

Defining overweight and obesity



There are several accurate methods for measuring body fat. However, because precise measures of body fat are often expensive and not readily available, body mass index (BMI) is the most widely accepted method. BMI describes relative weight for height. The National Institutes of Health and other credible expert groups use the BMI classifications provided below.

BMI Classifications

Underweight: BMI = Less than 18.5

Normal: BMI = 18.5–24.9

Overweight: BMI = 25.0–29.9

Class I Obesity: BMI = 30.0–34.9

Class II Obesity: BMI = 35.0–39.9

Class III Obesity (Extreme Obesity): BMI = 40.0 or greater

There are limitations to using BMI as a measure of body fat. Be aware that these interpretations of BMI may not apply to very muscular individuals. Because muscle tissue is heavier than fat tissue, very muscular people may be falsely classified as overweight or even obese. Also, note that a BMI of 30.0 or more is used to define obesity for both men and women, even though at equal BMIs, women typically have more body fat than men. In women, a BMI as low as 21.0 may be associated with the greatest protection from coronary heart disease death. Asians could be at higher risk for cardiovascular disease and type 2 diabetes if their BMI is 23 or higher.



Activity: What is your BMI?¹

BMI is estimated using this formula:

$$\frac{\text{weight (kilograms)}}{\text{height (meters)}^2} \text{ or } \frac{\text{weight (pounds)}}{\text{height (inches)}^2} \times 703$$

Use the Centers for Disease Control and Prevention's online calculator to estimate your BMI:

<https://www.cdc.gov/bmi/adult-calculator/index.html>

Your weight:

 lbs

Your height:

 ft in

Your BMI =

Waist circumference

Waist circumference is an indicator of how much fat is stored in the abdomen. There is credible evidence that increases in abdominal fat (out of proportion to total body fat) are associated with an increased risk of cardiovascular disease, type 2 diabetes, high blood pressure and certain other chronic conditions. A high waist circumference can also be an indicator for increased risk even in people of normal weight.

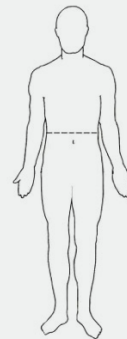
Men and post-menopausal women tend to store fat in the abdominal regions of their bodies. Pre-menopausal women usually store fat in their hips, buttocks and thighs.

For men, a waist circumference of greater than 40 inches (102 centimeters) is associated with increased risk for chronic diseases. Women have increased risk for chronic diseases with a waist circumference of greater than 35 inches (88 centimeters). Lower waist measurements — 31 inches (78 centimeters) or greater for women and 35 inches (88 centimeters) or greater for men — could be appropriate cut-points for Asians.



Activity: Your waist circumference

What is your waist circumference in inches or centimeters?



*Please note that the waist measurement should be taken at the top of the hip bone.



Activity: Beyond BMI — assess your health risks

It is important to consider your overall health when making decisions about weight loss and weight management. Mark any diseases and/or risk factors that you currently have.

Disease conditions

Overweight people with any of these conditions are at very high risk for disease complications and death.

- | | |
|--|--|
| <input type="checkbox"/> Known coronary heart disease (the atherosclerotic disease that causes most heart attacks) | <input type="checkbox"/> Type 2 diabetes |
| <input type="checkbox"/> Other atherosclerotic diseases, such as carotid and peripheral arterial disease | <input type="checkbox"/> Sleep apnea (breathing stops for brief periods many times during the night) |

Other obesity-associated diseases

- | | |
|---|--|
| <input type="checkbox"/> Infertility and gynecological problems | <input type="checkbox"/> Gallstones and gall bladder disease |
| <input type="checkbox"/> Osteoarthritis | <input type="checkbox"/> Stress incontinence (leaking urine when coughing, laughing or sneezing) |

Cardiovascular risk factors

Overweight people with two or more of the following risk factors are considered at especially high risk for chronic disease, disability and death. In overweight people, control of cardiovascular risk factors deserves as much emphasis as weight loss. Reduction of risk factors will reduce the risk for cardiovascular disease whether or not efforts at weight loss are successful.

