


## History and Physical Exam

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**OBESITY MANAGEMENT IN PRIMARY CARE  
CERTIFICATE PROGRAM:**  
A Practice Management & Leadership Training Program for PAs and NPs



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### House Keeping

Using Your GTW Control Panel and Reminders

**Desktop App Control Panel:**

- (a) Mute/unmute
- (b) Raise your hand
- (c) Handouts for you to download
- (d) Ask (type in) a question

**Browser-based Control Panel:**

- (a) Mute/unmute
- (b) Raise your hand
- (c) Ask (type in) a question
- (d) Handouts for you to download

**Questions**

- Please post questions throughout the webinar via the Questions / Q section in your GTW control panel (CP)
- In the Desktop app click on the 'triangle' to open the Questions bar.
- In the browser CP, click on the "??" icon.
- Your questions will be addressed during the Q&A section at the end of the webinar.

**Handouts**

- The faculty selected handouts for you to review, use in practice, and/or to follow along with during this session.
- In the Desktop app CP click on the 'triangle' to open the Handouts bar.
- In the browser CP, click on the "document" icon
- To download the handouts double click on the PDF links

**Polling Questions**

- There are audience response-like questions that I'll refer to as "polling questions" in this presentation.
- Please be sure to respond to each polling question accordingly; you'll have 10 seconds to submit your responses.

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**POLLING PRACTICE**

### In what time zone are you located?

- A. Eastern (ET)
- B. Central (CT)
- C. Mountain (MT)
- D. Pacific (PT)
- E. Island Time

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### AAPA Learning Central: Module 3

**Posttest and Evaluation**

- After completion of this webinar, please go to Module 3 of the course in AAPA's Learning Central to complete the **posttest** and **evaluation** to obtain credit for this activity.

Home Page | Overview | Pre-Test | Assignments | Discussion Forum | Clinical Webinar | **Post-Test** | **Evaluation** | CME/CE Certificate | Coaching Webinars | Resources

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### Faculty and Disclosure Statement

- Amy is a nationally respected obesity medicine PA. She has received the highest level of training in obesity medicine for PAs, receiving the Advanced Education of Obesity Medicine from the Obesity Medical Association. This distinction demonstrates her extensive knowledge of evidence-based obesity treatment approaches and an ongoing commitment to patient's health
- Beyond the office, Amy is immersed in helping to advocate and expand the understanding and complexity of obesity as a chronic disease. She is founder of PAs in Obesity Medicine special interest group, as well as president and founder of Arizona Obesity Organization. She is a guest lecturer at Yale School of Medicine Online PA Program on obesity medicine. More than anything, she appreciates being able to help educate other healthcare providers on how to provide optimal evidence-based care for individuals with pre-obesity and obesity.

**Novartis** speakers' bureau for type 2 diabetes and obesity

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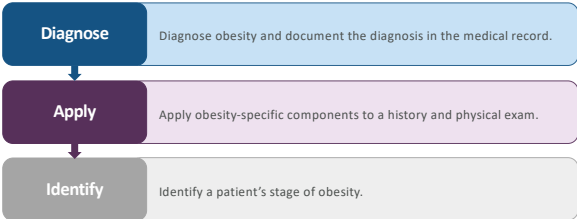
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### Objectives



- Diagnose** Diagnose obesity and document the diagnosis in the medical record.
- Apply** Apply obesity-specific components to a history and physical exam.
- Identify** Identify a patient's stage of obesity.

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## Diagnose Obesity and Document the Diagnosis in the Medical Record

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### The Importance of Screening For and Diagnosing Obesity

- The first step to addressing a disease is recognizing and diagnosing it
- The lack of a formal obesity diagnosis, as well as the lack of clarity when obesity is discussed or diagnosed, is a barrier to obesity management

**Healthcare Professionals Recording "Overweight" or "Obesity" Diagnosis in Medical Records**

| Frequency        | Percentage |
|------------------|------------|
| Most of the time | 41%        |
| Always           | 28%        |
| Other            | 31%        |

Of the 31% of healthcare professionals who did not say always or most of the time, 43% reported providing a verbal diagnosis to their patients

