



# Effective Health Care Obesity Treatment in Adult Primary Care Patients Nomination Summary Document

## Results of Topic Selection Process & Next Steps

- Obesity treatment in adult primary care patients was found to be addressed by the in-process update to NHLBI guidelines on treatment of obesity, an in-process Effective Health Care (EHC) Program review on the comparative effectiveness of bariatric surgery and nonsurgical techniques to treat obesity, and a 2011 Evidence-based Practice Center (EPC) review for the US Preventive Services Task Force (USPSTF) on screening and management of obesity in adults. Given that the existing and in-process reviews and guidelines cover this nomination, no further activity will be undertaken on this topic.
  - Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults—The Evidence Report. National Institutes of Health. Obesity Research 1998; 6(Suppl 2): 51S-209S. PMID: 9813653. (Update in process)
  - Comparative Effectiveness of Bariatric Surgery and Nonsurgical Therapy in Adults with Metabolic Conditions and a Body Mass Index of 30.0 to 34.9 kg/m<sup>2</sup>. Rockville, MD: Agency for Healthcare Research and Quality. (In process)
    - To view a description and status of the research review, please go to: <http://www.effectivehealthcare.ahrq.gov/index.cfm/search-for-guides-reviews-and-reports/>.
    - To sign up for notification when this and other EHC Program topics are posted, please go to <http://effectivehealthcare.ahrq.gov/index.cfm/join-the-email-list1/>
  - LeBlanc E, O'Connor E, Whitlock EP, Patnode C, Kapka T. Screening for and Management of Obesity and Overweight in Adults. Evidence Report No. 89. AHRQ Publication No. 11-05159-EF-1. Rockville, MD: Agency for Healthcare Research and Quality; October 2011. PMID: 22048569.

## Topic Description

**Nominator:** Health care professional association

**Nomination Summary:** The nominator is interested in the effectiveness and comparative effectiveness of different types of weight loss interventions in obese adults, including surgical, pharmacological, and other interventions. In addition, the nominator questions how the effectiveness of these interventions differs by patient subgroups (e.g., gender, age, racial/ethnic populations). The nominator questions the optimum amount of time to treat patients, the optimum weight loss, and the proper follow up of patients following weight loss interventions.

### Staff-Generated PICO

**Population(s):** Obese adults in primary care (BMI of 30 kg/m<sup>2</sup> or greater)

**Intervention(s):** Pharmacotherapy, surgical, and behavioral treatments  
**Comparator(s):** Comparative effectiveness within and between classes of treatments, comparison between different patient subpopulations (e.g., age, gender, racial/ethnic groups), comparison between different lengths of treatment protocols, comparison of different levels of weight loss  
**Outcome(s):** Short-term weight loss, maintenance of weight loss, patient safety, long-term health outcomes (e.g., nutrition, endocrinological, gallstones, eating disorders, depression/suicide)

**Key Questions from Nominator:**

1. What is the evidence that pharmacotherapy is effective in weight loss and maintenance of weight loss?
2. Are certain agents more effective than others?
3. Do certain populations (e.g., gender- or age-related, racial/ethnic populations) benefit more from different agents?
4. What is the optimum amount of time to treat, and what is the optimum level of weight loss to target? Do optimum amount of time to treatment and optimum levels of weight loss differ according to a patient's age, gender, or racial/ethnic population?
5. What are the most effective non-pharmacological, non-surgical treatment approaches (e.g., individual vs. group; specific dietary regimens in conjunction with other therapies; alternative medicine; motivational techniques/interventions)?
6. What is the safety and efficacy of surgical therapies compared to each other and compared to non-surgical therapy for the treatment of morbid obesity?
7. What are the long-term outcomes (4-6 years) in patients who have undergone surgical procedures, and what is the appropriate follow-up for these patients?
8. What is the safety and efficacy of high-volume centers for surgical treatment of obesity?
9. What are the long-term health effects following significant weight loss (e.g., nutritional, endocrinological, gallstones, eating disorders, depression/suicide)?
10. What is the appropriate follow-up for patients who have undergone surgical procedures and who have not lost or have regained a significant amount of weight?

