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Adult Weight Management

AWM: Executive Summary of Recommendations (2006)

Adult Weight Management (2006) Evidence-Based Nutrition Practice Guideline

Executive Summary of Recommendations

Below are the major recommendations, and ratings for the Adult Weight Management (2006) Evidence-Based Nutrition Practice Guideline. More detail (including the evidence analysis supporting these recommendations) is available on this website to Academy of Nutrition and Dietetics members and subscribers by clicking **Major Recommendations** from the menu bar on the left.

For a description of the Academy Recommendation Rating Scheme (Strong, Fair, Weak, Consensus, Insufficient Evidence) and an explanation of the type of Recommendation (Imperative, Conditional), [click here](#).

Nutrition Assessment and Treatment

Adult Weight Management (AWM) Classification of Overweight and Obesity

AWM: BMI-Classification of Overweight and Obesity

Body mass index (BMI) and waist circumference should be used to classify overweight and obesity, estimate risk for disease, and to identify treatment options. BMI and waist circumference are highly correlated to obesity or fat mass and risk of other diseases (NHLBI report).

Fair, Imperative

AWM: Body Weight-Classification of Overweight and Obesity

Body weight and waist circumference should be used to determine the effectiveness of therapy in the reassessment. BMI and waist circumference are highly correlated to obesity or fat mass (NHLBI report).

Fair, Imperative

Adult Weight Management (AWM) Comprehensive Weight Management Program

AWM: Comprehensive Weight Management Program

Weight loss and weight maintenance therapy should be based on a comprehensive weight management program including diet, physical activity, and behavior therapy. The combination therapy is more successful than using any one intervention alone.

Strong, Imperative

Adult Weight Management (AWM) Optimal Length of Weight Management Therapy

AWM: Optimal Length of Therapy

Medical Nutrition Therapy for weight loss should last at least 6 months or until weight loss goals are achieved, with implementation of a weight maintenance program after that time. A greater frequency of contacts between the patient and practitioner may lead to more successful weight loss and maintenance.

Strong, Imperative

Adult Weight Management (AWM) Realistic Weight Goal Setting

AWM: Realistic Weight Goals

Individualized goals of weight loss therapy should be to reduce body weight at an optimal rate of 1-2 lbs per week for the first 6 months and to achieve an initial weight loss goal of up to 10% from baseline. These goals are realistic, achievable, and sustainable.

Strong, Imperative

Adult Weight Management (AWM) Determination of Resting Metabolic Rate

AWM: Determining Energy Needs

Estimated energy needs should be based on RMR. If possible, RMR should be measured (e.g., indirect calorimetry). If RMR cannot be measured, then the Mifflin-St. Jeor equation using **actual** weight is the most accurate for estimating RMR for overweight and obese individuals.

Strong, Conditional

Dietary Interventions

Adult Weight Management (AWM) Reduced Calorie Diets

AWM: Reduced Calorie Diet

An individualized reduced calorie diet is the basis of the dietary component of a comprehensive weight management program. Reducing dietary fat and/or carbohydrates is a practical way to create a caloric deficit of 500 – 1000 kcals below estimated energy needs and should result in a weight loss of 1 – 2 lbs per week.

Strong, Imperative

Adult Weight Management (AWM) Eating Frequency and Patterns

AWM: Eating Frequency and Patterns

Total caloric intake should be distributed throughout the day, with the consumption of 4 to 5 meals/snacks per day including breakfast. Consumption of greater energy intake during the day may be preferable to evening consumption.

Fair, Imperative

Adult Weight Management (AWM) Portion Control

AWM: Portion Control

Portion control should be included as part of a comprehensive weight management program. Portion control at meals and snacks results in reduced energy intake and weight loss.

Fair, Imperative

Adult Weight Management (AWM) Meal Replacements

AWM: Meal Replacements

For people who have difficulty with self selection and/or portion control, meal replacements (e.g., liquid meals, meal bars, calorie-controlled packaged meals) may be used as part of the diet component of a comprehensive weight management program. Substituting one or two daily meals or snacks with meal replacements is a successful weight loss and weight maintenance strategy.

Strong, Conditional

Adult Weight Management (AWM) Nutrition Education

AWM: Nutrition Education

Nutrition education should be individualized and included as part of the diet component of a comprehensive weight management program. Short term studies show that nutrition education (e.g. reading nutrition labels, recipe modification, cooking classes) increases knowledge and may lead to improved food choices.

Fair, Imperative

Selected Dietary Approaches

The work group examined the existing literature on some specific diets based on the availability of research as well as interest.

Adult Weight Management (AWM) Low Glycemic Index Diets

AWM: Low Glycemic Index Diets

A low glycemic index diet is **not** recommended for weight loss or weight maintenance as part of a comprehensive weight management program, since it has not been shown to be effective in these areas.

Strong, Imperative

AWM: Dairy/Calcium and Weight Management 2006

AWM: Dairy/Calcium and Weight Management

In order to meet current nutritional recommendations, incorporate 3-4 servings of low fat dairy foods a day as part of the diet component of a comprehensive weight management program. Research suggests that calcium intake lower than recommended levels is associated with increased body weight. However, the effect of dairy and/or calcium at or above recommended levels on weight management is unclear.

Fair, Imperative

Adult Weight Management (AWM) Low Carbohydrate Diet

AWM: Low Carbohydrate Diet

Having patients focus on reducing carbohydrates rather than reducing calories and/or fat may be a short term strategy for some individuals. Research indicates that focusing on reducing carbohydrate intake (<35% of kcals from carbohydrates) results in reduced energy intake. Consumption of a low-carbohydrate diet is associated with a greater weight and fat loss than traditional reduced calorie diets during the first 6 months, but these differences are not significant after 1 year.

Fair, Conditional

Physical Activity Interventions

Adult Weight Management (AWM) Physical Activity

AWM: Physical Activity

Physical activity should be part of a comprehensive weight management program. Physical activity level should be assessed and individualized long-term goals established to accumulate at least 30 minutes or more of moderate intensity physical activity on most, and preferably, all days of the week, unless medically contraindicated. Physical activity contributes to weight loss, may decrease abdominal fat, and may help with maintenance of weight loss.

Strong, Imperative

Behavioral Interventions

Adult Weight Management (AWM) Multiple Behavior Therapy Strategies

AWM: Multiple Behavior Therapy Strategies

A comprehensive weight management program should make maximum use of multiple strategies for behavior therapy (e.g. self monitoring, stress management, stimulus control, problem solving, contingency management, cognitive restructuring, and social support). Behavior therapy in addition to diet and physical activity leads to additional weight loss. Continued behavioral interventions may be necessary to prevent a return to baseline weight.

Strong, Imperative

FDA-Approved Medications for Weight Loss

Adult Weight Management (AWM) Medication as Part of a Comprehensive Program

AWM: Use of Weight Loss Medications

FDA-approved weight loss medications may be part of a comprehensive weight management program. Dietitians should collaborate with other members of the health care team regarding the use of FDA-approved weight loss medications for people who meet the NHLBI criteria. Research indicates that pharmacotherapy may enhance weight loss in some overweight and obese adults.

Strong, Imperative

Bariatric Surgery

Adult Weight Management (AWM) Bariatric Surgery for Weight Loss

AWM: Bariatric Surgery for Weight Loss

Dietitians should collaborate with other members of the health care team regarding the appropriateness of bariatric surgery for people who have not achieved weight loss goals with less invasive weight loss methods and who meet the NHLBI criteria. Separate ADA evidence based guidelines are being developed on nutrition care in bariatric surgery.

Strong, Imperative