2020 Clinical Practice Guidelines: 5As Framework for Obesity Management in Adults

ⓘ Obesity is a complex, progressive, and relapsing chronic disease characterized by abnormal and/ or excessive body fat (adiposity) that impairs health.

Please scan code for detailed information.
obesitycanada.ca/guidelines

1 Ask

Weight is a sensitive issue. Do not assume every patient with a larger body has obesity. Ask for permission to discuss body weight. Does the person feel their weight is impairing their medical, functional, or psychosocial health?

"Would it be alright if we discussed your weight?"

ⓘ If the person is not ready to discuss their weight offer resources about obesity as a chronic disease and an open opportunity to reassess.

2 Assess

Understanding an individual's story and life context is crucial in the management of obesity.

1. The value-based goal that matters to the patient
   e.g. Being able to play at the park with my grandchildren
2. Obesity classification (height, weight, BMI & waist circumference)
3. Adiposity related complications and 'root causes' of weight gain
   (4M framework - Mechanical, Metabolic, Mental and Social Milieu)
4. Disease severity e.g. Edmonton Obesity Staging System (EOSS)

Primary care assessment
5as Toolkit
obesitycanada.ca/5as-team/

3 Advise On obesity risks. Discuss the health benefits of obesity management.

Medical Nutrition Therapy (MNT)

MNT is used in managing chronic diseases and focuses on nutrition assessment, diagnostics, therapy and counselling. MNT should:

a. be personalized and meet individual values, preferences and treatment goals to promote long term adherence
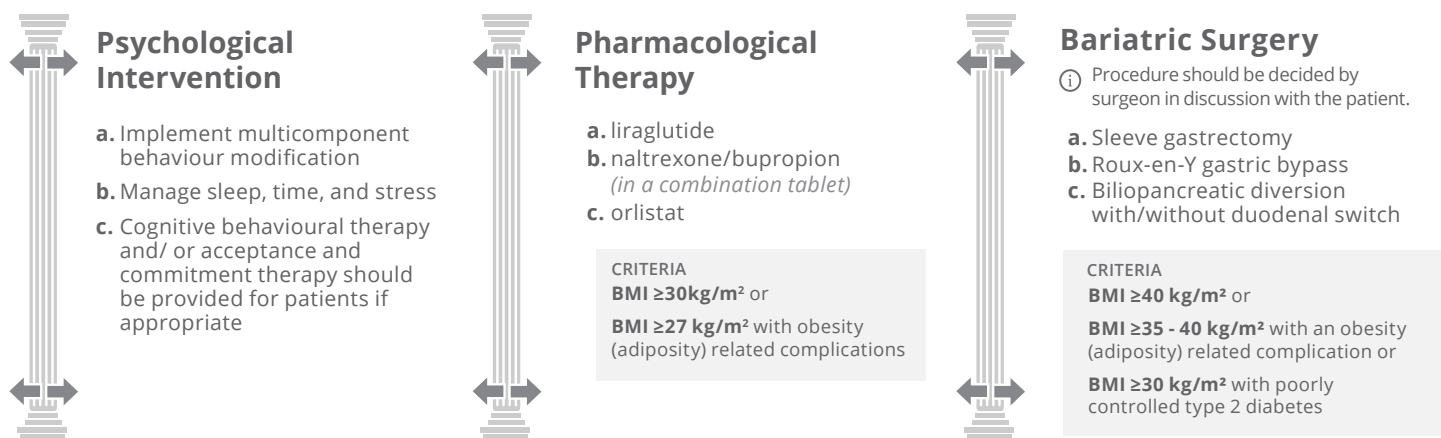b. be administered by a registered dietitian to improve weight-related and health outcomes

Physical Activity

30-60 mins of aerobic activity on most days of the week, at moderate to vigorous intensity, can result in:

a. small amount of weight and fat loss
b. improvements in cardiometabolic parameters
c. weight maintenance after weight loss

ⓘ Remember nutrition and physical activity recommendations are important for all Canadians regardless of body size or composition.

The Three Pillars of Obesity Management that Support Nutrition and Activity

Psychological Intervention

a. Implement multicomponent behaviour modification
b. Manage sleep, time, and stress
c. Cognitive behavioural therapy and/ or acceptance and commitment therapy should be provided for patients if appropriate

Pharmacological Therapy

a. liraglutide
b. naltrexone/bupropion
   (in a combination tablet)
c. orlistat

CRITERIA
BMI ≥30kg/m² or
BMI ≥27 kg/m² with obesity (adiposity) related complications

Bariatric Surgery

ⓘ Procedure should be decided by surgeon in discussion with the patient.

a. Sleeve gastrectomy
b. Roux-en-Y gastric bypass
c. Biliopancreatic diversion with/without duodenal switch

CRITERIA
BMI ≥40 kg/m² or
BMI ≥35 - 40 kg/m² with an obesity (adiposity) related complication or
BMI ≥30 kg/m² with poorly controlled type 2 diabetes

