Understanding Obesity

A Guide to Your Health

Foreword:

Behavioral change is a core component of obesity management and is addressed through coordination with specialized Department of Defense and Department of Veterans Affairs programs.

This Clinical Support Tool is intended to provide patients with a foundational understanding of obesity and the range of available management options, while complementing, not replacing, existing behavioral health resources.

What is Overweight? What is Obesity?

Overweight: a chronic medical condition where the body stores excess fat.

- This stage comes before obesity, when extra fat hasn't caused significant health problems yet.
- Early detection and treatment may help prevent progression from overweight to obesity and more severe health issues.

Obesity: a complex, chronic medical condition where the body stores too much fat, causing health issues.

- This happens because the systems that control hunger, fullness, and weight do not work the way they should.
- Factors such as genetics, medicines, mental health, sleep, disability, nutrition, social circumstances, and physical activity all play a role.
- Excess fat can harm the body in various ways, affecting metabolism (like blood glucose {sugar} and cholesterol), straining bones and joints, and affecting emotional health and how people are treated by others.
- Not everyone with excess fat experiences the same health issues since genetics and biology play such a significant role in this.

How Common are Overweight and Obesity?

- **40%** of adults age 20 or older in the U.S. have obesity, and an additional **32%** have overweight.
- The U.S. has one of the highest obesity rates among developed nations.
- Obesity is especially common among non-Hispanic Blacks and Hispanics.
- **21.6%** of Active Duty U.S. Service Members have obesity.
- **41%** of Veterans receiving care in the Veterans Health Administration have obesity.

Because obesity is common, treatment focuses on meaningful health improvements—not perfection.

Goals for Weight Management

For many people, the first goal for weight management treatment may be to lose 5-10% of their current weight. This amount of weight loss can lead to important health benefits. These benefits include:

- improved blood pressure
- improved cholesterol levels
- reduced risk of diabetes and other chronic conditions
- improved quality of life and energy levels
- improved joint health and mobility
- reduced risk of some types of cancer
- improved mood and decreased anxiety

Keeping a weight that is healthy for you can help you feel good and enjoy the things you want to do.

How will I be evaluated?

Body Mass Index (BMI): a simple screening tool often used by health care providers.

It's difficult to measure an exact amount of body fat in everyday medical practice. Because of this, BMI is used.

- BMI is calculated using a person's height and weight. It helps identify categories such as underweight, healthy weight, overweight, and obesity.
- While helpful for looking at health trends in large groups, BMI is not always the best measure for an individual.
- BMI does not tell exactly how much body fat a person has or if they have a specific health condition. It can be a useful starting point for understanding health risks.

Waist Circumference (WC): measurement around the abdomen.

- Extra fat around the waist is linked with higher health risks compared to fat in other body areas.
- Used in addition to BMI to assess health.

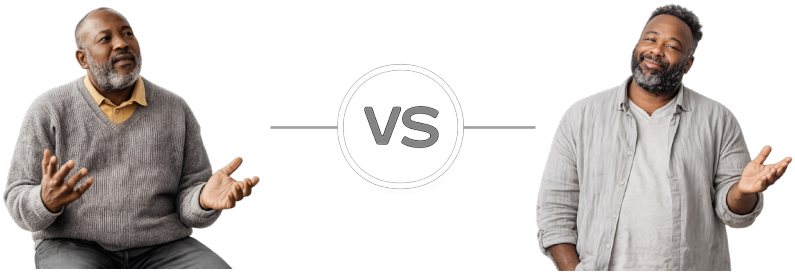
Our understanding of how to measure and define overweight, obesity, and extra body fat and their health impacts is still changing as science learns more. For now, we use BMI and waist circumference to talk about overweight and obesity, but these definitions may change over time. When "weight loss" and "weight management" are mentioned, know that the goal is to lower extra body fat to improve health, daily function, and overall well-being.

The classification table is based on the link between BMI, waist circumference (waist measurement), and overall disease risk. The relationship between BMI and disease risk varies for individuals and populations. Individuals whose BMI falls into one of the Obesity and Overweight categories would likely benefit from reducing excess body fat to lower their risk for heart disease, diabetes, high blood pressure, high cholesterol, liver disease, cancer, and premature death.