Kaplan LM, et al. Obesity (Silver Spring). 2018;28(1):63-68.  
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### Obesity Classification (BMI; kg/m<sup>2</sup>)<sup>1</sup>

| Overweight                      | Class 1                           | Class 2   | Class 3 |
|---------------------------------|-----------------------------------|-----------|---------|
| 25.0-29.9                       | 30.0-34.9                         | 35.0-39.9 | ≥ 40.0  |
| Asian <sup>2</sup><br>23.0-26.9 | Asian <sup>2</sup><br>27.0-higher |           |         |

BMI, body mass index.  
1. World Health Organization. <https://www.who.int/dietary-guidance/obesity>. Accessed December 9, 2020. 2. Joslin Diabetes Center. <https://book.emlib.com/obesity/obesity-classification>. Accessed December 9, 2020.  
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**What is the recommended ICD-10 code to minimize bias and stigma for obesity?**

A. E66.01 Severe obesity due to excess calories

B. E66.09 Other obesity due to excess calories

C. E66.8 Other obesity

D. All codes are appropriate

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### ICD-10 Coding: Obesity Management Codes

**When coding for obesity, code for both the obesity diagnosis as well as BMI**

- E66.0 Obesity due to excess calories
  - E66.01 Severe obesity due to excess calories
  - E66.09 Other obesity due to excess calories

These codes are stigmatizing and should be avoided if possible

**Obesity codes:**

- E66.1 Drug-induced obesity
- E66.2 Severe obesity with alveolar hypoventilation
- E66.3 Overweight
- E66.8 Other obesity Recommended code
- E66.9 Obesity, unspecified

BMI, Body mass index.  
See handbook for further ICD-10 codes.

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### ICD-10 BMI Codes

- Z68.2 Body mass index (BMI) 20-29, adult
  - Z68.25-Z68.29 Body mass index (BMI) 25.0-29.9, adult
- Z68.3 Body mass index (BMI) 30-39, adult
  - Z68.30-Z68.39 Body mass index (BMI) 30.0-39.9, adult
- Z68.4 Body mass index (BMI) 40 or greater, adult
  - Z68.41 Body mass index (BMI) 40.0-44.9, adult
  - Z68.42 Body mass index (BMI) 45.0-49.9, adult
  - Z68.43 Body mass index (BMI) 50-59.9, adult
  - Z68.44 Body mass index (BMI) 60.0-69.9, adult
  - Z68.45 Body mass index (BMI) 70 or greater, adult

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### Limitations of BMI

BMI is a height/weight ratio that is helpful for measuring risk in populations, but not in individuals



Doesn't assess physical, mental, or functional health



Doesn't provide information about how aggressive treatment should be

Sharma AM, Kulkarni RP. Int J Obes. 2009;33(3):289-295.

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### Beyond BMI: Impact of Excess Adiposity

**Excess adipose disease:** Increase in adiposity results in abnormal and pathologic physical forces

**These forces can cause:**

- Immobility
- Stress on weight-bearing joints
- Tissue compression and friction
- And much, much more...

Adapted from: Bays, HE, et al. 2020. <https://obesitymedicine.org/obesity-algorithm/>. Accessed December 1, 2020.  
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### Beyond BMI: Impact of Excess Adiposity

**Adiposopathy (sick adipose disease)**

**Metabolic distress with:**

- Elevated blood pressure
- Dyslipidemia
- Elevated insulin levels
- Elevated blood sugar
- Increased oxidative stress
- And much, much more....