Treating the root causes of obesity is the foundation of obesity management -
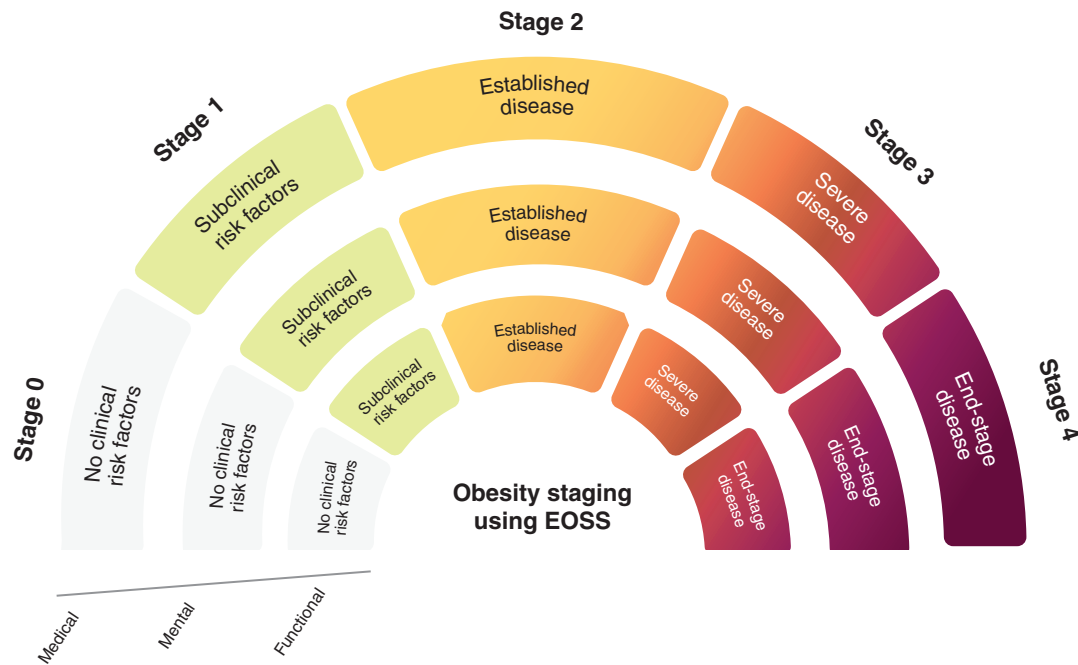**refer to the 4M framework -** *mechanical, metabolic, mental and social milieu*

4 Agree

Agree on realistic expectations, sustainable behavioural goals, and health outcomes. Agree on a personalized action plan that is practical and sustainable, and addresses the drivers of weight gain.

5 Assist

Assist in identifying and addressing drivers and barriers. Provide education and resources. Refer to appropriate providers or interdisciplinary teams (if available). Arrange for regular, timely follow-up.

Stage 2

Stage 1

Stage 3

Stage 0

Stage 4

Obesity staging using EOSS

- Established disease
- Established disease
- Established disease
- Subclinical risk factors
- Subclinical risk factors
- Subclinical risk factors
- No clinical risk factors
- No clinical risk factors
- No clinical risk factors
- Severe disease
- Severe disease
- Severe disease
- End-stage disease
- End-stage disease
- End-stage disease

Medical

Mental

Functional

Obesity staging using recommended classification of BMI*

Category	Body mass index
Underweight	< 18.5
Normal (healthy weight)	18.5–24.9
Overweight	25–29.9
Obesity class I	30–34.9
Obesity class II	35–39.9
Obesity class III	≥40

In people of South, Southeast or East Asian ethnicity metabolic risk is observed at lower BMI values.

EOSS: EDMONTON OBESITY STAGING SYSTEM - *Staging Tool*

STAGE 0

- **NO** sign of obesity-related risk factors
- **NO** physical symptoms
- **NO** psychological symptoms
- **NO** functional limitations

Case Example:

Physically active female with a BMI of 32 kg/m², no risk factors, no physical symptoms, no self-esteem issues, and no functional limitations.

Class I, *Stage 0 Obesity*

EOSS Score

WHO Obesity Classfication

STAGE 1

- Patient has obesity-related **SUBCLINICAL** risk factors
  (borderline hypertension, impaired fasting glucose, elevated liver enzymes, etc.)
  - *OR* -
- **MILD** physical symptoms - patient currently not requiring medical treatment for comorbidities
  (dyspnea on moderate exertion, occasional aches/pains, fatigue, etc.) - *OR* -
- **MILD** obesity-related psychological symptoms and/or mild impairment of well-being
  (quality of life not impacted)

Case Example:

38 year old female with a BMI of 59.2 kg/m², borderline hypertension, mild lower back pain, and knee pain. Patient does not require any medical intervention.

Class III, Stage 1 Obesity

Stage 0 / Stage 1 Obesity

Patient *does not meet clinical criteria for admission* at this time.
Please refer to primary care
for further preventative treatment options.

STAGE 2

- Patient has **ESTABLISHED** obesity-related comorbidities requiring medical intervention
  (HTN, Type 2 Diabetes, sleep apnea, PCOS, osteoarthritis, reflux disease) - *OR* -
- **MODERATE** obesity-related psychological symptoms
  (depression, eating disorders, anxiety disorder) - *OR* -
- **MODERATE** functional limitations in daily activities
  (quality of life is beginning to be impacted)

Case Example:

32 year old male with a BMI of 36 kg/m² who has primary hypertension and obstructive sleep apnea.

Class II, Stage 2 Obesity

STAGE 3

- Patient has **significant** obesity-related end-organ damage (myocardial infarction, heart failure, diabetic complications, incapacitating osteoarthritis) - *OR* -
- **SIGNIFICANT** obesity-related psychological symptoms
  (major depression, suicide ideation) - *OR* -
- **SIGNIFICANT** functional limitations
  (eg: unable to work or complete routine activities, reduced mobility)
- **SIGNIFICANT** impairment of well-being
  (quality of life is significantly impacted)

Case Example:

49 year old female with a BMI of 67 kg/m² diagnosed with sleep apnea, CV disease, GERD, and suffered from stroke. Patient's mobility is significantly limited due to osteoarthritis and gout.

