervention alone or with adjunctive therapies (BMI ≥30 or ≥27 with comorbidity) (See Box 10)†

No

Weight loss ≥5% and sufficient improvement in health targets (See Box 14)

Intensive behavioral treatment (See Box 10); reassess and address medical or other contributory factors; consider adding or reevaluating obesity pharmacotherapy (See Box 13); endor refer to an experienced bariatric surgeon (See Box 13)

Yes

BMI ≥40 or BMI ≥35 with comorbidity. Offer referral to an experienced bariatric surgeon for consultation and evaluation as an adjunct to comprehensive lifestyle intervention (See Box 13)

No

BMI ≥30 or BMI ≥27 with comorbidity—option for adding pharmacotherapy as an adjunct to comprehensive lifestyle intervention (See Box 12)†

Continue intensive medical management of CVD risk factors and obesity-related conditions; weight management options (See Box 19)