Adapted from: Bays, HE, et al. 2020. <https://obesitymedicine.org/obesity-algorithm/>. Accessed December 1, 2020.  
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### Waist Circumference



|   |   |
|---|---|
| <b>Abdominal Obesity, Women:</b><br>≥35 inches<br>≥88 centimeters         | <b>Abdominal Obesity, Men:</b><br>≥40 inches<br>≥102 centimeters        |
| <b>Abdominal Obesity, Asian Women:</b><br>≥31.5 inches<br>≥80 centimeters | <b>Abdominal Obesity, Asian Men:</b><br>≥35.5 inches<br>≥90 centimeters |

Joslin Diabetes Center. <https://aad.joslin.org/en/iam-i-4t-risk/asian-bmi-calculator>. Accessed December 1, 2020.  
National Heart, Lung, and Blood Institute. [https://www.nhlbi.nih.gov/health/educational/ose\\_wc/BMI/BMI\\_06\\_07m](https://www.nhlbi.nih.gov/health/educational/ose_wc/BMI/BMI_06_07m). Accessed December 1, 2020.  
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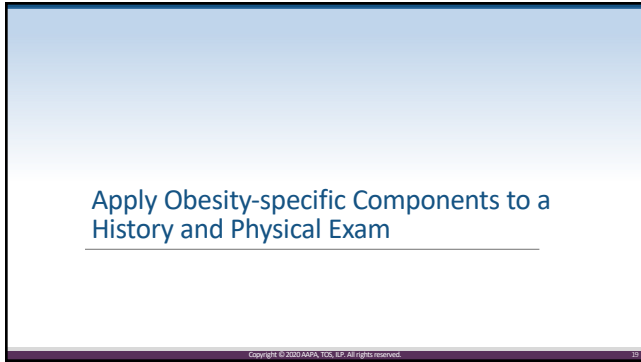
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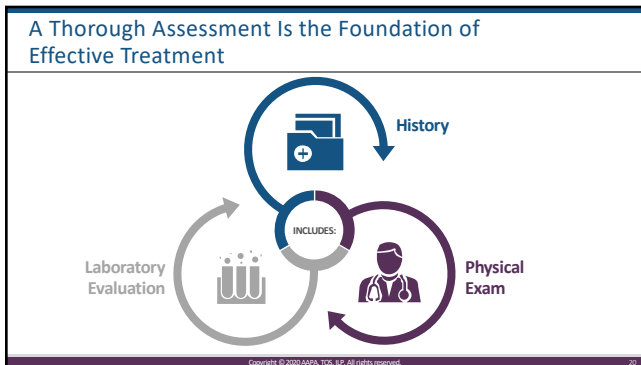
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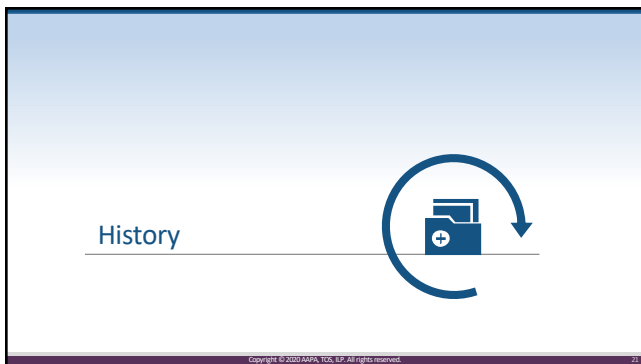
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### Review Medical History

**Identify Pertinent PMH and PSH**

Those that are important to overall health and/or will impact obesity treatment include:

- Autoimmune conditions
- Mobility issues
- Psychiatric conditions

**Identify Obesity Complications and Comorbid Conditions**

Examples:

- Prediabetes/type 2 diabetes
- Osteoarthritis
- Depression
- Obstructive sleep apnea

PMH, past medical history; PSH, past surgical history.  
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### Conduct a Weight History

**Goals:**

**Form a respectful partnership that will set the stage for successful treatment**

**Identify patient-specific factors related to excess weight**

- Metabolic, genetic, and hormonal contributors that might promote weight gain or prevent weight loss
- Medications that might cause weight gain
- Eating behaviors and activities that contribute to excess weight

**Gain knowledge of patients' past efforts and successes as well as barriers and episodes of weight regain**

Adapted from Garvey WT, et al. Endocr Pract. 2016;22(Suppl 3):S185.  
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### Components of a Complete Weight History