- | | |
|---|---|
| <input type="checkbox"/> Cigarette smoking | <input type="checkbox"/> Family history of premature coronary heart disease |
| <input type="checkbox"/> High blood pressure (systolic blood pressure of 140 mmHg or higher and/or diastolic blood pressure of 90 mmHg or higher) | <input type="checkbox"/> Age (men 45 years or older; women 55 years or older) |
| <input type="checkbox"/> Elevated LDL ("bad") cholesterol (130 mg/dL or higher or 3.4 mmol/L or higher) | <input type="checkbox"/> Physical inactivity - People with sedentary jobs who don't participate in moderate- to vigorous-intensity aerobic exercise (such as brisk walking) at least three times a week for at least 30 minutes |
| <input type="checkbox"/> Low HDL ("good") cholesterol (below 40 mg/dL or 1 mmol/L in men and below 50 mg/dL or 1.3 mmol/L in women) | <input type="checkbox"/> Elevated triglycerides (150 mg/dL or higher or 1.7 mmol/L or higher) |
| <input type="checkbox"/> Fasting blood glucose of 100 mg/dL (5.6 mmol/L) or higher and/or A1C of 5.7% or higher | |

A realistic goal weight

For most overweight people, a realistic initial goal is to lose five to 10 percent of their current weight over three to six months. Focusing on thinness may lead overweight people to try to achieve a weight that is unrealistic or even impossible to maintain, given genetic and physiological factors. The choice of a best target weight and rate of weight loss depends on many factors, including age, family history, desired weight and present health status.

Small weight losses often have significant positive effects on health. Although greater weight losses produce greater benefits, sustained weight loss of as little as five percent can produce very meaningful health benefits for overweight people.

Monitoring weight

Individuals trying to lose weight should weigh themselves no more than twice each week. Monday and Friday are excellent days for monitoring because this allows an individual to assess how their habits are different on weekdays versus weekend days. Weighing oneself more frequently when trying to lose weight can be frustrating if weight loss is slower than expected or if weight plateaus. For consistency, weight should always be taken about the same time of day, on the same scale and under the same conditions. For example, some people weigh themselves first thing in the morning after going to the bathroom while nude or dressed in underwear.

When trying to maintain weight loss, individuals should weigh themselves every day.

By weighing frequently, individuals can take immediate steps to adjust eating and physical activity if a little weight is gained. There is no reason to ever gain more than a pound or two (0.5 to 1 kilogram) before taking action to get weight back to a desired goal.

Maintaining weight loss

Once individuals achieve their weight loss goal, keeping the weight off becomes the next challenge. Studies indicate that maintaining weight loss over a long period is difficult. In fact, most people who lose weight regain it within three to five years.

Overweight, like other chronic conditions, requires long-term care. Losing weight can be exciting and socially rewarding, but maintaining weight loss demands equal, if not greater, effort and often brings less immediate gratification. Effective weight management calls for a different set of skills than those used during the weight loss phase.

Weight cycling

Weight cycling is the repeated loss and regain of body weight. When weight cycling is the result of dieting, it is often called “yo-yo” dieting. A weight cycle can range from small weight losses and gains (5 to 10 pounds or about 2 to 4 kilograms) to large changes in weight (50 or more pounds or 23 or more kilograms per cycle). At this time, no conclusive studies have shown that weight cycling is harmful to the health of people living with overweight or obesity. Although further research is needed, overweight people should not let the fear of regaining weight stop them from trying to achieve a realistic weight goal.

References:

1. Centers for Disease Control and Prevention. “Adult BMI Calculator.” Centers for Disease Control and Prevention, U.S. Department of Health & Human Services, <https://www.cdc.gov/bmi/adult-calculator/index.html>. Accessed 30 October 2024.

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