Understanding obesity and treatment options

A patient education guide for a respectful, health-first conversation

General health information only. This guide does not diagnose a condition or replace an assessment by a qualified clinician.

Start with the bigger picture

Obesity is a chronic health condition influenced by biology, sleep, stress, medications, food access, environment and many other factors. Health goals can include mobility, energy, sleep, metabolic health, mood and quality of life — not only a number on a scale.

BMI is a tool, not a diagnosis

Body mass index (BMI) is calculated from height and weight. It is useful as one screening measure, but it does not directly measure body fat, body composition, health, culture or lived experience. It can be less accurate for highly muscular adults, older adults and some racialized populations. A clinician may interpret BMI alongside waist circumference, health conditions, function, medications and goals.

Waist circumference adds context

Central adiposity can be relevant to cardiometabolic risk. Traditional Canadian reference points often use 102 cm for men and 88 cm for women, but these are approximate and not universal. Ethnicity-specific thresholds, body type, pregnancy and clinical context can change how a measurement is interpreted. A waist measurement is not a diagnosis or a verdict about treatment.

Assessment may include

• Permission before discussing weight or taking measurements.

• Weight and appetite history, sleep, stress, mood, eating concerns and medications.

• Blood pressure, glucose or A1C, lipids, liver health, sleep, mobility and mental health when clinically indicated.

• The 4Ms: mental, mechanical, metabolic and milieu (the context around health).

• A clinician tool such as the Edmonton Obesity Staging System to consider complications and function; it is not a score to calculate at home.

Clinically reviewed by Dr. Eduardo Jacques · 20 November 2026

The 5As conversation

Ask	Assess	Advise	Agree	Assist
Ask permission to discuss weight, health or measurements.	Explore causes, complications, function, access and readiness.	Review evidence-informed options and realistic expectations.	Choose goals and a plan that fit your values and life.	Arrange education, referrals, monitoring and follow-up.

Health-first treatment menu

A plan may combine nutrition, movement, sleep support, mental-health care, medication, physiotherapy, dietitian support, community resources or specialist referral. The right combination depends on goals, safety, previous experiences, culture, access and affordability.

Mobility and function

Movement can be valuable even when weight does not change. Discuss pain, breathlessness, strength, balance, walking, transfers, work and activities you want to reclaim. Physiotherapy, occupational therapy, pacing, accessible equipment and gradual strength work may help when disability, pain or deconditioning are present.

Nutrition and context

• There is no single correct eating pattern. Culture, food access, budget, cooking facilities, appetite, health conditions and family routines matter.

• Protein and nutritional adequacy may matter during weight loss or reduced appetite; a dietitian can help tailor advice.

• Sleep, stress, mood, trauma, neurodiversity and eating disorders can change what support is safe and useful.

• Weight bias is a health barrier. You can request privacy, accessible equipment, respectful language and consent before measurements.

Clinically reviewed by Dr. Eduardo Jacques · 20 November 2026

Medication discussion topics

Canadian guidance commonly discusses anti-obesity medication for adults with BMI 30 kg/m² or higher, or BMI 27 kg/m² or higher with an adiposity-related complication, alongside health behaviour support. These are conversation prompts, not an automatic prescription or a guarantee of coverage.

Class or medicine	Discussion focus
Semaglutide (GLP-1 receptor agonist)	Appetite, fullness, glucose, gastrointestinal effects, interactions, pregnancy plans, monitoring, cost and what happens if treatment stops.
Tirzepatide (GIP + GLP-1 agonist)	Dual hormone pathways, appetite and glucose effects, tolerability, monitoring, access and long-term planning.
Liraglutide (GLP-1 receptor agonist)	Daily treatment context, appetite response, adverse effects, preferences and follow-up.
Naltrexone/bupropion (combination tablet)	Cravings, mood, blood pressure, interactions, contraindications and monitoring.
Orlistat (fat-absorption inhibitor)	Gastrointestinal effects, fat-soluble vitamins, interactions and practical tolerability.

Bariatric and metabolic surgery

Sleeve gastrectomy, Roux-en-Y gastric bypass and other procedures can improve health for some people. Ontario programs use physician referral and interdisciplinary assessment. Surgery requires informed consent, nutrition and vitamin planning, medication review and long-term follow-up. Meeting a BMI threshold does not guarantee acceptance or a particular result.

Care and coverage in Ontario

• OHIP-insured physician visits and medically necessary hospital services may be covered when eligibility requirements are met.

• Ontario Bariatric Network medical and surgical pathways are publicly funded for eligible Ontario residents and require physician referral.

• Dietitian, physiotherapy, counselling, exercise programs and private obesity services may be public, employer-funded, privately paid or program-dependent.

• Anti-obesity medications are not automatically covered by OHIP. ODB, OHIP+, Trillium and private plans have different formularies and criteria.

• Confirm fees, referral requirements, eligibility and current coverage directly with the clinic, program, pharmacist or insurer.

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Questions for your clinician

• Which health, mobility, energy or quality-of-life goal should we prioritize first?

• Would waist circumference or another assessment add useful context?

• Could a medication, sleep problem, pain, stress or access barrier be affecting my weight or appetite?

• Would a dietitian, physiotherapist, mental-health professional, pharmacist or obesity-medicine referral help?

• What would we monitor, and when would we review the plan?

• Which parts of the plan are insured, program-funded, privately paid or not covered?

When to seek urgent help

Call 911 for severe breathing difficulty, chest pain, fainting, sudden neurologic symptoms, a severe allergic reaction or immediate safety concerns. Seek urgent assessment for persistent vomiting with dehydration, severe or worsening abdominal pain, black or bloody stool, jaundice or inability to keep essential medication down.

Sources and limitations

Obesity Canada Adult Clinical Practice Guideline

Obesity Canada pharmacotherapy update (2025)

Health Canada BMI and waist Q&A;

College of Family Physicians of Canada practical guide

Ontario Bariatric Network

Ontario medication coverage checker

Version 1.0 · Publication date: 20 November 2026 · Last clinically reviewed: 20 November 2026 · Medical-review status: clinically reviewed by Dr. Eduardo Jacques. Original patient education wording; no PHI fields, uploads or storage.