Classification	BMI for non-asian populations (kg/m^2)	BMI for Asian Populations (kg/m^2)	WC (inches)	Disease Risk* with normal WC	Disease Risk* with excessive WC
Underweight	Less than (<) 18.5	Less than 18.5	--	--	--
Healthy Weight	18.5 - 24.9	18.5 - 22.9	< 40 for men < 35.4 for Asian men < 35 for women < 31.5 for Asian women	--	--
Overweight	25.0 - 29.9	23.0 - 24.9	--	increased	increased
Obesity Class 1	30.0 - 34.9	25.0 - 29.9	< 40 for men < 35.4 for Asian men < 35 for women < 31.5 for Asian women	moderate	severe
Obesity Class 2	35.0 - 39.0	30.0 - 34.9	--	severe	very severe
Obesity Class 3	Greater than or equal to (≥) 40.0	35.0 and above	--	very severe	very severe

*disease risk for obesity-associated conditions (examples in paragraph below).
Abbreviations: BMI: body mass index; kg: kilograms; m: meters; WC: waist circumference

Understanding Obesity: Myths and Facts



Myth: Obesity is caused by a lack of willpower.

Fact: Obesity is a complex, long-term disease. It is influenced by many things, including genes, environment, biology, mental health, medicines, life situations, and daily habits.

Myth: "BMI tells you everything you need to know about a person."

Fact: BMI is only a screening tool, not a diagnosis. It does not show where fat is on the body, how much muscle someone has, or how healthy they are. Other tests, staging systems, and family history (blood relatives) give a clearer picture of health risks.

Myth: Weight loss medications replace healthy behaviors.

Fact: Medicines support healthy habits, they do not replace them. They are used along with behavior support, nutrition, and physical activity.

Myth: If weight returns, treatment has failed.

Fact: Obesity is a long-term condition. Like high blood pressure or diabetes, it often needs ongoing care and changes in treatment over time.

Myth: A high BMI always means excess body fat.

Fact: BMI cannot tell fat from muscle. It also does not show where fat tissue is stored in the body and can give misleading results for very muscular people or those with fluid buildup.

Why is it Important to know about Overweight and Obesity?

Excess body fat affects multiple body systems.

Having overweight or obesity may increase your risk of serious health problems

Overweight or obesity increases the risk of developing over 200 conditions like:

Cardiometabolic

- Heart disease
- Stroke
- High blood pressure (hypertension)
- Pre-diabetes and diabetes

Health risks affect people of all ages and body types.

Mechanical / Other

- Certain types of cancer (such as colorectal [colon], breast cancer in postmenopausal women, and prostate cancer)
- High cholesterol and triglycerides
- Obstructive sleep apnea (airway blockage that affects breathing while asleep)
- Osteoarthritis (breakdown of protective cartilage that cushions the ends of bones, especially hips and knees)
- Cardio & Metabolic dysfunction-associated steatotic liver disease (formerly non-alcoholic fatty liver disease; fat build-up in the liver causing inflammation, scarring (cirrhosis), and sometimes liver failure or cancer)

Weight and health are influenced by many factors.

Body weight and health are affected by many factors, including:

- Eating patterns: what, how much, and how often you eat and drink.
- Physical activity: how much you move your body.
- Sleep: the quality of your sleep and how long you sleep can affect your food, beverage, and activity choices. It can also affect hunger and fullness hormones.
- Genetics: genes from our parents can affect hunger, fullness, and weight. Studies show that up to 70% of a person's risk for having overweight or obesity can be inherited.
- Medicines: some medicines can cause weight gain and some can promote weight loss.
- Environment: where you live, learn, work, and play affects what and how much you eat and drink, and how active you are.
- Society: culture, education, and peer or media pressure can affect what and how much you eat and drink, and how active you are.

Why Weight Change Can Feel So Difficult

Your body protects your weight. When you try to lose weight, your brain may think food is scarce and resist change by increasing hunger and slowing metabolism. These are normal responses.

Your Body Tries to Protect Your Weight (Set Point)

Think of your body like a house with a thermostat that is set to a certain temperature. Your body has a similar "thermostat" for your weight, often called a set point. This is the weight range your body is used to and will work very hard to maintain. It's a survival system that is programmed into your biology from a time when food was scarce.