Class III, Stage 3 Obesity

STAGE 4

- **SEVERE** (potential end stage) from obesity-related comorbidities - *OR* -
- **SEVERELY** disabling psychological symptoms - *OR* -
- **SEVERE** functional limitations

Case Example:

45 year old female with a BMI of 54 kg/m² who is in a wheel chair because of disabling arthritis, severe hyperpnea, and anxiety disorder.

Class III, Stage 4 Obesity

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Table 4: Components of the 4Ms Framework for Assessment of Obesity[77]

Category	Complications	Frequency	Investigations	Treatment Notes
Mental Health	Knowledge/cognition	+ + *		
	Expectations	+ + *		
	Self-image	+ + * (F>M)		
	Internalized weight bias	+ + +	This can be accomplished through sensitive questioning/dialogue/motivational interviewing (e.g., "Can you share with me if or how your weight affects your perception of yourself?") or by questionnaire (WBIS). See the chapter Reducing Weight Bias in Obesity Management, Practice and Policy for details.	Unresolved perception of weight bias can have an influence on obesity management. Coping strategies to address internalized weight bias should be incorporated into behavioural interventions, consistent with the principles of cognitive behavioural therapy and acceptance and commitment therapy.
	Mood/anxiety	+ + * (F>M)	PHQ-9, GAD	If starting pharmacotherapy, consider options that do not increase weight (see the chapter Prevention and Harm Reduction of Obesity (Clinical Prevention)
	Addiction	+ + *	Yale Food Addiction Scale	
	Sleep	+ + *		
	Attention	+ + *		
	Personality	+ + *		
Mechanical	Osteoarthritis	+ +	History, X-ray	
	Gout	+ + +	Uric acid level	Avoid steroids if possible
	Sleep apnea	+ + +	STOP BANG sleep apnea questionnaire, Berlin Questionnaire, overnight sleep study	CPAP therapy if indicated
	Plantar fasciitis	+ + *		
	Gastroesophageal reflux	+ +		
	Urinary incontinence	+ + *		
	Intertrigo	+ + *		
	Idiopathic intracranial hypertension (Pseudotumour Cerebri)	+		
	Thrombosis	+		
Metabolic	Type 2 diabetes	+ + +	A1C, fasting glucose	Consider medication options that are weight neutral, promote weight loss
	Hyperlipidemia	+ + +	Total cholesterol, triglycerides, HDL-C	
	Nutritional deficiency	+ + +	25 hydroxy-vitamin D, iron studies, serum B12 level	Vitamin D 1000-3000 units/day, supplement as needed to achieve therapeutic levels
	Gout	+ + +	Uric acid	Avoid prednisone if possible
	Hypertension	+ +	Ensure appropriate cuff size (bladder width 40% of arm circumference, length 80–100% of arm circumference)[54]	DASH diet, consider secondary causes (e.g., sleep apnea, pain) Prioritize medications that affect the renin-angiotensin system, avoid beta blockers as first line

Rueda-Clausen CF, Poddar M, Lear SA, Poirier P, Sharma AM. Canadian Adult Obesity Clinical Practice Guidelines: Assessment of People Living with Obesity. Available from: https://obesitycanada.ca/guidelines/assessment. Accessed March 9, 2022.

	Endocrine			
	PCOS/hypogonadism	+		
	Infertility	+	Total testosterone, estradiol, prolactin, 17 hydroxyprogesterone, LH/FSH, DHEAS, TSH if clinical suspicion of hypothyroidism	Consider metformin if insulin resistant
	Cardiovascular disease	+ +	ECG, ECHO, treadmill/bicycle/nuclear stress test if indicated and if patient able	
	Left ventricular hypertrophy, atrial fibrillation			
	Chronic venous stasis/ulcers/thrombophlebitis			
	Stroke, DVT/PE			
	Neurological			
	Pseudotumor cerebri	+	Hx: Headache, pulsatile tinnitus, papilledema	
	Gastrointestinal disease			
	Fatty liver	++/+++		
	Gallstones	+ + +	Liver enzyme elevation, increased liver stiffness (elastography) abdominal ultrasound, FIB-4 score	
	Oncology	+	Routine cancer screening	Patients with obesity are at high risk for certain cancers and are less likely to be screened due to technical issues with diagnostic testing and delays in seeking medical attention.
	Colorectal, gallbladder, pancreatic, breast, renal, uterine, cervical, prostate			
	Skin			
	Acanthosis, skin tags	+ + +		
	Candida	++*		
	Intertrigo	+*		
	Tinea	+*		
	Folliculitis	+*		
Monetary Health/ "Milieu"	Socioeconomic status	+		
	Education			
	Access to food			
	Occupation			
	Disability			
	Clothing			
	Weight loss programs			
	Access to pharmacotherapy			
	Surgery			
	Vitamins			

+	RR 1–2 (rare) but increased risk with obesity
++	RR 2–3 (uncommon) screen if appropriate
+++	RR >3 (common) screen most patients

PHQ-9: Patient Health Questionnaire-9; GAD: generalized anxiety disorder; CPAP: continuous positive airway pressure; PCOS: polycystic ovarian syndrome; LH/FSH: luteinizing hormone/follicle stimulating hormone; DHEAS: dehydroepiandrosterone; TSH: thyroid stimulating hormone; ECG: electrocardiogram; ECHO: echocardiogram; DVT/PE: deep venous thrombosis/pulmonary embolism; FIB-4 : Fibrosis-4, F: Female; M: Male; RR: Relative Risk; *Depending on patient population.

Rueda-Clausen CF, Poddar M, Lear SA, Poirier P, Sharma AM. Canadian Adult Obesity Clinical Practice Guidelines: Assessment of People Living with Obesity. Available from: https://obesitycanada.ca/guidelines/assessment. Accessed March 9, 2022.

