



## *Aim for a Healthy Weight*



## Information for Patients and the Public

### *Key Recommendations*

#### **(From the Expert Panel on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults)**

- Weight loss to lower elevated blood pressure in overweight and obese persons with high blood pressure.
- Weight loss to lower elevated levels of total cholesterol, LDL-cholesterol, and triglycerides, and to raise low levels of HDL-cholesterol in overweight and obese persons with dyslipidemia.
- Weight loss to lower elevated blood glucose levels in overweight and obese persons with type 2 diabetes.
- Use the BMI to assess overweight and obesity. Body weight alone can be used to follow weight loss, and to determine the effectiveness of therapy.
- The BMI to classify overweight and obesity and to estimate relative risk of disease compared to normal weight.
- The waist circumference should be used to assess abdominal fat content.
- The initial goal of weight loss therapy should be to reduce body weight by about 10 percent from baseline. With success, and if warranted, further weight loss can be attempted.
- Weight loss should be about 1 to 2 pounds per week for a period of 6 months, with the

subsequent strategy based on the amount of weight lost.

- Low calorie diets (LCD) for weight loss in overweight and obese persons. Reducing fat as part of an LCD is a practical way to reduce calories.
- Reducing dietary fat alone without reducing calories is not sufficient for weight loss. However, reducing dietary fat, along with reducing dietary carbohydrates, can help reduce calories.
- A diet that is individually planned to help create a deficit of 500 to 1,000 kcal/day should be an integral part of any program aimed at achieving a weight loss of 1 to 2 pounds per week.
- Physical activity should be part of a comprehensive weight loss therapy and weight control program because it: (1) modestly contributes to weight loss in overweight and obese adults, (2) may decrease abdominal fat, (3) increases cardiorespiratory fitness, and (4) may help with maintenance of weight loss.
- Physical activity should be an integral part of weight loss therapy and weight maintenance. Initially, moderate levels of physical activity for 30 to 45 minutes, 3 to 5 days a week, should be encouraged. All adults should set a long-term goal to accumulate at least 30 minutes or more of moderate-intensity physical activity on most, and preferably all, days of the week.
- The combination of a reduced calorie diet and increased physical activity is recommended since it produces weight loss that may also result in decreases in abdominal fat and increases in cardiorespiratory fitness.
- Behavior therapy is a useful adjunct when incorporated into treatment for weight loss and weight maintenance.
- Weight loss and weight maintenance therapy should employ the combination of LCD's,

- increased physical activity, and behavior therapy.
- After successful weight loss, the likelihood of weight loss maintenance is enhanced by a program consisting of dietary therapy, physical activity, and behavior therapy which should be continued indefinitely. Drug therapy can also be used. However, drug safety and efficacy beyond 1 year of total treatment have not been established.
  - A weight maintenance program should be a priority after the initial 6 months of weight loss therapy.

**Continue to Part 1 to find out how to assess your risk.**

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