NUTRITION RECOMMENDATIONS FOR OBESITY MANAGEMENT

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
STEP 2
DETERMINE MACRONUTRIENT CONTENT, MEAL TIMING, AND PORTION-CONTROLLED MEAL REPLACEMENTS

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:

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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There are many nutritional interventions used by healthcare providers to treat the disease of obesity. These top takeaways discuss the key characteristics of common dietary patterns recommended by healthcare providers to improve their patients’ overall health.

1. Health outcomes are most improved with nutrition therapy when the dietary interventions are evidence-based, quantitative, qualitative, and facilitate patient adherence.

2. Low calorie diet is ~ 1200 to 1800 kcal/day; very low-calorie diet is generally < 800 kcal/day.

3. Fat restricted diet is often defined as 10 – 30% of total calories from fat.

4. Low carbohydrate diet is generally defined as 50 – 150 grams of carbohydrates per day; very low-carbohydrate diet is < 50 grams of carbohydrates per day.

5. The isocaloric substitution of ultra-processed refined carbohydrates with saturated fats does not improve cardiovascular disease risk; the isocaloric substitution of saturated fats with unhealthful ultra-processed carbohydrates does not improve cardiovascular disease risk.

6. The Ketogenic Diet is a carbohydrate-restricted intervention that typically discourages unhealthful ultra-processed and refined foods, foods high in glycemic index/load, and foods rich in trans fatty acids. Ketosis may reduce appetite.

7. The Mediterranean Diet is not a defined diet, but rather a generalized meal pattern that encourages olive oil, vegetables, fruits, legumes, whole grains, nuts, seeds, seafood, fermented dairy products, poultry, eggs, and red wine; it discourages high amounts of red meats, meat products, and unhealthful ultra-processed carbohydrates.

8. The DASH Diet is a diet pattern that encourages vegetables, fruits, whole grains, fat-free or low-fat dairy products, fish, poultry, lean meats, nuts, seeds, legumes, fiber, foods containing calcium, potassium and magnesium; it discourages sodium > 2300 mg per day, total fat > 27% of total daily calories, cholesterol > 150 mg per day for 2100 Calorie eating plan, red and unhealthful ultra-processed meats, sugar-sweetened beverages, and foods with added sugars.

9. The Vegetarian Diet encourages vegetables, fruits, whole grains, legumes, seeds, nuts and discourages meats.

10. Fasting (alternative day, intermittent, or time-restricted eating) may contribute to overall caloric restriction and weight reduction.