Table 8: Summary of Weight-Promoting Medications and Alternate Therapies

Category	Class	Name	Weight gain	Alternative therapy
Antihyperglycemics	Insulins	Insulin	↑↑	Biguanide (metformin) DPP4i (alogliptin, linagliptin, sitagliptin, saxagliptin) GLP1 analogs (exenatide, liraglutide, dulaglutide, semaglutide) AGI (acarbose, miglitol) SGLT2 inhibitors (canagliflozin, dapagliflozin, empagliflozin) Pioglitazone/metformin* Glipizide/metformin* Glyburide/metformin*
	Thiazolidinedione	Pioglitazone	↑↑	
	Sulfonylureas	Glipizide	↑	
		Glyburide	↑↑	
		Glimepiride	↑↑	
		Chlorpropamide Tolbutamide Gliclazide	↑↑ ↑↑ ↑↑	
	Meglitinides	Repaglinide	↑	
Antidepressants	Tricyclics	Amitriptyline Doxepin Imipramine Nortriptyline	↑↑↑ ↑↑↑ ↑↑ ↑↑	Bupropion Nefazodone Duloxetine Venlafaxine Desvenlafaxine Trazodone Levomilnacipran Vilazodone Vortioxetine Selegiline (topical MAOIs) Fluvoxamine (variable weight effect)
	Atypical	Mirtazapine	↑↑	
	MAOIs	Phenelzine Tranylcypromine	↑↑↑ ↑↑↑	
	Selective Serotonin Reuptake Inhibitors (SSRIs)	Sertraline Paroxetine Citalopram Escitalopram Fluoxetine	↑ ↑↑ ↑↑↑ ↑↑ ↑↑↑	
	Lithium	Lithium	↑↑	
Antipsychotics		Haloperidol Loxapine Clozapine Chlorpromazine Fluphenazine Risperidone Olanzapine Quetiapine Iloperidone Sertindole	↑↑ ↑↑ ↑↑ ↑↑ ↑↑ ↑ ↑↑ ↑↑ ↑↑ ↑	Ziprasidone Lurasidone Aripiprazole
Anticonvulsants		Valproic Acid Carbamazepine Gabapentin	↑↑↑ ↑↑↑ ↑↑↑	Topiramate Zonisamide Lamotrigine
Corticosteroids	Oral steroids	Prednisone Prednisolone Cortisone	↑↑↑ ↑↑↑ ↑↑↑	Budesonide NSAIDs
	Inhaled steroids	Ciclesonide Fluticasone	↑ ↑	
Hormone replacement therapy	Estrogens Progestogens		↑↑ ↑	
Antihistamines		Diphenhydramine	↑	Oxymetazoline
Beta blockers		Propranolol	↑	ACEi ARBs CCBs (may cause fluid retention) Timolol
		Metoprolol Atenolol	↑ ↑↑	
Antihypertensive		Clonidine	↑	Prazosin ACEi ARBs Diuretics

DPP4i: Inhibitors of dipeptidyl peptidase 4; GLP-1: Glucagon-like peptide-1 receptor agonists; NSAIDs: Nonsteroidal anti-inflammatory drugs: SGLT-2: Sodium glucose co-transporter 2; AGI: Alpha-glucosidase inhibitor; ACEi: Angiotensin converting inhibitors; ARBs: Angiotensin II receptors blockers; CCBs: Calcium channel blockers; MAOIs: Monoamine oxidase inhibitors; SSRIs: Selective serotonin reuptake inhibitors;*Combination therapy is less likely to cause weight gain; ↑/↑ variable reported effect; ↑ up to 5 kg weight gain; ↑↑ 5 to 10 kg weight gain; ↑↑↑ more than 10 kg weight gain.

Rueda-Clausen CF, Poddar M, Lear SA, Poirier P, Sharma AM. Canadian Adult Obesity Clinical Practice Guidelines: Assessment of People Living with Obesity. Available from: https://obesitycanada.ca/guidelines/assessment. Accessed April 21, 2022.

Gestational Weight Gain
CHARTS

A tool for health care providers to support women in having healthy weights when planning a pregnancy, during pregnancy, and postpartum.

www.perinatalservicesbc.ca

Pre-Pregnancy BMI	Weight Gain (kg)	Weight Gain (lb)	Monitoring
Less than 18.5	12.5 - 18.0	28 – 40	Use chart with green shading
18.5 - 24.9	11.5 - 16.0	25 – 35	Use chart with blue shading
25.0 - 29.9	7.0 – 11.5	15 – 25	Use chart with yellow shading
30 or greater*	5.0 - 9.0	11-20	Use chart with orange shading

* Women with a BMI of 35 or greater may have personalized weight gain recommendations that are lower than this range. Health care providers are to determine individualized, healthy weight patterns for women with a BMI of 35 or greater.

