

A 45-year-old woman presents with difficulty losing weight despite her diet and exercise program. She feels she is a setup for type 2 diabetes, which her mother developed when she was the patient's age. She states she was never very thin, but she has been gradually gaining weight over the last 10 years. She attributes her weight gain to decreased physical activity and stress-induced eating.

She has lost 6 to 10 kgs lb on several occasions on various diet programs, but she stops following the diet when she does not see continued progress and then she regains her weight. The heaviest she ever weighed was 95kg.

Her primary physician started her on amlodipine 10 mg daily for her hypertension this past year, but she is otherwise in good health. On physical exam, her blood pressure is controlled at 130/85mm Hg. Her weight is 90 kg and height is 165 cm. Her waist circumference is 96.5cm and her hip circumference is 101.5cm

classify obesity? Does the patient have obesity?

She did not have any striae, bruising, or significant hirsutism. She had a normal cervical fat pad for her weight. Her abdomen was obese with weight distribution more typical of an android body shape. The remainder of her exam was unremarkable.

Laboratory findings were notable for impaired fasting glucose with plasma glucose of 105 mg/dL, but her hemoglobin A1c (HgbA1c) was normal at 5.5%.

A lipid profile reveals a total cholesterol of 198 mg/dL, the high-density lipoprotein (HDL) was low at 39mg/dL, the triglycerides were high at 200mg/dL, and a low-density lipoprotein (LDL) of 110 mg/dL. The thyroid-stimulating hormone (TSH) was normal at 1.6IU/mL, and the 24-hour urine free cortisol was normal

What is the diagnosis?

The patient wants to know what she can do to lose weight and reduce her risk of developing diabetes. **Discuss your plan of management ?**