



# **Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report**

*U. S. Department of Health and Human Services, National Institutes of Health, National Heart, Lung, and  
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An estimated 97 million adults in the United States are overweight or obese, a condition that substantially raises their risk of morbidity from hypertension, dyslipidemia, type 2 diabetes, coronary heart disease, stroke, gallbladder disease, osteoarthritis, sleep apnea and respiratory problems, and endometrial, breast, prostate, and colon cancers. Higher body weights are also associated with increases in all-cause mortality. Obese individuals may also suffer from social stigmatization and discrimination. As a major contributor to preventive death in the United States today, overweight and obesity pose a major public health challenge. Overweight is here defined as a body mass index (BMI) of 25 to 29.9 kg/m and obesity as a BMI of 30 kg/m or greater. However, overweight and obesity are not mutually exclusive, since obese persons are also overweight. A BMI of 30 is about 30 lb. overweight and equivalent to 221 lb. in a 6'0" person and to 186 lb. in one 5'6". The number of overweight and obese men and women has risen since 1960; in the last decade the percentage of people in these categories has increased to 54.9 percent of adults age 20 years or older. Overweight and obesity are especially evident in some minority groups, as well as in those with lower incomes and less education. Obesity is a complex multifactorial chronic disease that develops from an interaction of genotype and the environment. Our understanding of how and why obesity develops is incomplete, but involves the integration of social, behavioral, cultural, physiological, metabolic and genetic factors. While there is agreement about the health risks of overweight and obesity, there is less agreement about their management. Some have argued against treating obesity because of the difficulty in maintaining long-term weight loss and of potentially negative consequences of the frequently seen pattern of weight cycling in obese subjects. Others argue that the potential hazards of treatment do not outweigh the known hazards of being obese. The intent of these guidelines is to provide evidence for the effects of treatment on overweight and obesity. The guidelines focus on the role of the primary care practitioner in treating overweight and obesity.

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