

# Medical Care for Obese Patients



U.S. DEPARTMENT  
OF HEALTH AND  
HUMAN SERVICES

## WIN *Weight-control Information Network*

Approximately 30 percent of adults in the United States are obese, up from 15 percent 2 decades ago. As prevalence rates continue to rise, most health care providers can expect to encounter obese patients in their practices. This fact sheet offers practical tips for overcoming the challenges unique to providing optimal care to patients who are obese, independent of weight loss treatment.

### Obesity and Body Mass Index

Body mass index (BMI) closely correlates with body fat and can help predict the development of health problems related to excess weight. BMI is calculated by dividing weight in kilograms by height in meters squared (or weight in pounds by height in inches squared and multiplied by 703), or by using the chart on page 3.

The National Institutes of Health (NIH) identifies obesity as a BMI of 30 kg/m<sup>2</sup> or greater. Obesity is further broken down to Class I (BMI of 30-34.9 kg/m<sup>2</sup>), Class II (BMI of 35-39.9 kg/m<sup>2</sup>), and Class III (BMI of 40 kg/m<sup>2</sup> or greater), also called extreme obesity.

### Challenges in Treating Obese Patients

Patients who are obese may delay seeking medical care. They may also be less likely to receive certain preventive care services, such as Pap smears, breast examinations, and pelvic examinations. Insufficient medical care is probably the result of both patient and physician factors.

### Providing Optimal Medical Care to Obese Patients

Health care providers can take steps to overcome barriers to ensure optimal medical care of patients who are obese. Optimal care begins with educating staff about treating patients with respect. Having appropriate

“Getting patients to overcome their sense of shame when it comes to discussing food and diet progress is difficult—the most helpful action is to listen and establish a sense of trust.”

—A health care provider



### **Patient barriers to adequate medical care and preventive services**

- Self-consciousness about weight
- Fears of disparaging, negative, or inappropriate comments from physicians and medical staff
- Weight gain or failure to lose weight since last medical appointment
- Past negative experiences with or disrespectful treatment from physicians and medical staff

### **Health care provider barriers to adequate medical care and preventive services**

- Lack of appropriate medical equipment to accurately assess and treat patients who are obese
- Lack of training in accommodating the physical and emotional needs of persons who are obese
- Perception that patients' obesity is mainly due to lack of willpower
- Difficulty performing examinations, such as pelvic exams, due to the patient's size
- Focus on treating ongoing medical conditions, to the exclusion of preventive care services

equipment and supplies on hand further increases patient access to care. Weighing patients privately and only when necessary may help overcome their reluctance to seek out medical services. Offering preventive services in addition to monitoring and treating ongoing medical conditions helps ensure that obese patients receive the same level of care as non-obese patients. Finally, providers should encourage healthy behaviors and self-acceptance even in the absence of weight loss.

Using the following checklist can improve patient care in your office. To create a positive office environment, review the checklist with your medical and administrative staff.

Create an accessible and comfortable office environment.

- Provide sturdy, armless chairs and high, firm sofas in waiting rooms.
- Provide sturdy, wide examination tables that are bolted to the floor to prevent tipping.
- Provide extra-large examination gowns.
- Install a split lavatory seat and provide a specimen collector with a handle.

Use medical equipment that can accurately assess patients who are obese.

- Use large adult blood pressure cuffs or thigh cuffs on patients with an upper-arm circumference greater than 34 cm.
- Have extra-long phlebotomy needles, tourniquets, and large vaginal speculae on hand.
- Have a weight scale with adequate capacity (greater than 350 pounds) for obese patients.

Reduce patient fears about weight.

- Weigh patients only when medically appropriate.
- Weigh patients in a private area.
- Record weight without comments.
- Ask patients if they wish to discuss their weight or health.
- Avoid using the term obesity. Your patients may be more comfortable with terms such as “difficulties with weight” or “being overweight.”

## Body Mass Index Table

To use the table, find the appropriate height in the left-hand column labeled Height. Move across to a given weight. The number at the top of the column is the BMI at that height and weight. Pounds have been rounded off.

BMI	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
Height (inches)	Body Weight (pounds)																					
58	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167	172	177	181	186	191
59	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173	178	183	188	193	198
60	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179	184	189	194	199	204
61	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185	190	195	201	206	211
62	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191	196	202	207	213	218
63	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197	203	208	214	220	225
64	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204	209	215	221	227	232
65	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210	216	222	228	234	240
66	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216	223	229	235	241	247
67	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223	230	236	242	249	255
68	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230	236	243	249	256	262
69	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236	243	250	257	263	270
70	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243	250	257	264	271	278
71	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250	257	265	272	279	286
72	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258	265	272	279	287	294
73	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265	272	280	288	295	302
74	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272	280	287	295	303	311
75	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279	287	295	303	311	319
76	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287	295	304	312	320	328

Monitor obesity-related medical conditions and risk factors.

- Conduct tests to assess type 2 diabetes, dyslipidemia, hypertension, sleep apnea, ischemic heart disease, and nonalcoholic steatohepatitis.
- Consider concerns of the extremely obese patient that may be overlooked such as lower extremity edema, thromboembolic disease, respiratory insufficiency (Pickwickian syndrome), skin compression (ulcers), and fungal infections.

Offer preventive care services.

- Allow adequate time during office visits for preventive care services.
- Recommend or provide preventive care services that are not impeded by the size of the patient, such as Pap smears, breast examinations, mammography, prostate examinations, and stool testing.

