

Obesity: Identification, assessment and management of overweight and obesity in children, young people and adults

Introduction

On Friday 11th July, NICE published a draft for consultation on its guidance on obesity. Entitled "Identification, assessment and management of overweight and obesity in children, young people and adults", the draft document aims to review some parts of the existing guidance, first published in 2006.

The guidance development group suggested two main changes to the existing guidelines. The first one concerns the end of the systematic use of low calorie diets, which are defined as the consumption of 800 kcal per day as opposed to 1000 kcal in the previous guidelines and the second one introduces bariatric surgery for people with recent onset type 2 diabetes.

In 2011, 24% of men and 26% of women were considered as obese whilst one third of children aged 2-15 years old were considered either overweight or obese. The cost of being overweight or obese to the society and the overall economy was estimated at £16bn in 2007 and could increase up to £50bn by 2030.

The consultation is open until 8th August 2014. The final document will be published in November 2014.

Key changes

Low calorie diets

The new guidelines recommend medical professionals dealing with obese people to not routinely use very-low-calorie diets (800 kcal/day or less) to manage obesity (defined as BMI over 30).

Very-low-calorie diets should only be considered, as part of a multicomponent weight management strategy, with ongoing support, for a maximum of 12 weeks (continuously or intermittently) in people who are obese and have a clinically-assessed need to rapidly lose weight such as surgery.

Before starting someone on a very-low-calorie diet, medical professionals should also:

- Consider counselling and assess for eating disorders or other psychopathology to make sure the diet is appropriate for them.
- Discuss the risks and benefits with them.
- