



Weight management: BMI calculation in preceding 5 years

NICE indicator

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www.nice.org.uk/indicators/ind167

Indicator

The percentage of patients aged 18 or over who have had a record of a BMI being calculated in the preceding 5 years (and after their 18th birthday).

Indicator type

General practice indicator suitable for use in the Quality and Outcomes Framework.

This document does not represent formal NICE guidance. For a full list of NICE indicators, see our [menu of indicators](#)

To find out how to use indicators and how we develop them, see our [NICE indicator process guide](#)

Rationale

The aim of this indicator is to encourage practices to record baseline BMI in adult patients (aged 18 years and over as of 1 April 2017) and for this to be updated at 5 yearly intervals.

NICE's guideline on obesity recommends using BMI as a practical estimate of adiposity in adults. Recording waist circumference may also be useful in addition to BMI in people with a BMI of less than 35 kg/m². Calculating BMI on a regular basis will enable primary care to not only identify people who are overweight or obese, but also provide a baseline against which to assess any unexplained weight loss.

The Royal College of Physicians report Actions on obesity notes in the that primary care has a key role in the management of obesity through the assessment of risk and morbidity, and facilitating access to weight management support. NICE guidance recommendations for classification of the degree of overweight or obesity and appropriate weight management support are detailed in the tables below:

Base the level of intervention to discuss with the patient initially as follows (NICE's guideline on obesity recommendations 1.2.15 and 1.2.16):

Discuss and agree the level of intervention with adults who:

- are living with overweight or obesity **or**
- have increased health risk based on their waist-to-height ratio.

Take into account people's individual needs and preferences, and factors such as weight-related comorbidities, ethnicity, socioeconomic status and family medical history, and special educational needs and disabilities (SEND).

Offer a higher level of intervention to people with weight-related comorbidities. Adjust the approach depending on the person's clinical needs.

Define the degree of overweight or obesity in adults as follows (NICE's guideline on obesity recommendations 1.2.7 and 1.2.8):

- healthy weight: BMI 18.5 kg/m² to 24.9 kg/m²
- overweight: BMI 25 kg/m² to 29.9 kg/m²

- obesity class 1: BMI 30 kg/m² to 34.9 kg/m²
- obesity class 2: BMI 35 kg/m² to 39.9 kg/m²
- obesity class 3: BMI 40 kg/m² or more.

Use clinical judgement when interpreting the healthy weight category because a person in this category may nevertheless have central adiposity. See [Public Health England's guidance on obesity and weight management for people with learning disabilities](#) for information on reasonable adjustments that may need to be made.

People with a South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean family background are prone to central adiposity and their cardiometabolic risk occurs at lower BMI, so use lower BMI thresholds as a practical measure of overweight and obesity:

- overweight: BMI 23 kg/m² to 27.4 kg/m²
- obesity: BMI 27.5 kg/m² or above.

For people in these groups, obesity classes 2 and 3 are usually identified by reducing the thresholds highlighted in recommendation 1.2.7 by 2.5 kg/m².

Source guidance

[Obesity: identification, assessment and management. NICE guideline CG189 \(2022\)](#), recommendations 1.2.1 and 1.2.4.

Specification

Numerator: The number of patients in the denominator who have had a record of a BMI being calculated in the preceding 5 years (and after their 18th birthday).

Denominator: The number of patients aged 18 or over registered at a GP practice.

Calculation: Numerator divided by the denominator, multiplied by 100.

Exclusions: None.

Weight management: BMI calculation in preceding 5 years (IND167)

Minimum population: The indicator would be appropriate to assess performance at individual general practice level.

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