



## Summary for healthcare professionals

Obesity is a complex, chronic, relapsing condition arising from interacting genetic, biological, behavioural and environmental drivers. Overweight and obesity are risk factors for many subtypes of cardiovascular disease (CVD) including atrial fibrillation, coronary heart disease, heart failure, peripheral arterial disease and stroke.

Priority populations experience a disproportionate burden of overweight/obesity and CVD. These include culturally and linguistically diverse communities, First Nations peoples, people living in rural and remote areas, people experiencing socioeconomic disadvantage, people living with a mental health condition and women.

### Diagnosis and assessment

Body mass index (kg/m<sup>2</sup>)



**Waist circumference**  
(increased cardiometabolic risk:  
women ≥ 80 cm;  
men ≥ 94 cm)

or

**Waist-to-height ratio**  
(increased cardiometabolic risk: ≥ 0.5)

or

**Waist-to-hip ratio**  
(increased cardiometabolic risk:  
women ≥ 0.85;  
men ≥ 0.90)

#### Weight stigma

Put strategies in place to address weight stigma (e.g. clinical environment caters for all sizes, person-first language)

BMI may not be an accurate measure of excess adiposity in some people. Apply population-specific thresholds where relevant or use waist-to-height ratio.



"Aim for a waist circumference less than half your height."

#### Consider cardiovascular-kidney-metabolic (CKM) syndrome

Screen all people with overweight/obesity for metabolic risk factors associated with CKM syndrome, including glycaemic status, lipids, and liver and kidney function.

### Cardiometabolic health assessment

- weight history and underlying contributing factors
- behavioural risk factors (e.g. nutrition, physical activity, smoking, alcohol)
- metabolic markers (e.g. blood pressure, lipids, blood glucose)
- family history of obesity, CVD or type 2 diabetes
- organ dysfunction (e.g. liver dysfunction, early nephropathy, left ventricular hypertrophy)
- comorbidities/obesity complications (e.g. obstructive sleep apnoea)
- sex-specific considerations (e.g. history of gestational diabetes)



### Management: behaviour modifications

#### Nutrition

- Recommend a heart-healthy eating pattern to reduce cardiovascular risk.



"A heart-healthy eating pattern matters more than any single food."

- To achieve weight loss, some adults may require a heart-healthy eating pattern with reduced energy intake (at least 2000 kJ/day deficit from estimated daily energy requirements).

- If more rapid weight loss is required, consider a low energy diet (total 4200–7000 kJ/day) or very low energy diet under clinical supervision (total 2700–3700 kJ/day).

#### Physical activity

- Encourage regular movement and limited sedentary time across the day.



- Recommend 30 mins of moderate-to-vigorous activity on most days of the week and resistance training 2–3 times/week.



"Aim for at least 7,000 steps per day."

- People with established CVD should undergo pre-exercise screening before commencing a moderate-to-vigorous physical activity program.

