More than one-third of adults in the United States are obese. The U.S. Government views obesity as one of the most severe health concerns facing the nation. With so many people struggling with obesity, almost all health care providers can expect to care for patients who are obese. This fact sheet offers helpful tips for health care providers to overcome the challenges unique to providing optimal care to these patients, no matter what weight-loss treatment is used.

What Is Obesity?

“Obesity” refers to an excess amount of body fat. It develops when the number of calories (energy) consumed in food and beverages exceeds the number of calories that the body burns to function. There are few studies in humans that link direct amounts of total body fat to sickness and death. There are also no formal standards issued by the National Institutes of Health (NIH) that define obesity based on the amount or percentage of a person’s total body fat. A common way to screen for obesity is the body mass index.

What Is the Body Mass Index?

The Body Mass Index (BMI) is a tool used to measure weight as it relates to height. BMI has its limits. It does not assess body fat or muscle directly. BMI is measured by dividing a person’s weight in pounds by height in inches squared and multiplying by 703.

Men and women can have the same BMI but different body fat percentages. As a rule, women usually have more body fat than men. A bodybuilder with large muscle mass and low body fat may have the same BMI as a person who has more body fat. However, a BMI of 30 or higher usually suggests excess body fat.

The NIH currently defines overweight as a BMI of 25 to 29.9 and obesity as a BMI greater than or equal to (≥) 30. Obesity is further broken down into Class I (BMI of 30 to 34.9), Class II (BMI of 35 to 39.9), and Class III (BMI ≥ 40) or “extreme obesity.” (See BMI table on page 7.) An online tool for measuring BMI is available at [http://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmicalc.htm](http://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmicalc.htm).

“Helping patients to overcome their sense of shame when it comes to discussing food and healthy eating may be hard—the most helpful action is to listen and establish a sense of trust.”

—A health care provider
What Are Some of the Challenges to Treating Patients with Obesity?

Patients with obesity may delay seeing a health care provider for routine medical care. They may also be less likely to receive certain health tests, such as Pap smears, breast exams, and pelvic exams. Lack of routine medical care is most likely the result of both patient and provider factors. Both the patient and the health care provider play a role in the health of the patient.

How Can Health Care Providers Offer Optimal Medical Care to Patients with Obesity?

Health care providers can take steps to make sure that their patients receive quality care. Health care providers should do the following:

- Treat patients with respect.
- Have suitable equipment and supplies on hand to improve patient access to care.
- Support healthy behaviors and self-acceptance even if the patient does not wish to lose weight or cannot successfully lose weight.

To create a positive office climate, medical and other staff should review this fact sheet.

Create a positive, open, and comfortable office space

- Provide sturdy, armless chairs and high, firm sofas in waiting rooms.
- Provide sturdy, wide exam tables bolted to the floor to prevent tipping.
- Provide a sturdy stool or step with handles to help patients climb onto the exam table.
- Provide extra-large patient gowns.
- Install a split toilet seat. Provide a specimen collector with a handle.
- Provide reading materials in the waiting room that focus on healthy habits, rather than physical looks or being "thin."

Here are some issues that may prevent patients with obesity from seeking help:

- Being ashamed or embarrassed about their weight
- Hearing hurtful comments that the health care provider or staff may say about their weight
- Being disrespected by staff or health care providers in the past
Use medical devices that can correctly assess patients with obesity

- Use large adult blood pressure cuffs or thigh cuffs on patients with an upper-arm circumference greater than 34 cm.
- Use extra long needles to draw blood and have large vaginal specula on hand.
- Have a weight scale with the capacity to measure patients who weigh more than 400 pounds.

Be respectful when talking about the patient’s weight

- Weigh patients in a private area and only when medically needed.
- Record weight without comments.
- Ask patients if they want to discuss their weight or health.
- Avoid using the term “obesity.” Your patients may prefer such terms as “BMI” or “weight.” Ask your patients what terms they would like you to use when discussing their weight.

Track and test for the following health problems linked to obesity:

- type 2 diabetes
- hypertension (high blood pressure)
- sleep apnea (when breathing pauses while sleeping)
- nonalcoholic steatohepatitis (fatty liver disease)
- lower extremity edema (swelling of the legs and feet)
- skin compression (ulcers)

Offer well-care services

- Allow enough time during office visits to provide well-care services.
- Suggest or provide such services as Pap smears, breast exams, mammography, prostate exams, and stool testing.

Here are some issues that may prevent a health care provider from providing the best care to patients who are obese:

- Lack of suitable medical tools to correctly assess and treat patients
- Lack of training in providing the physical and emotional support that patients may need
- Belief that a patient’s weight is mainly due to lack of willpower
- Challenges performing exams, such as pelvic exams, due to a patient’s size
Promote healthy behaviors

- Ask your patients if they would like to talk about weight loss. If they want to talk about losing weight, let them know that a weight loss of 5 to 7 percent of body weight may lower their chance of developing diabetes. Work with your patients to establish realistic goals.

