

Body Mass Index (BMI) Variances – HM 10

DEFINITION

BMI is a person's weight in kilograms divided by the square of height in meters. BMI screens for weight categories that may lead to health problems. 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, does not consider body fat distribution, and is 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:

1. Medical, sexual, social, nutritional, and family history initial and update
2. Special consideration should be given to the assessment of a history of anxiety, depression, bulimia, anorexia, obesity, dysfunctional eating patterns, or socioeconomic challenges

OBJECTIVE

Should include:

1. Determination of BMI
2. Age-appropriate physical exam as indicated
 - a. Observe for signs of induced vomiting including parotid enlargement, soft palate lesions, dental erosion and calluses of knuckles
 - b. Weight and physical appearance
3. Documentation of recent unexplained weight gain or weight loss

LABORATORY

May include:

1. Urine dipstick
2. Hgb/Hct
3. The following screening tests may be offered, or referred for, based on variance:
 - a. CBC
 - b. FBG or Hgb A1c
 - c. Lipid profile
 - d. T4, TSH
 - e. Metabolic panel
 - f. 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. Remember that physical, depressive and/or personality disorders could cause a BMI variance.

May include:

1. Review evidence-based or nationally recognized dietary guidelines
2. Emphasize whole food rather than supplements as the main source of nutrients
3. Encourage non-sedentary lifestyles. Promote physical exercise, considering each client's individual situation, to maintain a healthy weight, improve overall fitness and quality of life. Recommended physical activity to include 30 mins/day of moderate exercise, 5 days a week.

4. Encourage daily journaling of exercise, activities and caloric intake. Encourage use of smartphone apps, such as MyFitnessPal.
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 patterns
8. Refer for support groups as applicable

CLIENT EDUCATION

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 health consequences of low BMI such as dental caries, dry skin and hair, thyroid goiter, heart failure, muscle weakness, etc
4. 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 weight gain
3. Client requesting medication and/or counseling for weight reduction

REFERENCES

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