What sets your "thermostat"?

Your set point isn't a single number but a range that is influenced by many factors throughout your life. This setting can be hard to change. Factors include:

- Genetics: Your family history plays a big role in how your body manages weight.
- The World Around Us: We are surrounded by high-calorie, easily available foods that can push the set point higher over time.
- Life Events: Major life changes like puberty, pregnancy, and menopause can raise the set point.
- Stress and Sleep: Poor sleep and chronic stress change the hormones that control hunger and weight.
- Your Weight History: Unfortunately, the set point is like a one-way street, it goes up easily but resists coming down. Your body often "remembers" its highest sustained weight and will fight to get back to it.

When You Try to Lose Weight, Your Body Pushes Back

When you start losing weight, your body's survival alarms go off. It thinks you are going through a period where food will be lacking and starts to do everything it can to "protect" you by pushing you back to your set point.

Can the Set Point Be Changed?

This is the most important question. For years, we were told diet and exercise alone could lower the set point. We now know it's more complex. Healthy eating and physical activity are essential first steps. For some people, these changes lead to lasting weight loss. For others, the body's "thermostat" fights back, and lifestyle changes alone aren't enough.

This is where modern medicine comes in. We now have treatments that can help lower the set point itself.

- Obesity Medications: These medicines adjust your body's "thermostat," reduce hunger and cravings, and help you feel full sooner, making weight loss easier to maintain.
- Metabolic (Bariatric) Surgery: Surgery changes your gut hormones and helps reset your body's set point to a lower weight.
- Treatment helps your body work with you so healthy habits are easier and more effective long term.

Your Body's "Low Power Mode" (Metabolic Adaptation)

After losing weight, many people notice that progress slows down and hunger increases. This isn't your imagination. It's a normal biological response called metabolic adaptation.

When you lose weight, your body releases more hunger hormones and fewer fullness hormones. These changes make you feel hungrier and less satisfied after eating. Your body is trying to protect you from what it senses as "starvation." It's not that your metabolism stops working—it's that your hunger signals get stronger, making it harder to keep the weight off over time.

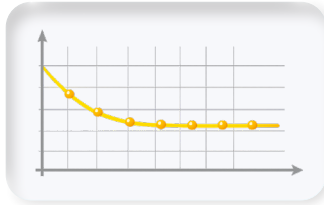
Why it happens

Your body is trying to protect you from what it senses as "starvation." It's not that your metabolism stops working. It's that your hunger signals get stronger, making it harder to keep the weight off over time.

What you may experience.

This is a real physical response. You may notice:

- The Weight Loss Plateau: This is the most common sign. You can be eating and exercising the exact same way that caused weight loss before, but now the scale won't budge.



- Feeling Colder: Since your body's engine is running slower, it produces less heat. You might find yourself feeling colder than others in the same room.
- Fatigue and Low Energy: Your body is conserving energy everywhere it can, which can leave you feeling tired and sluggish.
- Intense Frustration: This is often the hardest part. You know you are doing everything right, but your body is resisting your efforts. It can make you feel like your hard work is no longer paying off.
- Intense Hunger and Cravings: Your hunger hormones shout "I'm hungry!" much louder and more often.
- Increased Thoughts About Food: It can feel like food is always on your mind as your brain pushes you to eat.

Set a goal for a small behavior change you can maintain long-term (e.g., “I will walk after dinner for 15 minutes, five days a week, for the next four weeks and record it using my smart watch”).

Focus on progress, not perfection.

Use SMART goals to plan small changes that will help you reach your weight loss goal. A SMART goal is one that is:

- **S**pecific - What will you do?
- **M**easurable - How will you know you are making progress?
- **A**ction-oriented - What actions will you take to reach the goal?
- **R**ealistic - Is the goal doable for you?
- **T**ime-based - When will you start? When will you review your goal to see if it makes sense to keep working on it?