Body Mass Index (BMI) = weight (kg)/ [height (m)]^2.
To calculate BMI, use Health Canada's Nomogram:
www.hc-sc.gc.ca/fn-an/nutrition/weights-poids/guide-ld-adult/bmi_chart_java-graph_imc_java-eng.php

Multiple Gestations:
Women pregnant with twins:

Pre-Pregnancy BMI	Weight Gain (kg)	Weight Gain (lb)
18.5 – 24.9	17 - 25	37 – 54
25 – 29.9	14 – 23	31 – 50
30 or greater	11 – 19	25 – 42

Currently Health Canada does not have recommendations for women with a BMI less than 18.5 who are pregnant with twins.
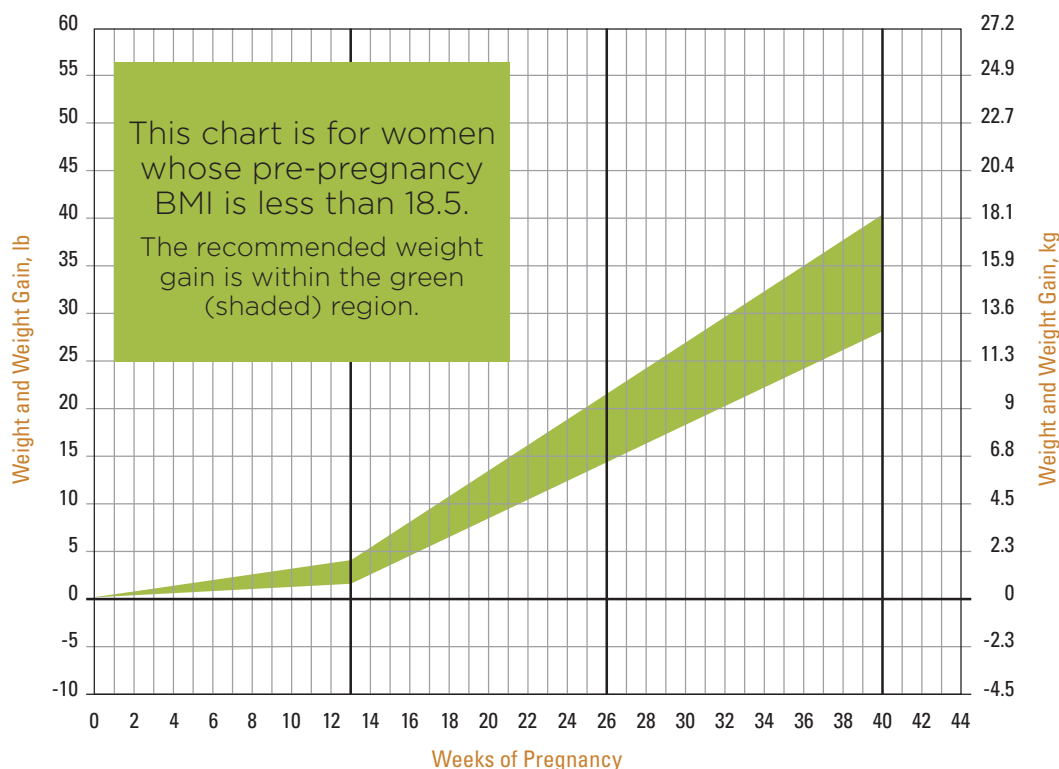
Currently Health Canada does not have recommendations for gestations of three or more babies. However, higher weight gain than with a twin pregnancy is expected.

Gestational Weight Gain
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The "right" amount of weight to gain during pregnancy is a balance based on avoiding the risks associated with too little and too much weight gain. There is no "one-size-fits-all" recommendation. Generally, it is recommended that most women follow the guidelines below. Health care providers can use the guidelines to determine a healthy weight pattern for individual women.

This chart is for women whose pre-pregnancy BMI is less than 18.5.

The recommended weight gain is within the green (shaded) region.

Weight and Weight Gain, lb (y-axis left): 60, 55, 50, 45, 40, 35, 30, 25, 20, 15, 10, 5, 0, -5, -10

Weight and Weight Gain, kg (y-axis right): 27.2, 24.9, 22.7, 20.4, 18.1, 15.9, 13.6, 11.3, 9, 6.8, 4.5, 2.3, 0, -2.3, -4.5

Weeks of Pregnancy (x-axis): 0, 2, 4, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24, 26, 28, 30, 32, 34, 36, 38, 40, 42, 44

Pre-Pregnancy BMI:
Less than 18.5

Weight Gain (kg):
12.5 - 18.0

Weight Gain (lb):
28-40

Weight Gain Review

Date	Comments

Calculating Body Mass Index (BMI)

BMI = weight (kg) ÷ [height (m)]² or [weight (lb) x 703] ÷ [height (in)]²

1. Take your weight in pounds and multiply by 703: **___ (lb) x 703 = ___**

2. Multiply your height in inches by itself: **___ (inches) x ___ (inches)**

3. Divide your answer in 1 by your answer in 2. This is your BMI.
   e.g. A woman who is 145 lb and 5 foot 5 inches would have a BMI of $\frac{(145 \times 703)}{65 \times 65}$ = **24.1 BMI**

