# 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. (See Adult BMI Calculator): <u>Adult BMI Calculator | Healthy Weight, Nutrition, and</u> <u>Physical Activity | CDC</u>
- 2. See Adolescent BMI calculator: BMI Calculator Child and Teen | Healthy Weight | CDC
- 3. 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.
- 4. 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 based on variance:
  - a. CBC
  - b. FBS 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 the "MyPlate" from the USDA website <u>https://www.myplate.gov/</u>
- 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, improves overall fitness and quality of life
- 4. Encourage daily journaling of exercise, activities and caloric intake.

Effective Date: 12/1/2023 Last Reviewed: 10/24/2023 Next Scheduled Review: 10/1/2024

- 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

- 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. CDC Domestic Guidance, Nutrition and growth
- 4. United States Department of Agriculture. MyPlate. MyPlate | U.S. Department of Agriculture