## Considerations

- The topic meets EHC Program appropriateness and importance criteria. (For more information, see <http://effectivehealthcare.ahrq.gov/index.cfm/submit-a-suggestion-for-research/how-are-research-topics-chosen/>.)
- Obesity treatment in primary care was found to be addressed by two AHRQ reviews.
  - An in-process EHC review titled *Comparative Effectiveness of Bariatric Surgery and Nonsurgical Therapy in Adults With Metabolic Conditions and a Body Mass Index of 30.0 to 34.9 kg/m<sup>2</sup>*. Key questions from this report include:
    1. What does the evidence show regarding the comparative effectiveness of bariatric surgery for treating adult patients with a BMI of 30.0 to 34.9 kg/m<sup>2</sup> and metabolic conditions, including diabetes? Are certain surgical procedures more effective than others (LAGB, gastric bypass, or sleeve gastrectomy)?

2. What does the evidence show regarding the comparative effectiveness of bariatric surgery vs. conventional nonsurgical therapies for treating adult patients with a BMI of 30.0 to 34.9 kg/m<sup>2</sup> and metabolic conditions?
  3. What are the potential short-term adverse effects and/or complications associated with bariatric surgery for treating adult patients with a BMI of 30.0 to 34.9 kg/m<sup>2</sup> who have metabolic conditions?
  4. Does the evidence show racial and demographic disparities with regard to potential benefits and harms associated with bariatric surgery for treating adult patients with a BMI of 30.0 to 34.9 kg/m<sup>2</sup> and metabolic conditions? What other patient factors (social support, counseling, preoperative weight loss, compliance with recommended treatment) are related to successful outcomes?
  5. What does the evidence show regarding long-term benefits and harms of bariatric surgery for treating adult patients with a BMI of 30.0 to 34.9 kg/m<sup>2</sup> and who have metabolic conditions? How do the long-term benefits and harms of bariatric surgery compare to short-term outcomes (within 1 year after surgery)?
- A 2011 EPC report completed for the USPSTF titled *Screening for and Management of Obesity and Overweight in Adults*. Key questions from this report include:
    1. Is there direct evidence that primary care screening programs for adult obesity or overweight improve health outcomes or result in short-term (12 months) or sustained (over 12 months) weight loss or improved physiological measures (e.g., glucose tolerance, blood pressure, and dyslipidemia)?
      - a. How well is weight loss maintained after an intervention is completed?
    2. Do primary care–relevant interventions (behavioral-based interventions and/or pharmacotherapy) in obese or overweight adults lead to improved health outcomes?
      - a. What are common elements of efficacious interventions?
      - b. Are there differences in efficacy between patient subgroups (e.g., ages 65 years or older, sex, race/ethnicity, degrees of obesity, baseline cardiovascular risk status)?
    3. Do primary care–relevant interventions in obese or overweight adults lead to short-term or sustained weight loss, with or without improved physiological measures?
      - a. How well is weight loss maintained after an intervention is completed?
      - b. What are common elements of efficacious interventions?
      - c. Are there differences in efficacy between patient subgroups (e.g., ages 65 years or older, sex, race/ethnicity, degrees of obesity, baseline cardiovascular risk status)?
    4. What are the adverse effects of primary care–relevant interventions in obese or overweight adults (e.g., nutritional deficits, cardiovascular disease, bone mass loss, injuries, and death)?
      - a. Are there differences in adverse effects between patient subgroups (e.g., ages 65 years or older, sex, race/ethnicity, degrees of obesity, baseline cardiovascular risk status)?
  - Obesity treatment in primary care was found to be addressed by an in-process update to the 1998 NHLBI guidelines titled *Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults—The Evidence Report*. Key questions for this review are not currently available. Final publication of the guidelines is expected in 2012.