Healthy eating and being active most days are the best ways to promote a healthy weight and a healthy pregnancy.
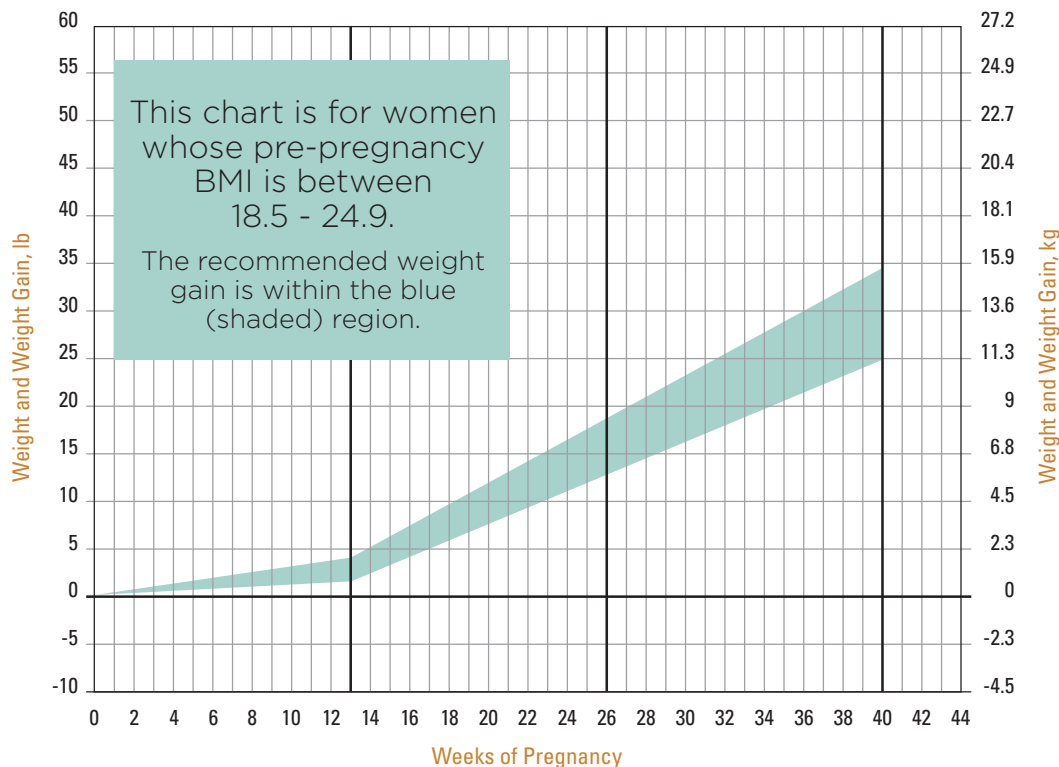
For more information on healthy eating, physical activity, and healthy weight during pregnancy and postpartum go to **www.healthyweightBC.ca**

Gestational Weight Gain
CHARTS

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This chart is for women whose pre-pregnancy BMI is between 18.5 - 24.9.

The recommended weight gain is within the blue (shaded) region.

Pre-Pregnancy BMI:
18.5 - 24.9

Weight Gain (kg):
11.5 - 16.0

Weight Gain (lb):
25 - 35

Weight Gain Review

Date	Comments

Calculating Body Mass Index (BMI)

BMI = weight (kg) ÷ [height (m)]² or [weight (lb) x 703] ÷ [height (in)]²

1. Take your weight in pounds and multiply by 703:   ___ **(lb) x 703 =** ___

2. Multiply your height in inches by itself: ___ **(inches) x** ___ **(inches)**

3. Divide your answer in 1 by your answer in 2. This is your BMI.
   e.g. A woman who is 145 lb and 5 foot 5 inches would have a BMI of $\frac{(145 \times 703)}{65 \times 65}$ = **24.1 BMI**

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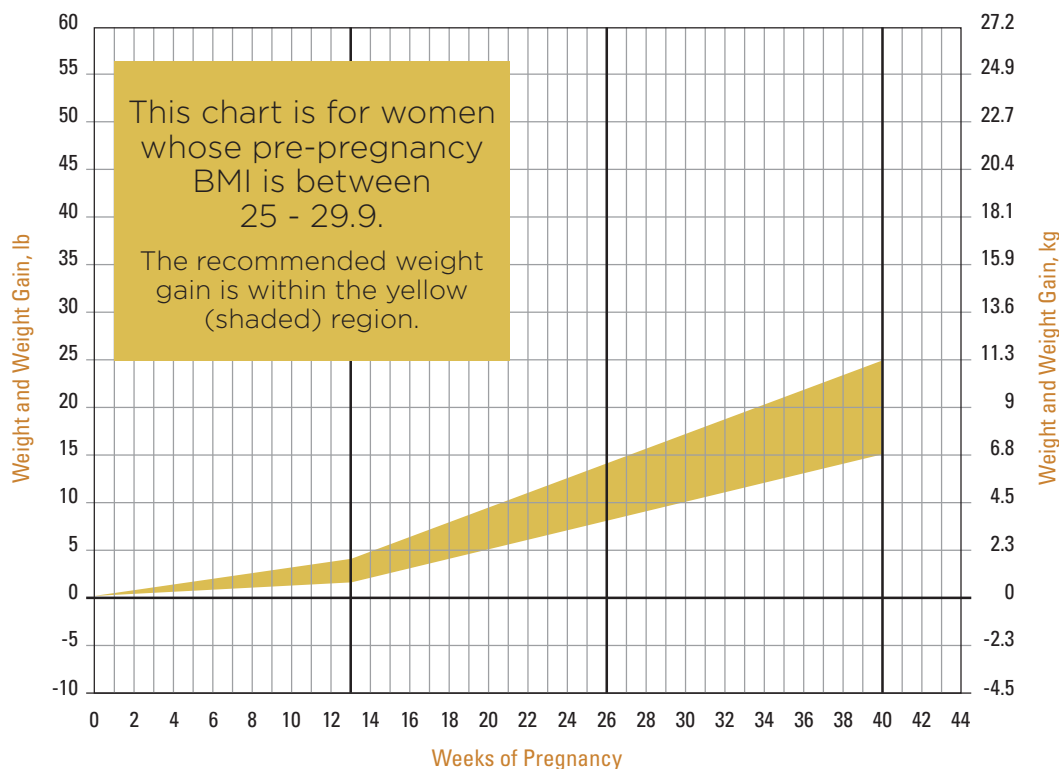
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This chart is for women whose pre-pregnancy BMI is between 25 - 29.9.

The recommended weight gain is within the yellow (shaded) region.

