

### BMI

Underweight = <18.5

Healthy = 18.5-24.9

Overweight = BMI 25-29 (Asian = 23-24.9)

Obese = BMI 30+ (Asian = >25)

### Risk Factors

Alcohol & beverage intake

Dieting hx

Meal patterns & portions

Medications (↑ wt anti-psychotics, insulin, steroids)

Physical Activity

Medications (↓ wt orlistat, sibutramine, rimonabant, taranabant)

Hypo/hyperthyroidism (TSH)

Emotional State/Mental Health

### Co-morbidities

T2DM

HTN

EDs

Familial obesity

Dyslipidaemia

CVD

GORD

Asthma

PCOS

Sleep Apnoea (OSA)

NAFLD

Infertility

CKD

Kidney stones

Gout

Increased surgical risk

Reproductive issues

Shortness of breath

Stroke

Cataracts

### Example PESS

Excessive energy intake, Frequent consumption of large portions, energy intake (kJ)

Overweight/obesity, Frequent consumption of energy-dense foods and limited physical activity, BMI > 25

### Nut Reqs

-1kg/week = ~ -4600kJ/day

~25% protein, 30% fat, 45% carbohydrate (in a deficit)

Slow weight loss overweight/obese:

Calculate AdjBW (this acts as the weight loss factor) -> Mifflin -> Add activity factor

Fibre F: 25, M: 30g

Fluid (AI): 2.1L, M: 2.6L

### Nut Intervention

ideal 5-10% weight loss = reduction of BP/impaired glucose/lipids etc

Weight management counselling – reasons to lose weight & health risks – consider level of motivation

Education: Energy balance

Education: Mindful eating

Education: Portion size

Education: Regular balanced meals

Education: YoYo dieting cycle

Counselling: Stress management and eating triggers – building healthier habits. Barriers & body image issues

\*Reduction in weight can be beneficial to people with comorbidities – even in “healthy weight range”

↑ PA (150 min/week moderate intensity)

### Strategies

↓ CHO/↑ P

Smaller plates

↓ E/↑ fibre swaps

Non-alc/sugar-free alternatives

Even distribution of meals throughout day

Avoid eating while distracted (e.g. watching TV)

Meal prep – avoid impulsive eating

Eating out options - choosing lower energy options

### DDR Prompts

Weight gain happens when we consistently eat more energy than our body uses

Being above or below a healthy weight can place strain on the body

Weight management focuses on small changes you can keep up for life – not fad diets

### CONSIDER

Pts emotions, self-esteem, stress levels, sleep, mobility, culture

### Guidelines & References

National Health and Medical Research Council. (n.d.). Summary guide for the management of overweight and obesity in adults, adolescents and children in Australia

National Obesity Strategy: 2022-2032.

Commonwealth of Australia. Health Ministers Meeting:

DA 10-point plan to manage overweight and obesity

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