The medical treatment of obesity hinges on four pillars—nutrition, physical activity, behavior, and medication. Nutritional recommendations have to be tailored to the individual patient and his or her likes and dislikes, medical co-morbidities, and current medications. The best diet is the one that is sustainable for the patient long-term.

These recommendations are generalized guidelines to assist in creating an individualized nutrition prescription for your patient.

**STEP 1 CREATE A CALORIE DEFICIT**

When you eat fewer calories than you burn, you create a calorie deficit (also called an energy deficit). When you create a calorie deficit, your body gets energy from stored fat. Your body can use energy from stored fat to keep moving instead of using energy from food. When your body burns fat for energy, you lose weight.

**3 STRATEGIES TO ESTIMATE ENERGY DEFICIT:**

- Estimate individual energy requirements according to expert guidelines, such as the Harris Benedict Equation, the Mifflin-St Jeor Equation, or the World Health Organization formula. Prescribe a diet with an energy deficit of 500 kcal/day, 750 kcal/day, or 30 percent.

- Specify an energy intake target that is less than that required for energy balance, usually 1,200 to 1,500 kcal/day for women and 1,500 to 1,800 kcal/day for men. (Kcal will need to be adjusted for the individual’s body weight and physical activity levels.)

- Use an open approach, where a formal energy-deficit target is not prescribed, but lower calorie intake is achieved by restriction or elimination of particular food groups or provision of prescribed foods.

**EXAMPLES:**

- **Very Low-calorie Diets**
  - < 800 cal/day
  - *Should be supervised by a healthcare provider

- **Low-calorie Diets**
  - ~ 1,000-1,500 cal/day
Macronutrients are the three categories of nutrients you eat most and that provide you with most of your energy: protein, carbohydrates, and fats. The ideal amount of macronutrients can vary drastically from person to person. The perfect amount is called the “macronutrient ratio.” Ideal macronutrient ratios depend on the patient’s height and weight, activity level, age, co-morbidities, and goal.

The availability of a wide range of options with established efficacy offers healthcare practitioners many evidence-based strategies to suggest to their patients with overweight and obesity. These approaches are found to be more effective under conditions where multidisciplinary teams of medical, nutritional, and behavioral experts work together.

**NUTRITIONAL OPTIONS FOR WEIGHT LOSS AND OTHER HEALTH BENEFITS:**

- **Atkins Diet**
- **Ketogenic Diet**
- **Mediterranean Diet**
- **Ornish Diet**
- **DASH Diet**
- **TLC Diet**
- **Paleo Diet**
- **VLCD**
- **LCD**
- **Balanced Deficit Diet**
- **Diet**
- **Deficit Diet**
- **DASH**
- **Diet**
- **TLC**

**HOW TO CHOOSE THE OPTIMAL NUTRITION PLAN:**

- Consider how the diet contributes to the management of other risk factors or diseases, such as type 2 diabetes, hypertension, and gout.
- Consider the long-term nutritional adequacy and sustainability of the diet.
- Tailor the dietary intervention to the needs, habitual patterns, and preferences of the individual patient.
- Aim for weight loss of 5 to 7 percent of body weight, which carries numerous health benefits and should be sought as an initial weight loss goal.
- Consider the use of online apps and food journals to educate and monitor your patients.
- If a diet “doesn’t work,” then an analysis should reveal an excessive consumption of calories relative to energy expenditure, and a modification of approach is indicated.

**About the Obesity Medicine Association**

The Obesity Medicine Association (OMA) is the largest organization of clinicians dedicated to preventing, treating, and reversing the disease of obesity. Members of OMA believe treating obesity requires a scientific and individualized approach comprised of nutrition, physical activity, behavior, and medication. When personalized, this comprehensive approach helps patients achieve their weight and health goals.

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