**Weight History Components**

**Personal weight history**

**Family weight history**

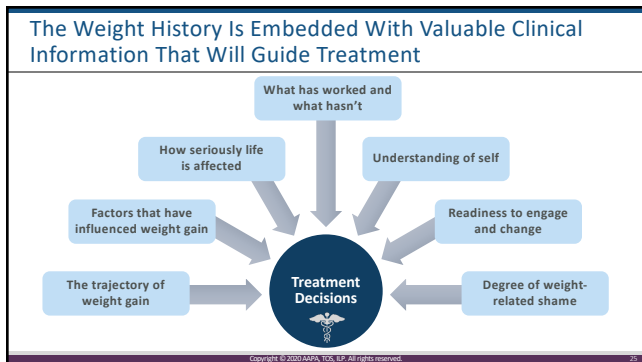
**Nutrition history**

**Physical activity history**

**Obesogenic medications history**

Available Tools for Weight History  
Obesity Medicine Office Forms: <https://webformspro.com/webforms/shopping/shopping.aspx?site=us&webcode=shopping&shopsearch=product&shopsearch=cat=merchandise&pid=1>  
New Patient Intake Form:





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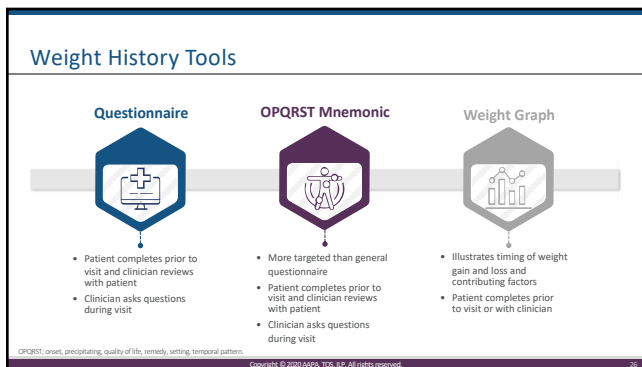
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### Intake Form

At what age did you start struggling with your weight? \_\_\_\_\_

Weight at age 21: \_\_\_\_\_ Highest Weight: \_\_\_\_\_ Current Weight: \_\_\_\_\_

Weight has increased:  
 GRADUALLY OVER THE YEARS     SUDDENLY OVER CERTAIN PERIODS OF TIME

What was going on during that/those that time(s)? \_\_\_\_\_

What behaviors and circumstances contributed to your weight gain?  
 \_\_\_\_\_  
 \_\_\_\_\_

List your previous attempts to lose weight. What specific aspects of these attempts worked/did not work for you?  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been able to lose weight and keep it off, or do you typically regain your weight after losing?  
 \_\_\_\_\_

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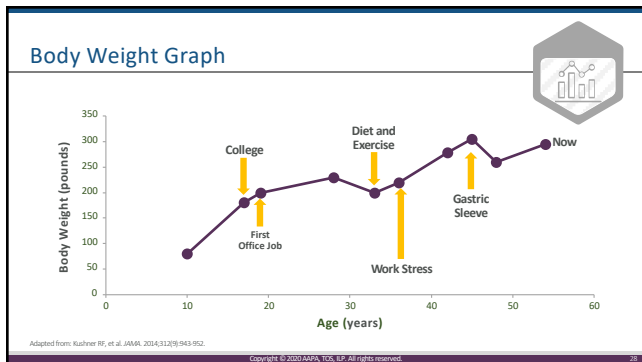
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### Medication History

Fill in information for any weight loss medications you have used in the past.

| Drug Name                 | How long did you take it? | Was it effective? | What, if any, side effects did you experience? |
|---------------------------|---------------------------|-------------------|--|
| Phentermine               |                           |                   |  |
| Phentermine/topiramate ER |                           |                   |  |
| Liraglutide               |                           |                   |  |
| Naltrexone/bupropion      |                           |                   |  |
| Other:                    |                           |                   |  |

ER, extended release.  
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### Bariatric Procedures History

List any bariatric procedures you have had in the past (ie, gastric sleeve, gastric bypass, lap band).

| Procedure | Date | Weight Prior to Procedure | Lowest Weight After Procedure |
|-----------|------|---------------------------|-------------------------------|
|           |      |                           |                               |
|           |      |                           |                               |
|           |      |                           |                               |
|           |      |                           |                               |

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### Eating Patterns



Do you struggle with cravings? YES / NO

Do you struggle with feelings of fullness? YES / NO

Is there a time of day when it is more difficult to avoid overeating or to avoid less optimal food choices? YES / NO

If YES, when? \_\_\_\_\_

Is food volume a problem? YES / NO

Do you go back for seconds? YES / NO

Are your portions large? YES / NO

Who cooks most in your household? \_\_\_\_\_

Who shops for groceries in your household? \_\_\_\_\_

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### Food Recall



Which meals do you eat nearly every day? Give times and typical contents of each meal.

