

Beyond BMI

A metabolic health check for primary care

BMI is quick and useful, but it cannot show where weight is carried, separate fat from muscle, or measure central adiposity. Two people with the same BMI can carry very different cardiometabolic risk.

1. Measure the waist, not just the scales

Keep waist circumference to less than half your height. NICE recommends waist-to-height ratio alongside BMI in adults with a BMI below 35 kg/m². Central adiposity raises the risk of type 2 diabetes, hypertension and cardiovascular disease, whatever the BMI says.

2. Build a whole body picture, not a single number

BMI and weight trajectory. Waist-to-height ratio. Blood pressure. HbA1c. Lipid profile. Alcohol, diet and activity. Family history of type 2 diabetes and premature CVD. Existing conditions and medications. Then pull it together with QRISK3, which tells a patient more than “your cholesterol is a little high”.

3. HbA1c of 42 to 47 mmol/mol means high risk of type 2 diabetes, not reassurance

NICE recommends at least annual blood testing with review of weight and lifestyle. HbA1c of 48 or above may indicate diabetes and needs repeat testing to confirm in an asymptomatic patient. The message to the patient: your glucose is moving the wrong way, so what can we change now?

4. Treat each risk factor in its own right

Do not wait for weight loss. Raised blood pressure gets treated. CV risk gets lifestyle measures and, where indicated, lipid-lowering treatment. Rising HbA1c gets a diabetes prevention plan. Central adiposity gets evidence-based weight management. Individualise: genetics, ethnicity, age, medication, sleep, smoking and alcohol all shape metabolic health.

5. Success is more than kilograms lost

At review, ask whether waist circumference, HbA1c, blood pressure and lipids have improved, whether the patient is more active, and whether the changes are sustainable. Modest weight change can still mean meaningful clinical improvement.

The question is not what a single number says. It is what the patient's metabolic risk is today, where it is heading, and what can be changed now to alter that trajectory.

References: NICE NG246 Overweight and obesity management; NICE PH38 Type 2 diabetes: prevention in people at high risk; NICE NG238 Cardiovascular disease: risk assessment and reduction; NICE NG28 Type 2 diabetes in adults: management.

Dr Saira Bano is a UK GP with a particular interest in obesity, metabolic health and preventative medicine. Adapted from her article for Medicine Central.

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