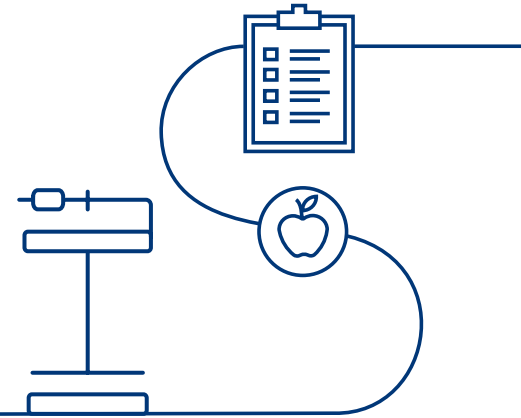


# Medical management of overweight and obesity

## Review management options based on evaluation of BMI and medical history



## Assess for weight-related complications

Evaluate patients with overweight or obesity for the presence of weight-related complications including:

- CVD
- MASLD
- PCOS
- Osteoarthritis
- Prediabetes
- Obstructive sleep apnea
- Metabolic syndrome
- Type 2 diabetes
- Dyslipidemia
- Hypertension
- Female infertility
- Male hypogonadism
- Asthma/reactive airway disease
- Osteoarthritis
- Urinary stress incontinence
- GERD
- Depression

Correspondingly, patients that present with the comorbidities listed above should also be evaluated for overweight or obesity.

## Management based on clinical judgement

Obesity management requires a multidisciplinary and multimodal approach to help patients achieve and maintain weight loss.

### Lifestyle modifications

should be individualized and consist of three components: a meal plan, physical activity, and behavioral interventions. Creating an energy deficit should be a component of developing healthy meal plans. Consider personal and cultural preferences and physical limitations.



### Pharmacotherapy as an adjunct to lifestyle modifications

for patients with obesity (BMI  $\geq 30$  kg/m<sup>2</sup>) or overweight (BMI of 27-29.9 kg/m<sup>2</sup>), who:

- Have weight-related complications if lifestyle modifications alone are insufficient or
- Fail to achieve sufficient weight loss or experience weight regain with lifestyle interventions alone.



### Bariatric surgery

in those with severe obesity (BMI of  $\geq 40$  kg/m<sup>2</sup>) without coexisting medical problems and the procedure would not be associated with excessive risk or those with a BMI of  $\geq 35$  kg/m<sup>2</sup> and 1 or more severe obesity-related complication.



# AACE/ACE recommendations for management of obesity

Diagnostic criteria	BMI	Management based on clinical judgement
<b>Primary</b>		
<b>Normal weight</b> (No obesity)	$<25 \text{ kg/m}^2$ <sup>a</sup>	Healthy lifestyle: <ul style="list-style-type: none"> <li>• Healthy meal plan</li> <li>• Physical activity</li> <li>• Health education</li> <li>• Built environment</li> </ul>
<b>Secondary</b>		
<b>Overweight stage 0</b> (No complications)	$25\text{--}29.9 \text{ kg/m}^2$ <sup>b</sup>	Lifestyle modifications: <ul style="list-style-type: none"> <li>• Reduced-calorie healthy meal plan</li> <li>• Physical activity</li> <li>• Behavioral interventions</li> </ul>
<b>Obesity stage 0</b> (No complications)	$\geq 30 \text{ kg/m}^2$ <sup>c</sup>	<ul style="list-style-type: none"> <li>• Lifestyle (reduced-calorie healthy meal plan, physical activity, behavioral interventions)</li> <li>• Consider pharmacotherapy as appropriate if lifestyle modification alone not effective (BMI <math>\geq 27 \text{ kg/m}^2</math>)</li> </ul>
<b>Tertiary</b>		
<b>Obesity stage 1</b> (1 or more mild-moderate complications <sup>d</sup> )	$\geq 25$ <sup>b</sup>	<ul style="list-style-type: none"> <li>• Lifestyle (reduced-calorie healthy meal plan, physical activity, behavioral interventions)</li> <li>• Consider pharmacotherapy as appropriate with lifestyle intervention (BMI <math>\geq 27 \text{ kg/m}^2</math>)</li> </ul>
<b>Obesity stage 2</b> (at least 1 severe complication <sup>e</sup> )	$\geq 25 \text{ kg/m}^2$ <sup>a</sup>	<ul style="list-style-type: none"> <li>• Lifestyle (reduced-calorie healthy meal plan, physical activity, behavioral interventions)</li> <li>• Add pharmacotherapy as appropriate with lifestyle intervention (BMI <math>\geq 27 \text{ kg/m}^2</math>)</li> <li>• Consider bariatric surgery as appropriate (BMI <math>\geq 35 \text{ kg/m}^2</math>)</li> </ul>

<sup>a</sup>Cutoff point of  $23 \text{ kg/m}^2$  for certain ethnicities. <sup>b</sup> $23\text{--}24.9 \text{ kg/m}^2$  in certain ethnicities. <sup>c</sup> $\geq 25$  in certain ethnicities. <sup>d</sup>Or who are being treated effectively with moderate weight loss. <sup>e</sup>Or who requires more significant weight loss for effective treatment.

Once the initial plateau for weight loss has been achieved, re-evaluate the weight-related complications. If the complications have not been managed to target, weight-loss therapy should be intensified, or complication-specific interventions need to be initiated.

Since obesity is a chronic disease and the diagnostic categories for obesity may not be static, patients require ongoing follow-up, re-evaluation and long-term treatment.

AACE=American Association of Clinical Endocrinologists; ACE=American College of Endocrinology; BMI=body mass index.

**Reference:** Garvey WT, Mechanick JI, Brett EM, et al. American Association of Clinical Endocrinologists and American College of Endocrinology comprehensive clinical practice guidelines for medical care of patients with obesity. *Endocr Pract.* 2016;22(suppl 3):1-203.



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