“My doctor never judges me on my weight, and never talks down to me about it.”

—A patient

Encourage healthy behaviors.

- ❑ Discuss weight loss—as little as 5 to 10 percent of body weight—as a treatment for weight-related medical conditions.
- ❑ Emphasize healthy behaviors to prevent further weight gain, whether or not the patient is able or willing to lose weight.
- ❑ Encourage physical activity to improve cardiovascular health.
- ❑ Seek out professional resources to assist your patients and provide referrals to registered dietitians, certified diabetes educators, exercise physiologists, weight management programs, and support groups, as appropriate.
- ❑ Promote self-acceptance and encourage patients to lead a full and active life.

Providing optimal medical care to patients who are obese may be challenging. Changes that foster a supportive and accessible environment for the patient, however, are within reach of most health care providers and can go far to overcome both patient and provider barriers to care.

“My doctor talks about nutrition and what to eat for my type, but not about dieting. She encourages exercise, but doesn’t push. I have been able to make beneficial changes in my diet under her non-judgemental guidance. She is very respectful... my comfort seems to be a goal for her.”

—A patient

## Additional Reading

National Task Force on the Prevention and Treatment of Obesity. Medical Care for Obese Patients: Advice for Health Care Professionals. *American Family Physician*. Volume 65, Number 1. January 1, 2002.

*Active at Any Size*. NIH Publication No. 00-4352. Published by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) and available through the Weight-control Information Network (WIN).

*Healthy Eating and Physical Activity Across Your Lifespan: Better Health and You*. NIH Publication No. 02-4992. Published by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) and available through the Weight-control Information Network (WIN).

## Patient Referrals and Information

### **National Diabetes Information Clearinghouse**

1 Information Way  
Bethesda, MD 20892-3560  
Tel: (301) 654-3327  
Toll-free: 1-800-860-8747  
Email: [ndic@info.niddk.nih.gov](mailto:ndic@info.niddk.nih.gov)  
Web: [www.niddk.nih.gov/health/diabetes/ndic](http://www.niddk.nih.gov/health/diabetes/ndic)  
*Provides health information and publications on diabetes.*

### **American Dietetic Association**

216 West Jackson Boulevard  
Chicago, IL 60606-6995  
Toll-free: 1-800-366-1655  
Email: [findnrd@eatright.org](mailto:findnrd@eatright.org)  
Web: [www.eatright.org](http://www.eatright.org)  
*Locate a registered dietitian (RD).*

### **American Association of Diabetes Educators**

100 West Monroe Street  
Suite 400  
Chicago, IL 60603  
Toll-free: 1-800-338-3633  
Email: [aade@aadenet.org](mailto:aade@aadenet.org)  
Web: <http://aade@aadenet.org>  
*Locate a certified diabetes educator (CDE).*

## Medical Supplies and Equipment

### **Amplestuff: Make your world fit you** (catalog)

PO Box 116

Bearsville, NY 12409

Tel: (845) 679-3316

Toll-free: 1-866-486-1655

Email: [amplestuff@aol.com](mailto:amplestuff@aol.com)

Web: [www.amplestuff.com](http://www.amplestuff.com)

### **ConvaQuip Bariatric Equipment**

Toll-free: 1-800-637-8436

Web: [www.convaquip.com](http://www.convaquip.com)

## Advocacy Organizations

### **American Obesity Association**

1250 24<sup>th</sup> Street, NW

Suite 300

Washington, DC 20037

Tel: (202) 776-7711

Web: [www.obesity.org](http://www.obesity.org)

### **Council on Size and Weight Discrimination**

PO Box 305

Mount Marion, NY 12456

Tel: (845) 679-1209

Web: [www.cswd.org](http://www.cswd.org)

### **National Association to Advance Fat Acceptance**

PO Box 188620

Sacramento, CA 95818

Tel: (916) 558-6880

Web: [www.naafa.org](http://www.naafa.org)



National Institute of Diabetes and  
Digestive and Kidney Diseases

NIH Publication No. 03-5335  
February 2003

## 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](mailto:WIN@info.niddk.nih.gov)

Internet: [www.niddk.nih.gov/  
health/nutrit/nutrit.htm](http://www.niddk.nih.gov/health/nutrit/nutrit.htm)

The Weight-control Information Network (WIN) is a national service of the National Institute of Diabetes and Digestive and Kidney Diseases of the National Institutes of Health, which is the Federal Government's lead agency responsible for biomedical research on nutrition and obesity. Authorized by Congress (Public Law 103-43), WIN provides the general public, health professionals, the media, and Congress with up-to-date, science-based health information on weight control, obesity, physical activity, and related nutritional issues.

WIN answers inquiries, develops and distributes publications, and works closely with professional and patient organizations and Government agencies to coordinate resources about weight control and related issues.

Publications produced by WIN are reviewed by both NIDDK scientists and outside experts. This fact sheet was also reviewed by Domenica Rubino, M.D., George Washington University Weight Management Program.

Special thanks to Lynn McAfee of the Council on Size and Weight Discrimination for providing the patient quotes for this fact sheet.

*This publication is not copyrighted. WIN encourages users of this fact sheet to duplicate and distribute as many copies as desired.*

This fact sheet is also available at  
[www.niddk.nih.gov/health/nutrit/nutrit.htm](http://www.niddk.nih.gov/health/nutrit/nutrit.htm).