

Body Weight Interpreter

Analyzes body weight using multiple indexes, evaluates its impact on longevity, and calculates the optimal weight. Provides evidence-based nutrition and weight-loss recommendations.

KLINIKA
DLHOVEKOSTI

Peter Novak | 48M

BMI: 29 • Overweight

Body fat: 28 • High

Waist-to-Height: 0.58 • High

FFMI: 20.9 • Average

! Weight loss recommended

Please see the recommended target below.

All cause mortality associated with this excess weight: HR: 1.33x ⓘ

Reaching the recommended target weight could extend lifespan by approximately 3.3 years.

Nutrition recommendation

For weight loss in individuals at high risk for diabetes [↗](#)

Protein intake

1.5g per 1kg of [adjusted body weight](#) when combined with moderate exercise

117g
per day

Fiber intake

For satiety and improving postprandial hyperglycemia

50g
per day

Healthy Weight Targets

Weight at BMI 21

66.5 KG

A BMI between 20 and 22 was associated with the lowest all-cause mortality risk among healthy never-smokers in a large meta-analysis of 30.3 million participants. [↗](#)

-25.5 kg

🕒 9.1 months ⓘ

Weight at BMI 25

79.2 KG

Although a BMI of 25 falls at the top of the “healthy range”, it is associated with a 5x risk of diabetes and a 40% higher risk of coronary heart disease compared to a BMI of 21. [↗](#)

-12.8 kg

🕒 4.5 months ⓘ

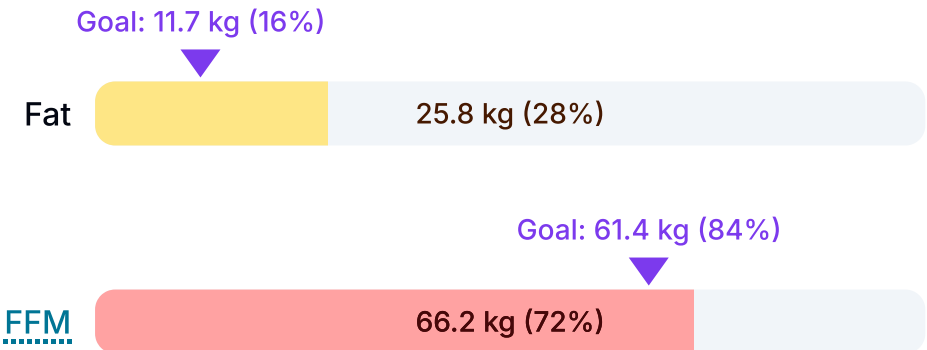
Lean Mass Sparing Target Weight Recommended

73.1 KG

This method models realistic weight loss, where the share of weight lost from fat gradually decreases as a person gets leaner. It assumes high lean-mass preservation through resistance training and adequate protein intake, then calculates the weight at which body fat would reach 16% for men or 21% for women.

-18.9 kg

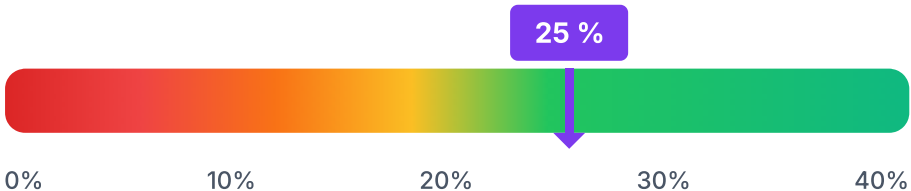
🕒 6.7 months ⓘ



Resistance Training Requirement

to achieve FFM loss percentage of 25%

The amount of required resistance training is dependent on the target body composition.
Calculated from 14.1 kg fat mass to lose and 4.8 kg fat-free mass to lose.



Maximum High Moderate Basic

Moderate Training

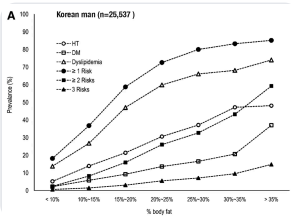
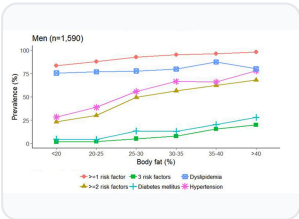
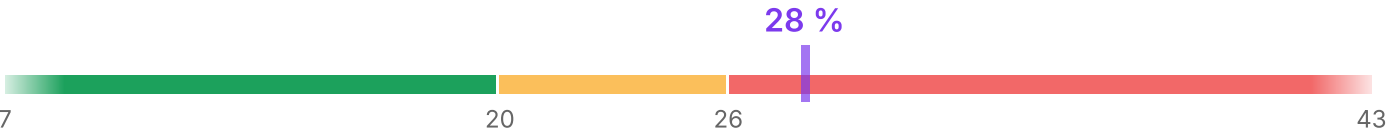
Dropping 14.1 kg of fat while limiting fat-free mass loss to just 4.8 kg demands moderate resistance training (2x a week of heavy weight lifting) and adequate protein intake. This assumes an untrained individual who is overweight or obese.

Anthropometric Biomarkers and Ratios

Body fat: 28%

• High

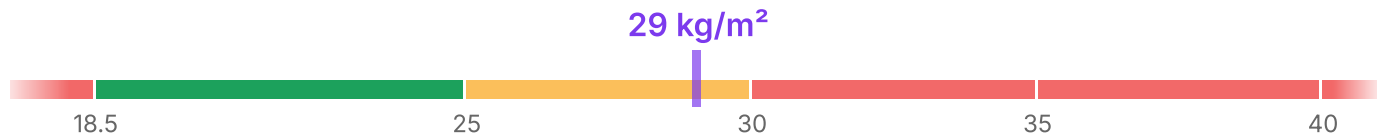
Total body fat percentage is a better predictor of cardio-metabolic risk than BMI.



BMI: 29 kg/m² *fx*

• Overweight

Body Mass Index doesn't distinguish between fat and muscle mass, so it is misleading in body building athletes. But works well for the general population.



- < 18.5 - Underweight
- 25 - 30 - **Overweight**
- 30 - 35 - Obesity I
- 35 - 40 - Obesity II
- > 40 - Obesity III

Waist-to-Height: 0.58 cm/cm *fx*

• High

Waist-to-Height Ratio is a better predictor of cardio-metabolic risk than BMI.



FFMI: 20.9 kg/m² *fx*

• Average

Fat-Free Mass Index is used to evaluate whether an individual has adequate muscle mass for their height. Values above 25 are suspicious for anabolic steroid use.



- < 17.5 - Undermuscle
- 17.5 - 21 - **Average**
- > 21 - High

Other biomarkers used in this tool

Values as entered, the biomarkers interpreted above are not repeated. An arrow marks a value outside the optimal range.

Gender: **Male**; Weight: **92** kg ; Height: **178** cm ; Waist circumference: **104** cm