

DIAGNOSTIC RECOMMENDATIONS

The general practitioner performs diagnosis of:

Adults

- ★ who have themselves requested support for weight reduction;
- ★ who have co-morbidity that makes weight reduction important;
- ★ who have an increased cardiovascular risk (see NHG Guideline on CVRM).

Children

- ★ who have themselves (or whose parents/carers have) requested support for weight reduction;
- ★ who have been referred due to obesity by the child healthcare service or another primary care facility;
- ★ who have been diagnosed with pathology/risk factors in which high body weight can play a role;
- ★ who look obese, regardless of their reason for visiting the practice.

History

Ask about:

- ★ symptoms of underlying causes: chronic disease(s) with limitation of movement, hypothyroidism, polycystic ovarian syndrome, neurological disorders/decreased visual acuity or visual field limitation (tumour hypothalamus);
- ★ symptoms as a result of obesity: dyspnoea, pain in knee or hip, symptoms of sleep apnoea;
- ★ psychological conditions: depression, eating disorders, social phobia.

Extra in children:

- ★ psychosocial problems: abnormal behaviour, being bullied, parenting problems;
- ★ occurrence of obesity, diabetes, cardiovascular risk factors or conditions in the parents;
- ★ growth curve: small stature or deviation from the curve.

Physical examination

- ★ Determine height, weight, waist circumference and BMI (weight (in kg)/height² (in m)).
- ★ In children, also check for the presence of dysmorphia and acanthosis nigricans.

Additional investigations

- ★ In *adults*: see NHG Guidelines on CVRM or Type 2 diabetes mellitus for indications for setting up a cardiovascular risk profile and screening for diabetes. Refer to the NHG Guideline on Thyroid Conditions in the case of suspected hypothyroidism.
- ★ In *children*: determine a fasting glucose level in children > 10 years.

Evaluation

Classification of BMI in adults		
Normal weight	BMI	18.5 – 24.9
Overweight	BMI	25 – 29.9
Obesity	BMI	30 – 39.9
Morbid obesity	BMI	≥ 40

Classification of BMI in children: use the BMI calculator at www.nhg.org/BMI.

For children, determine the severity of obesity (grade 1, 2 or 3, see *table 2* guideline text).

The general practitioner treats the following groups of patients:

Adults

- ★ with overweight and a severely enlarged waist circumference, who ask for support;
- ★ with overweight and overweight-related co-morbidity (diabetes type 2, cardiovascular disease, chronic joint problems or sleep apnoea);
- ★ with overweight and an increased cardiovascular risk (according to NHG Guideline on CVRM);
- ★ with obesity.

Children

- ★ with grade 1 or 2 obesity, without elevated glucose level (< 5.6 mmol/L).

THERAPEUTIC RECOMMENDATIONS

Create an *individual treatment* plan together with the patient (see guideline text).

Education

Inform the patient about:

- ★ complications of obesity;
- ★ realistic weight loss (5 to 10 %) and its effects;
- ★ the importance of lifestyle adjustments and involving the environment of the patient.

Non-drug treatment

A combined lifestyle intervention of:

- ★ healthy diet (Dutch Guidelines on Good Nutrition);
- ★ at least 1 hour of moderately intense exercise per day;
- ★ possible (cognitive) behavioural therapy and/or parenting support.

Duration: 1 year of guidance for weight reduction, 1 year of guidance for weight maintenance, followed by less intense follow-up.

Follow-up

Every three months in the first two years:

- ★ discuss the treatment plan, evaluate the motivation and the extent to which the aim of the treatment has been achieved;
- ★ determine weight and waist circumference and for children also height and glucose once a year.

Offer *half-yearly* follow-up thereafter. If the patient has diabetes and/or (an increased risk of) cardiovascular disease, perform the follow-up during consultations for these conditions.

Referral

Refer

Adults:

- ★ with a suspected underlying cause that requires specialised examination;
- ★ with suspected sleep apnoea syndrome;
- ★ for bariatric surgery to a hospital with plenty of experience.

Children:

- ★ if practice requirements are not adequate;
- ★ with grade 3 obesity or grade 1 or 2 obesity with elevated glucose level;
- ★ with symptoms of sleep apnoea syndrome;
- ★ with acanthosis nigricans;
- ★ with a suspected rare underlying condition;
- ★ if weight loss after 6 months of treatment is < 10 % in children who are no longer growing and < 5 % in children still growing;
- ★ in the case of (sexual) abuse and/or emotional neglect.