- Start small. Encourage patients to start with simple goals such as walking for 10 minutes, three times a day. Once they achieve this goal, they can build on it.

- Offer patients information and referrals to registered dietitians, other health providers, and support groups, as needed.

- Promote self-acceptance and encourage patients to lead full and active lives.

Health care providers have the power to help improve the lives of patients with obesity. Changes that foster respect for the patient and a supportive and well-designed space for receiving services are within reach of most health care providers. The suggestions outlined in this fact sheet offer a solid starting place. Additional resources to help achieve these changes are listed at the end of this fact sheet.

Research

The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) conducts and supports a broad range of basic and clinical obesity research. More information about obesity research is available at http://www.obesityresearch.nih.gov.

Clinical trials are research studies involving people. Clinical trials look at safe and effective new ways to prevent, detect, or treat disease. Researchers also use clinical trials to look at other aspects of care, such as improving the quality of life for people with chronic illnesses. To learn more about clinical trials, why they matter, and how to participate, visit the NIH Clinical Research Trials and You website at http://www.nih.gov/health/clinicaltrials. For information about current studies, visit http://www.ClinicalTrials.gov.
Changes that foster respect for the patient and a supportive and well-designed space for receiving services are within reach of most health care providers.
“My doctor never judges me on my weight and never talks down to me about it.”

—A patient

**Bariatric Surgery for Severe Obesity** explains how this operation on the stomach and/or intestines helps patients with extreme obesity to lose weight. Patients may use this fact sheet to talk about this option with their health care providers. This fact sheet explains which patients might choose this option and describes the different types of bariatric surgery (available online at [http://www.win.niddk.nih.gov/publications/gastric.htm](http://www.win.niddk.nih.gov/publications/gastric.htm)).

**Just Enough for You: About Food Portions** explains the difference between a portion and a serving, and offers tips to help readers choose healthy portions (available online at [http://www.win.niddk.nih.gov/publications/just_enough.htm](http://www.win.niddk.nih.gov/publications/just_enough.htm)).

**Talking With Patients About Weight Loss: Tips for Primary Care Professionals** offers ideas for speaking respectfully with patients about overweight and obesity and helping them set and maintain goals. It includes a tear-off sheet with tips and resources (available online at [http://www.win.niddk.nih.gov/publications/talking.htm](http://www.win.niddk.nih.gov/publications/talking.htm)).

**Walking…A Step in the Right Direction** explains how to start a walking program, presents a sample program, and shows stretches for warming up and cooling down (available online at [http://www.win.niddk.nih.gov/publications/walking.htm](http://www.win.niddk.nih.gov/publications/walking.htm)).

### Additional Information for Patients

**American Association of Diabetes Educators**
100 West Monroe Street, Suite 400
Chicago, IL  60603
Phone: 1–800–338–3633
Email: aade@aadenet.org
Internet: [http://www.diabeteseducator.org](http://www.diabeteseducator.org)
Locate a certified diabetes educator (C.D.E.).

**American Academy of Nutrition and Dietetics**
120 South Riverside Plaza, Suite 2000
Chicago, IL  60606–6995
Phone: 1–800–877–1600
Email: findnrd@eatright.org
Internet: [http://www.eatright.org](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
Find health information and publications on diabetes.
The Body Mass Index (BMI) table is used to determine if an individual is within a healthy weight range based on their height and weight. The table is divided into three main categories: Normal, Overweight, and Obese, with further subcategories for Extreme Obesity.

To use the table:
1. Find your height in the left column labeled "Height." Move across to the given weight (in pounds).
2. The number at the top of the column is the BMI at that height and weight. Pounds have been rounded off.

Advocacy and Policy Organizations

Council on Size and Weight Discrimination
P.O. Box 305
Mount Marion, NY 12456
Phone: 845–679–1209
Email: info@cswd.org
Internet: http://www.cswd.org

National Association to Advance Fat Acceptance
P.O. Box 4662
Foster City, CA 94404–0662
Phone: 916–558–6880
Internet: http://www.naafa.org

Obesity Action Coalition
4511 North Himes Avenue, Suite 250
Tampa, FL 33614
Phone: 800–717–3117
Internet: http://www.obesityaction.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

The Obesity Society
8630 Fenton Street, Suite 918
Silver Spring, MD 20910
Phone: 301–563–6526
Internet: http://www.obesity.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
Internet: http://www.win.niddk.nih.gov


The Weight-control Information Network (WIN) is a national information service of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), part of the National Institutes of Health (NIH). WIN provides the general public, health professionals, and the media with science-based, up-to-date, culturally relevant materials and tips. Topics include how to consume healthy foods and beverages, barriers to physical activity, portion control, and eating and physical activity myths.

Publications produced by WIN are reviewed by both NIDDK scientists and outside experts. This fact sheet was also reviewed by 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.

You may also find additional information about this topic by visiting MedlinePlus at http://www.medlineplus.gov.

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