Clinical Practice Guideline: **Medical Nutrition Therapy for Weight Management**

Date of Implementation: **April 19, 2012**

Product: **Specialty**

GUIDELINES

American Specialty Health, Inc. (ASH) considers Medical Nutrition Therapy (MNT) and patient specific nutritional evaluation and counseling for weight management in which appropriate diet and eating habits are essential to the overall treatment program provided by a qualified healthcare professional as medically necessary.

INTRODUCTION

Practitioners and the American public are grappling with the obesity epidemic. Medical nutrition therapy offers a science-based, expert guided framework and specific tools to help obese individuals develop skills and behaviors to promote weight loss and maintain stable healthy weight in the long term.

The USPSTF concluded with moderate certainty that offering or referring adults with obesity to intensive behavioral interventions or behavior-based weight loss maintenance interventions has a moderate net benefit. Effective behavioral interventions targeted achieving and maintaining weight loss greater than or equal to 5%. Most interventions studied combined dietary changes and increased physical activity and lasted for 1-2 years, with the majority having ≥ 12 sessions in the first year. The Guidelines note the US Food and Drug Administration (FDA) considers a weight loss of 5% as clinically important.

SCREENING RECOMMENDATIONS

The USPSTF recommends that clinicians offer or refer adults with a body mass index (BMI) of 30 or higher (calculated as weight in kilograms divided by height in meters squared) to intensive, multicomponent behavioral interventions.

Grade B—Recommended: The USPSTF recommends that clinicians provide [the service] to eligible patients. The USPSTF found at least fair evidence that [the service] improves important health outcomes and concludes that benefits outweigh harms.

The USPSTF recommends that clinicians screen for obesity in children and adolescents 6 years and older and offer or refer them to comprehensive, intensive behavioral interventions to promote improvements in weight status.

Grade B—Recommended: The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.

SCREENING TOOLS

The USPSTF has determined measurement of BMI by the practitioner as the appropriate screening method for obesity/overweight. There are several online BMI calculators available upon searching.

BMI of 25-29.9 kg/m2 indicates overweight and BMI ≥ 30 kg/m2 indicates obesity. Obesity is further differentiated into 3 classes: I = BMI 30-34.9 kg/m2 (obese); II =BMI 35-39.9 kg/m2 (severely obese); III =BMI 40+ kg/m2 (morbidly obese).

Waist circumference maybe an acceptable alternative to BMI measurement in some patient sub-populations.

CHILDREN AND ADOLESCENTS

The USPSTF is using the following terms to define categories of increased BMI: overweight is defined as an age- and gender-specific BMI between the 85th and 95th percentiles, and obesity is defined as an age- and gender-specific BMI at ≥95th percentile.

DOCUMENTATION REQUIREMENTS TO SUBSTANTIATE MEDICAL NECESSITY

Short term evaluation and counseling should include performing an initial dietary evaluation, counseling the patient about sample menu planning, and teaching the patient the impact of diet on their health condition(s). The goals of MNT are to promote health, reduce the incidence of preventable disease and improve quality of life.

The 5A's is a framework frequently used in clinical practice and should be documented within the clinical record to guide behavioral interventions.

1. Assess the health risk
2. Advise the patient on behavior change
3. Agree collaboratively with patient on an action plan
4. Assist the patient in making changes and adhering to the plan
5. Arrange follow-up

The practitioner's medical record should also reflect:

- Performance of a nutrition assessment determining the nutrition diagnosis
- BMI measurement
- Identification of treatment goals

- Planning and implementing a nutrition intervention that is culturally appropriate and uses evidence-based nutrition practice guidelines
- Development of a nutritional recommendation/plan
- Monitoring and evaluating an individual's progress over subsequent visits with the clinician
- Establishment of a patient's self-management training and goal setting
- Nutrition intervention most appropriate for the management or treatment of patients' condition are chosen after review of all available data

PRACTITIONER RESOURCES

- Tool to identify MNT professionals:
  - Academy of Nutrition and Dietetics: https://www.eatright.org/find-an-expert
- Tools to offer for assessing health risk (waist circumference and BMI):
  - BMI: https://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmicalc.htm
  - BMI/Waist circumference: Center for Disease Control: https://www.cdc.gov/healthyweight/index.html