Breakfast \_\_\_\_\_

Mid-morning Snack \_\_\_\_\_

Lunch \_\_\_\_\_

Mid-afternoon Snack \_\_\_\_\_

Dinner \_\_\_\_\_

Evening Snack \_\_\_\_\_

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### Psychosocial



Do you ever eat more than what most people would consume in a short period of time? SOMETIMES / OFTEN / NO

Do you feel out of control when you do so? SOMETIMES / OFTEN / NO

Do you eat food in secret or hide the fact that you're eating? SOMETIMES / OFTEN / NO

Do you use vomiting, laxatives, diuretics, or excessive exercise to compensate for overeating? SOMETIMES / OFTEN / NO

Do you have a trigger weight? This would be a weight at which you start to get nervous because of unwanted attention. YES / NO

- If yes, what is that weight? \_\_\_\_\_

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### Pertinent Medical History

History of pancreatitis? YES / NO / UNSURE  
 History of seizures? YES / NO / UNSURE  
 History of liver disease? YES / NO / UNSURE  
 History of gout? YES / NO / UNSURE  
 If YES, when was last flare: \_\_\_\_\_  
 Currently on medication for gout? YES / NO  
 Personal or family history of medullary thyroid cancer?  
 YES / NO / UNSURE  
 FEMALES ONLY – Is there any chance of pregnancy?  
 YES / NO / UNSURE  
 Pregnancy prevention method (birth control, tubal ligation, etc.)  
 \_\_\_\_\_  
 Currently taking any narcotics for pain control? YES / NO  
 History of kidney stones? YES / NO / UNSURE  
 History of kidney disease? YES / NO / UNSURE  
 History of Glaucoma? YES / NO / UNSURE

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### Family History

Check all that apply for your family history (if known)

- Heart attack
- Diabetes
- High blood pressure
- High cholesterol
- Other \_\_\_\_\_
- Stroke
- Gout
- Polycystic ovarian disease
- Obesity/weight issues
- Family history unknown

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### Life Stressors

Please circle any major life stressors in the last 12 months

- Serious injury
- Death of close friend/family member
- Divorce/separation
- Other \_\_\_\_\_
- Gain of new family member
- Major illness in the family
- Job change

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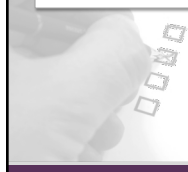
### Readiness for Change

How serious is your weight problem? Circle the level that fits

- Not serious at all 0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10 Very serious/life threatening

At this time, how important is it for you to lose weight and keep it off?

- I want to lose weight 0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10 Most important issue if it isn't too hard in my life



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### Readiness for Change

If it means you will reduce weight and keep it off, how willing are you to:

- Change your eating habits  
Not at all willing 0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10 very willing
- Change your exercise habits  
Not at all willing 0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10 very willing
- Rearrange your schedule  
Not at all willing 0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10 very willing
- Log food and exercise daily  
Not at all willing 0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10 very willing



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### Intake Form


Is there one thing that you could do that would make a large difference in your weight situation? YES / NO

If "YES", what is it? \_\_\_\_\_

Why do you think you don't make that change? \_\_\_\_\_

What do you foresee as my role in helping you in your efforts to lose and maintain your weight?  
\_\_\_\_\_  
\_\_\_\_\_

What is your motivation? \_\_\_\_\_



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Perform Obesity-specific Physical Exam



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Use Appropriate-sized Equipment

- Have large gowns available
- Use appropriately-sized blood pressure cuffs
- Have measuring tapes that are large enough to measure with ease

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Which of the following can be used as a tool to monitor the efficacy of obesity management beyond the scale?

