



Body Mass Index (BMI) Variances

DEFINITION	BMI is a person's weight in kilograms divided by the square of height in meters. A BMI less than 18.5: underweight. 18.5 to 24.9: normal weight. 25-29.9: overweight. 30 to 40: obese. Greater than 40: morbid obesity. The BMI is age and sex -dependent and does not take into account for body fat distribution, an independent risk factor for health outcomes. It also does not take into account "fitness" (the weight of muscle vs fat) or bone mass. It is a screening tool and not diagnostic.
SUBJECTIVE	May include: <ol style="list-style-type: none">1. Medical, sexual, social, nutritional, and family history initial and update.2. Special consideration should be given to assessment of history of anxiety, depression, bulimia, anorexia, obesity, dysfunctional eating patterns, or socioeconomic challenges.
OBJECTIVE	Should include: <ol style="list-style-type: none">1. Determination of BMI. (See Adult BMI Calculator): Adult BMI Calculator Healthy Weight, Nutrition, and Physical Activity CDC2. See adolescent BMI calculator: BMI Calculator Child and Teen Healthy Weight CDC3. Age appropriate physical exam as indicated.<ol style="list-style-type: none">a. Observe for vomiting, carotid enlargement, soft palate lesions, dental erosion and calluses of knuckles.b. Weight and physical appearance.4. Documentation of recent unexplained weight gain or weight loss.
LABORATORY	May include: <ol style="list-style-type: none">1. Urine dipstick glucose protein2. Hgb/Hct3. The following screening tests may be offered:<ol style="list-style-type: none">a. CBCb. FBS or Hgb A1cc. Lipid profiled. T4, TSHe. Metabolic panelf. Pregnancy test, if indicated
ASSESSMENT	BMI Variances.
PLAN	All weight management programs should include the three components of dietary control, physical exercise and psychosocial and eating behavior modification. Always keep in mind that physical, depressive and/or personality disorders could cause a BMI variance. May include: <ol style="list-style-type: none">1. Review the "Choose My Plate" from the USDA website2. Emphasize food rather than supplements as main source of nutrients3. Encourage non-sedentary lifestyles. Promote physical exercise, considering each client's individual situation, to maintain a healthy weight, improves overall fitness and quality of life4. Encourage daily journaling of exercise, activities and caloric intake.5. Refer to nutritional counseling.6. Refer to food sources (e.g., food pantry, social services, WIC)7. Refer for evaluation, counseling and treatment for dysfunctional eating patterns8. Refer for support groups as applicable
CLIENT EDUCATION	<ol style="list-style-type: none">1. Provide client with educational information including nutrition education, diet and exercise counseling with behavioral strategies. (The 5 A framework: Assess, Advise, Agree, Assist, and Arrange)2. Discuss health consequences of elevated BMI's such as HTN, dyslipidemia, Type 2 diabetes, CAD, CVA, cancer, sleep apnea, PCOS, infertility, etc.



	3. Discuss osteopenia/osteoporosis risks as appropriate.
CONSULT/ REFER TO PHYSICIAN	1. Client for treatment of suspected anorexia or bulimia. 2. Medical problems related to weight loss or weigh gain. 3. Client requesting medication, and/or counseling for weight reduction.

References:

1. National Institute of Health. Aim for a Healthy Weight. Maintain a Healthy Weight (nih.gov)
2. Center of Disease Control. Body Mass Index Body Mass Index (BMI) | Healthy Weight, Nutrition, and Physical Activity | CDC
3. United States Department of Agriculture. Choose My Plate. MyPlate | U.S. Department of Agriculture