Addititional strategies that may help:

- Engage in lifestyle and physical activities you enjoy or have enjoyed in the past.
- Make healthy changes to your eating patterns (e.g., eat more servings of vegetables (a serving = 1 cup raw or a 1/2 cup cooked).
- Talk to your health care providers and pharmacist to understand factors that may have contributed to weight gain or make it hard for you to lose weight.
- Prescribed medications can affect weight. Some medications can cause weight gain and others promote weight loss. Talk to your prescribing providers about your medications to see if they may be affecting your weight.
- Think about what may get in the way of your health and weight management goals. Share your goals with friends and family and ask for their support (e.g., go for a short walk with coworkers during your work break).

Weight Management Options

Weight management is a lifelong process that includes regular long-term follow-up with your health care team. The Department of Defense and Veterans Health Administration offer treatments and resources to support your weight management goals.

Weight loss basics

- Weight loss happens when you take in fewer calories than your body needs to maintain your current weight.
- Many different eating patterns can support weight loss.
- Work with your health care team to find an approach that is right for you.
- Choosing a plan you can follow long term makes success more likely.

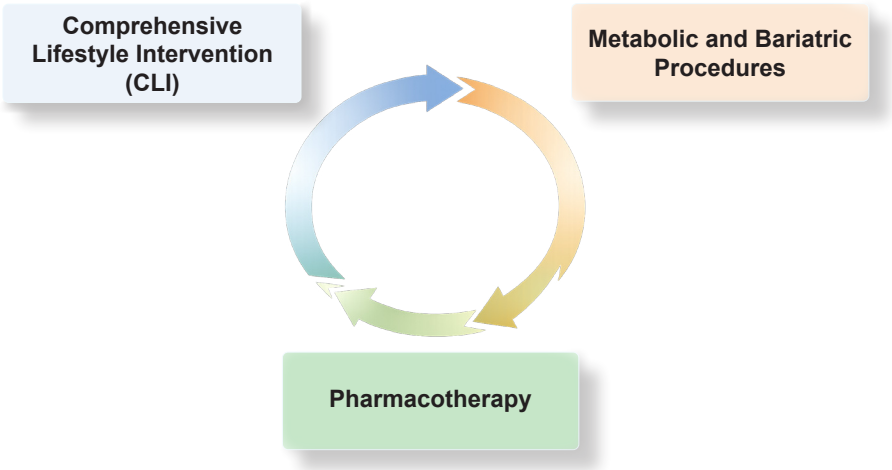
Physical activity matters

- There are many types of physical activity to choose from.
- Finding activities you enjoy makes it easier to stay consistent.
- Short bursts of activity throughout the day can be just as helpful as longer workouts.
- Decrease being still for prolonged periods. Every minute of movement counts.

Core principles of treatment planning

- Obesity management is an ongoing process.
- Treatment choices should reflect an overall goal of improved health. Choices are not based on weight or BMI alone.
- Being engaged in your health and weight journey is important.

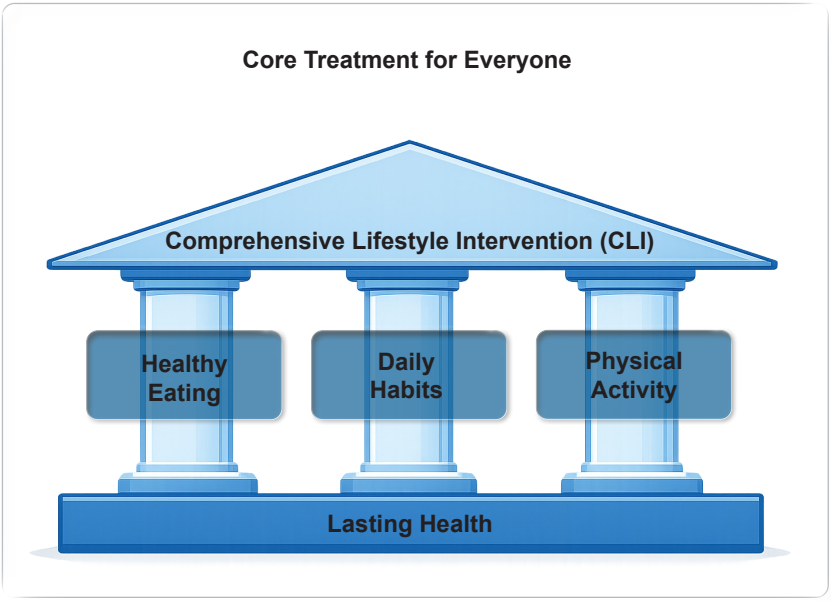
Treatment domains



Comprehensive Lifestyle Intervention (CLI)

Comprehensive lifestyle intervention programs support people to make changes in behaviors and habits, food and drink intake, and physical activity, with support from a health care team member.