- A. Edmonton Obesity Staging System (EOSS)
- B. Waist circumference
- C. AACE Obesity Staging System
- D. All of the above

AACE, American Academy of Clinical Endocrinology.  
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### Waist Circumference (WC)

Recommendation is that WC be measured as part of the initial assessment and be used to monitor the efficacy of obesity management in individuals with preobesity (overweight) and obesity with a BMI <math>< 35 \text{ kg/m}^2</math>

WC can be a good tracking tool beyond the scale for all individuals with obesity

Khan S, et al. Am J Clin Nutr. 2007;85(3):1187-1202. Copyright © 2020 AAPA, ILP, TOS. All rights reserved.

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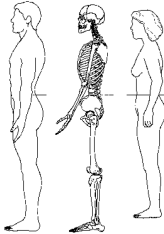
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### How to Perform Waist Circumference Measurement

- Patient should be standing with arms hanging at his/her sides
- Place tape measure on bare skin with measuring tape that doesn't easily stretch
- Locate upper hip bone and top of the right iliac crest
- Place tape parallel to floor around abdomen through top of left iliac crest
- Keep tape snug, but not tight
- Measure at end of expiration



Centers for Disease Control and Prevention. <https://www.cdc.gov/nchs/data/wnrc/HowtoPerformWC.pdf>. Accessed December 1, 2020. Copyright © 2020 AAPA, ILP, TOS. All rights reserved.

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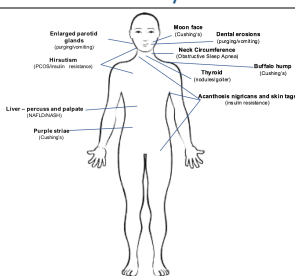
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### Obesity-specific Head-to-toe Physical Exam



NASH, nonalcoholic fatty liver disease; NAFLD, nonalcoholic fatty liver disease; NAFLD, nonalcoholic fatty liver disease; PCOS, polycystic ovarian syndrome. Copyright © 2020 AAPA, ILP, TOS. All rights reserved.

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### Stages of Lipedema

**Stage 1:**  
Skin is smooth and the legs can appear normal, but there is pain, easy bruising, and a nodular feel to the fat tissue

**Stage 2:**  
Lipedema fat exhibits a mattress-like pattern indicating fibrosis under the skin that tethers on the skin; found on the upper legs (Type II) or extending down to the ankles (Type III)

**Stage 3:**  
Folds of tissue and the lipedema fat extending down to the ankles

Herbst KL, In: Feingold KR, Anawalt B, Boyce A, et al., editors. Endotext [Internet]. South Dartmouth (MA): MDText.com, Inc.; 2020. Copyright © 2020 AAPA, ILP, TOS. All rights reserved.

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### Diagnosis of Lipedema

**Defining Characteristics**

- Affects mostly women
- Occurs at puberty, after childbirth, and menopause
- Arms are affected in 80% of individuals
- Disproportion of lipedema fat on the lower body vs the trunk; waist appears normal in the absence of obesity
- Painful fat though not always
- Legs and arms can feel heavy with non-pitting edema
- Hands and feet relatively unaffected
- Pea- or pearl-sized nodules in the fat
- Lipedema fat resists loss by diet and exercise (persistent fat)
- Lipedema fat tissue has fibrosis
- Common comorbidities include obesity, dysmobility, and lymphedema
- Worsened by obesity and polycystic ovarian syndrome

Stage 3, type III and IV lipedema without lymphedema

**Lipedema Diagnosis: Questions to Ask**

- Do you have easy bruising in affected areas?
- Is it difficult to lose weight from your legs but not your trunk?
- Are there women in your family with larger hips, buttocks, or thighs?
- Does your fat tissue hurt if you, or someone, presses on it?

**Exam**

- Classic disproportion between your upper and lower body
- Pearl-sized nodules in the fat tissue of the cubital area or thigh
- Heavy tissue in later stages
- Loss of elasticity in the skin and fascia

Herbst KL, In: Feingold KR, Anawalt B, Boyce A, et al., editors. Endotext [Internet]. South Dartmouth (MA): MDText.com, Inc.; 2020. Copyright © 2020 AAPA, ILP, TOS. All rights reserved.

