Tensions and Perspectives around BMI

A CLINICIAN PERSPECTIVE

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Disclosures

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Advisory Board	Novo Nordisk, Nestle Healthcare Nutrition, Eli Lilly, Level2, Weight Watchers, Boehringer Ingelheim
Memberships	International Food Information Council- Assembly, The Obesity Society- president-elect 2022-2023, American Diabetes Association, Society of Behavioral Medicine, Roundtable on Obesity Solutions, American Society for Nutrition, American Society for Nutrition Foundation- Board of Trustees Executive Committee

Objectives

- Current usage of BMI in practice
- Utility of BMI
- Challenges in Patient Interaction

Current Usage: Screening

- Estimating fat mass in clinical practice is challenging currently
- WHO Expert Committee

  (WHO Physical Status: The use and interpretation of anthropometry, 1995)

  - Risk associated with BMI should be interpreted in context of other health indicators
  - Weight gain within a given BMI category (i.e., normal, overweight, etc) is of concern

Current Usage: Treatment indication

Treatment	BMI (kg/m^2) indication
Pharmacotherapy	27 + 1 complication or ≥30
Surgery	35 + 1 complication or ≥40
CMS Intensive Behavioral Therapy Guidance	30+

Recommendation Summary

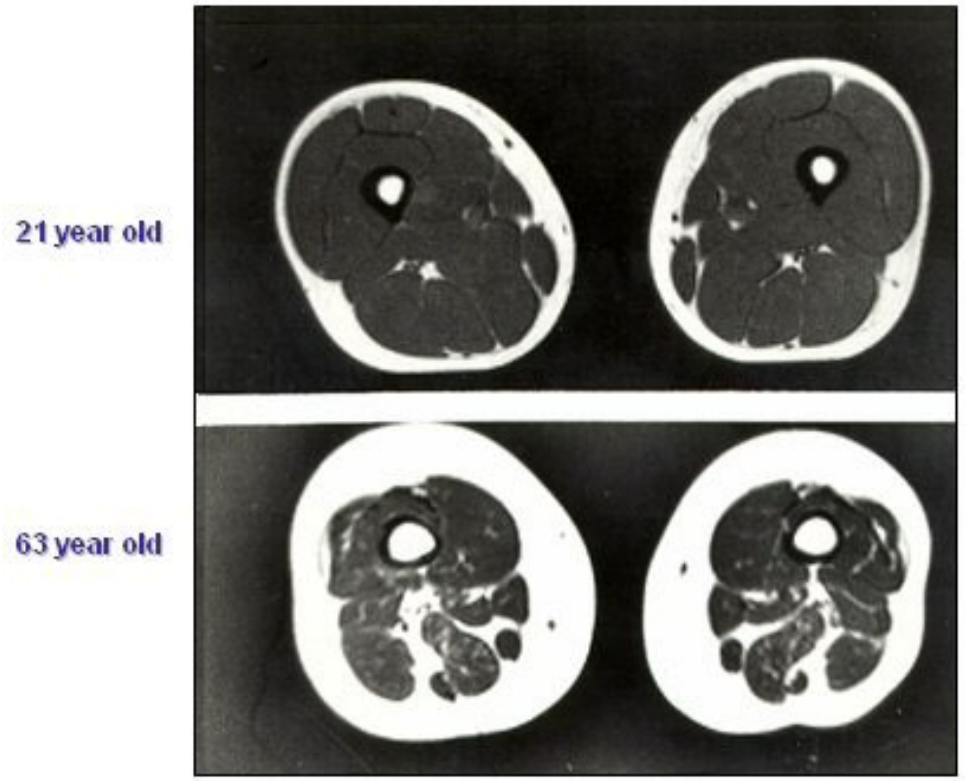
Population	Recommendation	Grade
Adults	The USPSTF recommends that clinicians offer or refer adults with a body mass index (BMI) of 30 or higher (calculated as weight in kilograms divided by height in meters squared) to intensive, multicomponent behavioral interventions.	B

Current Usage: Treatment allocation

- Employers/payers: use BMI to identify coverage for various treatment options (independent of guidelines)

Current Usage: Diagnosis

- Standard metric
- Easily done at any visit with basic equipment
- Challenge
  - No further clinical distinction based on the number alone (e.g., subtype, duration, distribution, etc)



Age-related changes in muscle mass in thigh cross-sectional area of two people with similar BMI

Utility of BMI

- Practitioners know what it is
- Broadly understood cut points
- Association with clinical risk, quality of life
- Generally indicative of excess fat mass

Challenges in Patient Interactions

- Some patients assume that the only way to be healthy is to get to a normal BMI
  - *(association between risk and BMI goes away with initiation of weight change and maintenance of weight loss)*
- Some patients assume that BMI does not apply to them at all
  - *(not meant for non-whites; considered racist or stigmatizing to non-whites)*
- Explaining access to various treatments based on BMI is not always consistent with medical judgement
  - *(patient gaining weight; patient with significant diabetes but BMI below 35; patient with no complications but BMI 38)*

Summary

- Integrated into clinical practice for ease of use and diagnostic simplicity
- Used as a gate for access to treatment
- Misused when clinical context (individual characteristics, clinical risks, weight trajectory, etc) is not considered
- Many patients do not understand what it is and isn't
- Any alternative has to be as simple but reflective of true health risk