- CLI is the **core** of any weight management plan.
- It can be provided individually or in groups, in-person, by phone, or through video.
- You and your provider may also discuss other lifestyle changes, like getting more sleep, and the importance of losing weight and keeping it off.



Weight Management Medications

This table is for educational purposes only and is not a complete list of side effects. The decision to start any medication and how to manage its side effects should be made in partnership with your healthcare provider.

Medication Name (Brand & Generic)	How It Works (In Simple Terms)	What It Helps With	How It's Taken	Common Side Effects
Phentermine/ topiramate ER (Qsymia®)	Two medicines reduce appetite and increase fullness.	Reduces appetite and helps you feel full with less food.	A once-a-day pill.	Tingling, dry mouth, constipation, insomnia, taste changes.
Naltrexone hcl / bupropion hcl (Contrave®)	Works on brain pathways that control hunger and cravings.	Reduces hunger and helps control food cravings.	Pills taken twice a day.	Nausea, headache, constipation, sleep problems.
Liraglutide (Saxenda®)	Acts like GLP-1 to increase fullness.	Reduces appetite and increases fullness.	Daily self-injection.	Common nausea and stomach upset; often improves over time.
Semaglutide (Wegovy®)	Acts like GLP-1 to increase fullness.	Reduces hunger and helps you feel full sooner.	Weekly self-injection.	Nausea, diarrhea, vomiting, constipation (often early).
Tirzepatide (Zepbound®)	Acts like natural gut hormones to help you feel full sooner.	Less hunger, smaller portions, may improve blood sugar.	Weekly self-injection.	Nausea, diarrhea, stomach upset, and constipation.

Consider these important points when deciding if weight management medication may be right for you:

Choosing the Right Medication

With several options available, choosing the right medication can feel confusing, but you don't have to decide alone. You and your provider will review your health history, other conditions, side effects, insurance coverage, cost, and your preference for a pill or injection to find a safe, effective option that fits your life.

Will I Need It Long Term?

Obesity is a chronic condition, and treatment often requires ongoing care. Stopping medication may cause hunger to return and weight to come back. For many people, long-term use helps maintain weight loss and support lasting health. Regular follow-up with your provider helps ensure your plan stays safe and effective.

Weight management medications can be used at any time but should always be combined with a comprehensive lifestyle intervention program. Switching from medicines that cause weight **GAIN** to those that support weight **LOSS** may help improve results.

Metabolic Bariatric (Weight Management) Surgery and Procedures

Weight management surgery may be considered for people with obesity and/or significant obesity-related conditions like diabetes. If you are interested, talk to your health care team to see if you are a candidate and what resources are available. Your health care provider and surgeon may discuss different types of weight loss surgery.

Most Common:

- **Sleeve Gastrectomy**
- **Roux-en-Y Gastric Bypass**

Less Common:

- **Biliopancreatic diversion**
- **One-anastomosis Gastric Bypass (OAGB)**
- **Endoscopic Sleeve Gastroplasty (ESG)**

Surgery also requires significant **lifelong changes** to your lifestyle, dietary pattern and taking extra vitamins and minerals to stay healthy and prevent weight regain. After surgery, you'll have **regular visits** with your health care team to monitor your health, weight, and nutrition.

Metabolic Bariatric (Weight Management) Surgery and Procedures

Important Things All Procedures Share

- Surgery is a tool, not a cure.
- Long-term success depends on maintaining behavioral & lifestyle changes, often supported by behavioral and nutrition counseling
- Daily vitamins and mineral supplements are usually needed.
- Regular follow-ups help prevent complications and regain.
- The “best” procedure depends on your health, goals, and risks.