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### Perform Adiposity-related Laboratory Evaluation

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### Obesity-specific Lab Orders

|   |  |
|---|--|
| <br><b>Adiposity-relevant Blood Testing</b> <ul style="list-style-type: none"><li>• CMP</li><li>• Hemoglobin A1c</li><li>• Lipid Panel</li><li>• Uric acid</li><li>• Thyroid stimulating hormone (TSH)</li><li>• Vitamin D 25 OH</li></ul> <small>CMP, complete metabolic panel.</small> | <br><b>General Laboratory Testing</b> <ul style="list-style-type: none"><li>• Complete blood count</li><li>• Urinalysis</li><li>• Urine for microalbumin</li></ul> <small>Copyright © 2020 AAPA, ILP, TOS. All rights reserved.</small> |
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### Individualized Blood Testing



- Fasting insulin, C-peptide, HOMA-IR score
- One milligram (mg) overnight dexamethasone cortisol suppression test
- Testosterone free and total + FSH/LH for men with impotence or physical findings of hypogonadism

FSH, follicle stimulating hormone; HOMA-IR, homeostatic model assessment of insulin resistance; LH, luteinizing hormone.  
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### Referrals

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**Potential Referrals**

- Sleep specialist
- Endocrinologist
- Physical therapist
- Exercise physiologist
- Psychologist
- Psychiatrist
- Obesity medicine specialist
- Etc....

• These are being driven by your thorough history and physical!

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**Other Potential Screening Tools**

**These can help to determine if further referrals are needed:**

- Adverse Childhood Event (ACE)
- Bipolar screening: Mood Disorder Questionnaire
- Depression screening: PHQ9
- Binge eating screening: BED7
- Sleep apnea screening: Epworth/STOP BANG

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**Identify a Patient's Stage of Obesity**

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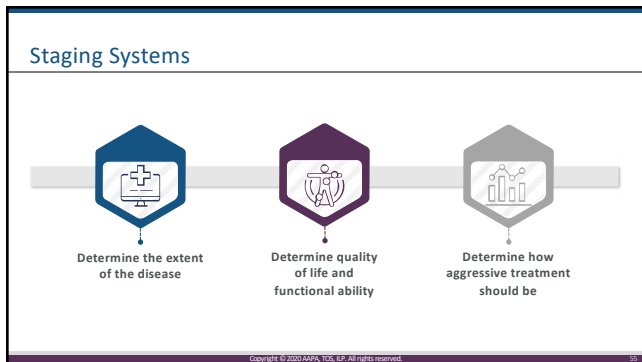
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### Staging Systems

**Edmonton Obesity Staging System (EOSS)**  
Designates five obesity stages (0-4)

**AACE Obesity Staging System**  
Four stages (0-4): Complication specific

Sharma AM, Kushner RF, Int J Obes. 2008;32(3):389-395. Garvey WT, et al. Endocr Pract. 2016;22 Suppl 3S:1-303.  
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### AACE Staging System

Diagnosis in medical record:

- Obesity
- BMI
- Obesity-related complications (ORC)

| Diagnosis  | DIAGNOSIS AND MEDICAL MANAGEMENT OF OBESITY       |                    |                              |
|--|---|--------------------|------------------------------|
|  | Anthropometric Component (BMI kg/m <sup>2</sup> ) | Clinical Component | Complications-Specific (ORC) |
| 125<br>125.0-124.9<br>125.0-124.9<br>125.0-124.9 |   |                    |                              |
| 25-29.9<br>25-29.9<br>25-29.9                    |   |                    |                              |
| 30<br>30.0-34.9<br>30.0-34.9                     |   |                    |                              |
| 35<br>35.0-39.9<br>35.0-39.9                     |   |                    |                              |
| 40<br>40.0-44.9<br>40.0-44.9                     |   |                    |                              |

Garvey WT, et al. Endocr Pract. 2016;22 Suppl 3S:1-303.  
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### Edmonton Obesity Staging System

- Designates five obesity stages (0-4)
- Utilizes a staging tool

The diagram consists of three overlapping circles: a purple circle at the top labeled 'Physical', a blue circle at the bottom left labeled 'Mental', and a grey circle at the bottom right labeled 'Functional'. The circles overlap in the center and at the intersections between pairs of domains.