Weight and Weight Gain, lb (left axis) / **Weight and Weight Gain, kg** (right axis)

Weeks of Pregnancy (horizontal axis)

Pre-Pregnancy BMI:
Greater than 25.0 - 29.9

Weight Gain (kg):
7.0 - 11.5

Weight Gain (lbs):
15 - 25

Weight Gain Review

Date	Comments

Calculating Body Mass Index (BMI)

BMI = weight (kg) ÷ [height (m)]² or [weight (lb) x 703] ÷ [height (in)]²

1. Take your weight in pounds and multiply by 703:   ___ **(lb) x 703 = ___**

2. Multiply your height in inches by itself: ___ **(inches) x ___ (inches)**

3. Divide your answer in 1 by your answer in 2. This is your BMI.
   e.g. A woman who is 145 lb and 5 foot 5 inches would have a BMI of $\frac{(145 \times 703)}{65 \times 65}$ = **24.1 BMI**

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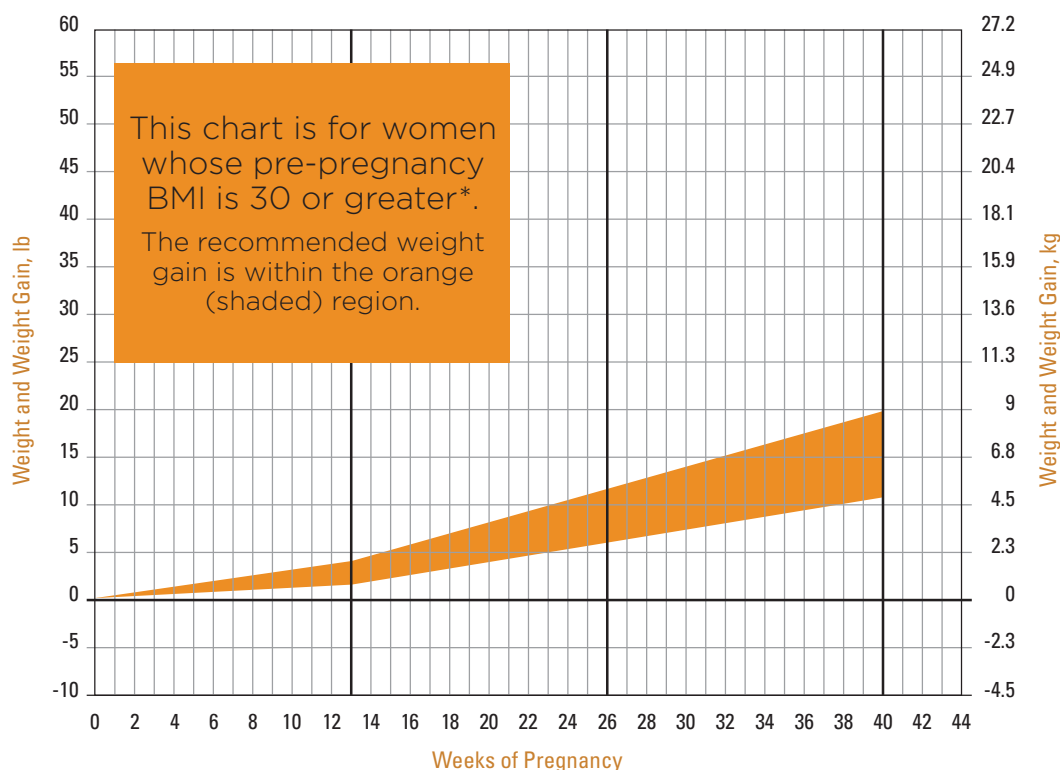
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This chart is for women whose pre-pregnancy BMI is 30 or greater*.
The recommended weight gain is within the orange (shaded) region.

Weight and Weight Gain, lb (left axis) / *Weight and Weight Gain, kg* (right axis) — *Weeks of Pregnancy* (x-axis)

Pre-Pregnancy BMI:
30 or greater

Weight Gain (kg):
5.0 - 9.0

Weight Gain (lbs):
11 - 20

Weight Gain Review

Date	Comments

* Women with a BMI of 35 or greater may have personalized weight recommendations that do not follow this chart.

Calculating Body Mass Index (BMI)

BMI = weight (kg) ÷ [height (m)]² or [weight (lb) x 703] ÷ [height (in)]²

1. Take your weight in pounds and multiply by 703: ___ (lb) x 703 = ___
2. Multiply your height in inches by itself: ___ (inches) x ___ (inches)
3. Divide your answer in 1 by your answer in 2. This is your BMI.
   e.g. A woman who is 145 lb and 5 foot 5 inches would have a BMI of $\frac{(145 \times 703)}{65 \times 65}$ = **24.1 BMI**

Healthy eating and being active most days are the best ways to promote a healthy weight and a healthy pregnancy.

For more information on healthy eating, physical activity, and healthy weight during pregnancy and postpartum go to **www.healthyweightBC.ca**