Procedure Type	What It Does	About How Much Weight Loss	Things to Know
Sleeve Gastrectomy (Sleeve) (most common)	Makes the stomach smaller to help you feel full sooner and eat less.	~25–30% of total body weight	Permanent. May worsen reflux. Vitamins are required long-term.
Roux-en-Y Gastric Bypass	Creates a small stomach pouch and reroutes part of the intestine, reducing how much you eat and absorb.	~30–35% of total body weight	Long track record. More vitamin needs. Risk of dumping syndrome.
Duodenal Switch / SADI-S	Combines a sleeve stomach with a larger intestinal bypass.	~35–45% of total body weight	Most powerful for weight loss. Higher risk of nutrition problems.
One-Anastomosis Gastric Bypass (OAGB)	Creates a long narrow stomach pouch with a single intestinal connection.	~35–40% of total body weight	Less common in U.S. Risk of bile reflux and deficiencies.
Endoscopic Procedures (ESG, Balloon)	Performed through a scope without surgery to reduce stomach volume or space.	~6–20% of total body weight	Less invasive. Lower risk. Weight loss may be less durable.

Different procedures work in different ways. Your care team will help you choose an option based on your health conditions, weight-loss goals, and long-term safety.

Why Weight Loss Often Slows Down or Stops

Understanding Weight Plateaus

Weight loss does not happen in a straight line. Many people reach a point where the scale stops going down, even when they are still following their plan. This is called a weight plateau. Plateaus are normal. They are expected. They are not a sign of failure, laziness, or lack of effort.

What is a Weight Plateau?

A weight plateau happens when your weight stays the same for one to three months, even though you are still working on your health. This often happens because, as your body gets smaller, it needs fewer calories to run. At the same time, your body starts making changes to protect itself and save energy.

Most individuals reach a plateau within 6–12 months of starting weight-loss treatment. This is a normal part of how the body works.

Why Does This Happen?

As you lose weight, your body becomes more energy-efficient. This means it learns how to get by on fewer calories. Your metabolism may slow down. Hunger hormones may increase. Feeling full may not last as long. Your body is not being stubborn. It is doing its job to protect you. These changes make continued weight loss harder over time, even when you are still trying.

What is Metabolic Adaptation?

Metabolic adaptation is the name for these body changes. It means your body burns fewer calories than expected, increases hunger signals, and tries harder to hold on to energy. Because of this, weight loss often slows or stops, and keeping weight off can feel more difficult. This is biology.

What Does A Plateau Really Mean?

A plateau does not mean treatment failed. It usually means your body has adjusted and your plan may need to change. This is why regular check-ins with your health care team are important. Plateaus are often a signal to review what you are doing and decide what support may help next.

That support may include changes to nutrition, activity, behavior tools, medications, or other treatments. The goal is to keep care moving forward, not to stop.

The Most Important Thing to Remember

Weight plateaus are a normal part of obesity treatment. They happen to almost everyone. They are driven by how the body works. When weight loss slows, it is a time to reassess, adjust, and continue care and not a time for blame.

Talk with Your Care Team About Your Treatment Plan

A plateau is the perfect time to check in with your doctor, dietitian, or health coach. You do not have to figure this out alone.

Why it's important

Your needs change as your body changes. A plan that worked for you 20 pounds ago might need an update. Your team can help you:

- Review your food, beverage, and activity logs to spot opportunities for small changes.
- Ensure your calorie and protein goals are still right for your new weight.
- Discuss if obesity medications could be a helpful tool, or if your current medication needs to be adjusted. These treatments are specifically designed to help fight against metabolic adaptation and make your lifestyle efforts more effective.

Change Up Your Exercise Routine

Your body is efficient. If you do the same 30-minute walk every day, it adapts and burns fewer calories.

Why it works:

- "Mixing it up" keeps your body guessing and forces it to work harder. Introducing new challenges can help break through the adaptation.

What to do:

- Try intervals: Add short bursts of speed to your walk or bike ride. For example, walk fast for one minute, then recover at a normal pace for two minutes. This is called high-intensity interval training (HIIT).
- Try something new: If you usually walk, try swimming or cycling. New activities use different muscles and can help restart progress.

Start slowly and build gradually. Overdoing exercise can lead to injury or pain, which may interrupt your progress. Stay hydrated!

Strategies for When the Scale Gets Stuck

A weight loss plateau can feel frustrating, but it's a normal sign that your body has adapted. Instead of seeing it as a wall, think of it as a signal to adjust your strategy. The steps below can help you work with your body, preserve lean muscle, and support fat loss.