MEMBER RESOURCES

- myplate.gov: https://www.myplate.gov/resources/tools
- https://www.eatright.org/food
- https://healthy10challenge.org (interactive 10 week program that focuses on building in healthy food and activity habits)
- https://www.fda.gov/food/new-nutrition-facts-label/whats-new-nutrition-facts-label

PRACTITIONER SCOPE AND TRAINING

Practitioners should practice only in the areas in which they are competent based on their education training and experience. Levels of education, experience, and proficiency may vary among individual practitioners. It is ethically and legally incumbent on a practitioner to determine where they have the knowledge and skills necessary to perform such services and whether the services are within their scope of practice.

It is best practice for the practitioner to appropriately render services to a patient only if they are trained to competency, equally skilled, and adequately competent to deliver a service compared to others trained to perform the same procedure. If the service would be most competently delivered by another health care practitioner who has more skill and training, it would be best practice to refer the patient to the more expert practitioner.

Best practice can be defined as a clinical, scientific, or professional technique, method, or process that is typically evidence-based and consensus driven and is recognized by a majority of professionals in a particular field as more effective at delivering a particular

outcome than any other practice (Joint Commission International Accreditation Standards for Hospitals, 2020).

Depending on the practitioner's scope of practice, training, and experience, a patient's condition and/or symptoms during examination or the course of treatment may indicate the need for referral to another practitioner or even emergency care. In such cases it is essential for the practitioner to refer the patient for appropriate co-management (e.g., to their primary care physician) or if immediate emergency care is warranted, to contact 911 as appropriate. See the *Managing Medical Emergencies in a Health Care Facility (CPG 159 – S)* clinical practice guideline for information.

References

American Medical Association. (current year). *Current Procedural Terminology (CPT) Current year* (rev. ed.). Chicago: AMA.

Centers for Disease Prevention and Control. Adult Overweight and Obesity. Retrieved on December 15, 2022 from https://www.cdc.gov/obesity/adult/index.html

Centers for Disease Prevention and Control. Childhood Overweight and Obesity. Retrieved on December 15, 2022 from https://www.cdc.gov/obesity/childhood/index.html

Hales CM, Carroll MD, Fryar CD, Ogden CL. Prevalence of obesity and severe obesity among adults: United States, 2017–2018. NCHS Data Brief, no 360. Hyattsville, MD: National Center for Health Statistics. 2020

Hawk C, Schneider MJ, Vallone S, Hewitt EG. Best Practices for Chiropractic Care of Children: A Consensus Update. J Manipulative Physiol Ther. 2016 Mar-Apr;39(3):158-68. doi: 10.1016/j.jmpt.2016.02.015. Epub 2016 Mar 31. PMID: 27040034.

Hawk, C., Schneider, M. J., Haas, M., Katz, P., Dougherty, P., Gleberzon, B., Killinger, L. Z., & Weeks, J. (2017). Best Practices for Chiropractic Care for Older Adults: A Systematic Review and Consensus Update. *Journal of manipulative and physiological therapeutics*, *40*(4), 217–229. https://doi.org/10.1016/j.jmpt.2017.02.001

Hill, J.O.; Wyatt, H.R.; Peters, J.C. (2013) The Importance of Energy Balance. *European Endocrinology,* 9(2): 111-115. Doi: 10.17925/EE.2013.09.02.111.

Joint Commission International. (2020). Joint Commission International Accreditation Standards for Hospitals (7th ed.): Joint Commission Resources.

Matarese, L, and Pories, W. Diets: Adult Weight Loss Diets: Metabolic effects and outcomes. Nutr Clin Pract 2014; 29: 759-767.

Trust for America's Health (TFAH.org). (2021). The State of Obesity: Better Policies for a Healthier America. Retrieved December 10, 2022 from https://www.tfah.org/report-details/state-of-obesity-2021/

U.S. Preventive Services Task Force (USPSTF). (2017). Obesity in Children and Adolescents: Screening. Retrieved December 22, 2022, from https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/obesity-in-children-and-adolescents-screening

U.S. Preventive Services Task Force (USPSTF). (2018). Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults: Behavioral Interventions. Retrieved December 22, 2022, from https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/obesity-in-adults-interventions