Table 1: Assessment of Clinical Space Checklist

Type of space	Considerations
Waiting Areas	
Reading material, health promotion posters and artwork	✓ Avoid images and content that could stigmatize, exclude and/or discriminate against individuals with obesity
Seating (chairs, stools and sofas)	✓ Adequate weight capacity (minimum 136 kg/300 lb) ✓ Chairs with and without armrests ✓ 15–20 cm spacing between chairs ✓ Chair width greater than 51 cm ✓ Chair seat depth greater than 46 cm ✓ Firm cushions ✓ Seat height minimum 41 cm ✓ Mix of chairs so that there is not a perceived section for people with obesity that is separate from other seating
Washroom	
Toilet	✓ Minimum weight capacity of 136 kg ✓ Floor mounted ✓ Ensure enough room surrounding toilet to allow for sitting or straddling of toilet ✓ Professionally installed, wall-mounted grab bars nearby to support getting on and off the toilet ✓ Split (U-shaped) toilet seat ✓ Consider placement of toilet paper roll within reach (i.e., not behind toilet)
Specimen container	✓ Urine specimen container with handle
Examination rooms	
Weigh scale	✓ Minimum weight capacity of 227 kg (500 lbs) ✓ Wide standing surface ✓ Supportive handlebars on scale or professionally installed wall-mounted grab bars close by ✓ Built-in ramp for wheelchair or individuals with mobility difficulties ✓ Seating and long-handled shoehorn nearby ✓ Located in an area that provides privacy
Exam table	✓ Minimum weight capacity 227 kg ✓ Firm cushioned surface ✓ Wide enough to support various body shapes ✓ Positioned close to structures such as wall-mounted grab bars ✓ Step stool (see below)
Step stool	✓ Minimum weight capacity 227 kg ✓ Wide surface ✓ Equipped with supportive handlebar(s)
Clinic equipment	
Gowns	✓ Have a range of large sizes available
Blood pressure cuffs	✓ Large and extra-large cuffs readily available
Tape measure	✓ Appropriate length for waist and hip circumference measurement ✓ Available up to 304 cm long
Needles	✓ 5 cm safety needles available for intra-muscular injection
Speculum	✓ Large or extra-large speculum ✓ Available with 17.8 cm blade
Phlebotomy	✓ Longer tourniquet up to 81 cm long

Adapted from *Equipment and Environment Checklist for Offices and Clinical Settings: Creating an inclusive environment for people with overweight and obesity* developed by the Alberta Health Services Provincial Bariatric Resource Team.

Forhan M, Grand C, Hung P. Canadian Adult Obesity Clinical Practice Guidelines: Enabling Participation in Activities of Daily Living for People Living with Obesity. Available from: https://obesitycanada.ca/guidelines/participation. Accessed March 9, 2022.

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CPCSSN RCSSSP
Canadian Primary Care Sentinel Surveillance Network
Réseau canadien de surveillance sentinelle en soins primaires

NAPCReN

The Northern Alberta Primary Care Research Network (NAPCReN)

The Northern Alberta Primary Care Research Network (NAPCReN) is a family physician and multidisciplinary collaboration of researchers and clinicians in primary care. We are working together to improve practice by evaluating our practices and addressing questions that arise from our clinical practice.

NAPCReN is one of the primary care research networks from across Canada that contributes data to the Canadian Primary Care Sentinel Surveillance Network (CPCSSN – see https://cpcssn.ca/), a multi-disease electronic medical record-based surveillance system in Canada. CPCSSN collects data on chronic diseases to help understand the epidemiology of disease in primary care contexts and improve patient outcomes and health system processes. This information is shared with governments, planners, health care practitioners and researchers.

Primary care providers who join NAPCReN/CPCSSN will contribute to a dynamic research initiative, which has research ethics board approval and adheres to stringent privacy guidelines.

Why should I contribute my EMR DATA to NAPCReN/CPCSSN?
NAPCReN/CPCSSN cleans and structures your EMR data which can then be used to evaluate, inform and improve your practice. Through validated algorithms your EMR data can correctly identify patients with chronic conditions which then can be used for quality improvement and approved research projects. Individualized feedback reports can inform how you are managing chronic conditions in you practice.

What about privacy and security?
No data that can identify patients or their care providers will be part of the regional or national databases. Organizational, physical, and technological safeguards are implemented to ensure that privacy is protected. Medical information is extracted, de-identified and then sent to a server where it remains safely stored in a highly secure facility.

What is my time commitment?
Only the time it takes to read and sign consent and data sharing agreements.

What EMR's can participate?
- Med Access
- Wolf
- Practice Solutions
- Healthquest
- Accuro

For more information or to join NAPCReN, please contact Allison Boileau at

aboileau@ualberta.ca

Links to Tools & Resources

The 5AsT Program – Access to free, downloadable tools, and our 5AsT Toolkit; educational videos on weight bias, emotional eating, clinical assessment of obesity related risk, pregnancy, culture and the body, 5As of Obesity Management, prevention of weight gain, sustaining change, depression, and anxiety; links to published research

- https://obesitycanada.ca/5as-team/
- Medication Reference Card
- Expectations of Weight Loss

Obesity Canada – Includes links to the guideline chapters, publications, events, and initiatives and information for the public, patients, and people living with obesity as well as tools and resources.

- https://obesitycanada.ca/
- https://obesitycanada.ca/guidelines/chapters/

OC Connect is a Mighty Networks community for anyone affected by obesity to meet and discuss their experience, ask questions and more.

OC Connect Pro is a TimedRight discussion forum for healthcare professionals to discuss the new *Canadian Adult Obesity Clinical Practice Guidelines*, obesity management strategies and more. (Note: This community is for healthcare professionals only).
- https://obesitycanada.ca/oc-news/join-oc-connect/

Training Workshops

The 5As Team have developed a comprehensive educational program that was developed, piloted, and refined for use with medical residents, physicians, and interdisciplinary team members. We have now adapted this training program for the virtual environment. Our virtual course uses a flipped classroom design. Participants will be provided with pre-recorded content videos to watch before attending live, interactive sessions, where they will have the opportunity to ask questions, interact in case-based discussions, and practice skills that they can use in their practice.

For more information or to be added to the waitlist for our **upcoming workshop in October 2022** contact:

Melanie Heatherington
Program Coordinator
mnoakes@ualberta.ca
780-492-8987