Build and Maintain Muscle with Strength Training

Think of muscle as your body's calorie-burning engine. More muscle helps you burn more calories all day, even at rest, which helps counter metabolic slowdown.

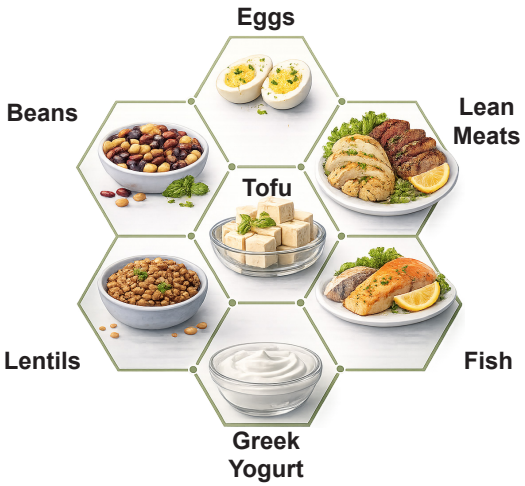
- Why it works: Losing muscle can slow your metabolism. Strength training builds and protects muscle to help keep it higher.
- What to do: You don't need intense workouts. Do strength training two to three times a week using weights, bands, or bodyweight exercises like squats, lunges, or push-ups

Increase Your Protein Intake

Protein is a powerful tool for fighting a plateau. It helps on three different fronts:

1. It boosts your metabolism: Your body uses more energy (burns more calories) to digest protein compared to fats or carbohydrates.
2. It protects your muscle: Eating enough protein helps prevent muscle loss while you're losing weight.
3. It keeps you full: Protein is very satisfying and helps control the hunger signals that get stronger during a plateau.

What to do: Try to include a source of protein in every meal and snack. Good sources include lean meats, fish, eggs, beans, lentils, tofu, and Greek yogurt.



Note: Increased protein by itself is not enough. You need structured resistance training as well because excess dietary protein can be converted to fat. Aim for 64 to 100 ounces of water per day

A Long-Term Approach to Weight Care

Weight care works best when it is ongoing and flexible. Your care plan can change over time and different treatments can be added, adjusted, or used together as your needs change.

Questions to Ask Your Care Team

Ask your provider about anything that is unclear to you. Some questions you might ask:

How could losing weight improve my health?

Are any of my medications making it harder to lose weight? Are there alternatives that may have less impact on weight?

How do I learn more about weight management and treatment options?

How do I learn more about changing my eating habits?

What can I do to increase my physical activity?

What are the possible benefits and harms of taking weight management medications?

Will my medications need to be changed if I lose weight?

Is weight management surgery an option for me?

Self-Assessment Worksheet

1. **Why is weight loss important to me right now?**

2. **What is a small change that I can make today that feels doable and that I can maintain long-term?**

3. **Are any of my medications making it harder? Note to self: Write this down to ask at my next appointment.**

4. **Do any of my beverages contain calories?**

Find more information about overweight and obesity:

Scan the QR code or type the web address into your internet browser to visit these websites.

Scan QR Code to visit Obesity Patient Summary

2025 Obesity Patient Guideline Summary:

https://www.healthquality.va.gov/HEALTHQUALITY/guidelines/CD/obesity/OBE-CPG_2025-Patient-Summary_final_20251105.pdf

Scan QR Code to visit VA Move!

VA MOVE! Weight Management Program for Veterans:

https://www.move.va.gov

Scan QR Code to visit Veterans Health Library

Veterans Health Library:

https://www.veteranshealthlibrary.va.gov/HealthyLiving/

Scan QR Code to visit CDC

Centers for Disease Control and Prevention:

https://www.cdc.gov/obesity

Scan QR Code to visit NHLBI

National Health, Lung, and Blood Institute (NHLBI):

https://www.nhlbi.nih.gov/health/overweight-and-obesity

VA/DoD Evidence-Based Practice

To access the VA/DoD Clinical Practice Guidelines webpage (which includes the Management of Adult Overweight & Obesity CPG), visit: https://www.health.mil/About-MHS/MHS-Elements/DVPO/VADOD-CPGs

Scan QR Code to visit OBE CPG