Sharma AM, Kushner RF. Int J Obes. 2009;33(3):289-295. Copyright © 2020 AAPA, ILP, TOS. All rights reserved.

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### Obesity Stages

| Stage 0:                                       |                           |                           | Stage 1:  |   |  |
|--|---------------------------|---------------------------|---|---|--|
| <b>No sign of obesity-related risk factors</b> |                           |                           | <b>Mild health impairment</b>   |   |  |
| No physical symptoms                           | No psychological symptoms | No functional limitations | <b>Subclinical risk factors:</b> <ul style="list-style-type: none"> <li>• Impaired fasting glucose</li> <li>• Prediabetes</li> <li>• Prehypertension</li> <li>• Elevated liver enzymes</li> </ul> | <b>Mild psychological symptoms</b> <ul style="list-style-type: none"> <li>• E.g.: Mild distress about weight and/or size</li> </ul> | <b>Quality of life mildly impacted:</b> <ul style="list-style-type: none"> <li>• Mild functional limitations</li> <li>• Dyspnea on moderate exertion</li> <li>• Well-being mildly impaired</li> <li>• Minor aches &amp; pains</li> </ul> |

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### Obesity Stages

| Stage 2:   |  |  | Stage 3:   |  |   |
|--|--|--|--|--|---|
| <b>Established obesity-related complications &amp; comorbidities</b>   |  |  | <b>Significant health impairment</b>   |  |   |
| <ul style="list-style-type: none"> <li>• Hypertension</li> <li>• Type 2 diabetes</li> <li>• OSA</li> <li>• Osteoarthritis</li> <li>• GERD</li> </ul> | <ul style="list-style-type: none"> <li>• Depression</li> <li>• Eating disorders</li> <li>• Anxiety</li> <li>• Moderate isolation due to weight &amp; health</li> </ul> | <b>Moderate impairment of daily activities</b> <ul style="list-style-type: none"> <li>• Knee, hip, back pain</li> <li>• Fatigue</li> </ul> | <b>End-organ damage</b> <ul style="list-style-type: none"> <li>• Diabetic complications</li> <li>• MI</li> <li>• Heart failure</li> <li>• Incapacitating osteoarthritis</li> </ul> | <b>Psychopathology</b> <ul style="list-style-type: none"> <li>• Major depression</li> <li>• Suicidal ideation</li> </ul> | <b>Significantly impaired well-being:</b> <ul style="list-style-type: none"> <li>• Limited mobility</li> <li>• Considerable difficulty with daily activities</li> <li>• Unable to work due to disability</li> </ul> |

GERD, gastroesophageal reflux disease; OSA, obstructive sleep apnea; MI, myocardial infarction. Sharma AM, Kushner RF. Int J Obes. 2009;33(3):289-295. Copyright © 2020 AAPA, ILP, TOS. All rights reserved.

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Stage 4

**Stage 4: Severe health impairment**

|   |   |  |
|---|---|--|
| <br>End-stage disease & disability | <br>Severe disabling psychopathology | <br>Severe functional limitations<br>Severely impaired well-being |
|---|---|--|

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Determining EOSS Stage



- Identify all obesity-related physical and psychological impacts, complications, and comorbidities
- Assess functional limitations
- Use the staging tool to identify the highest level in any of the three areas of health:
  - Physical
  - Mental
  - Functional

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Make a Full Diagnosis



```
graph TD; BMI[BMI] --> Doc[Document in Medical Record]; OS[Obesity Stage] --> Doc; CC[Complications and Comorbidities] --> Doc; OM[Obesogenic Medications] --> Doc;
```

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Summary

Diagnose obesity and document in medical record

Complete a comprehensive, stepwise assessment that includes history, physical exam, and labs



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Any Questions?



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Thank you!

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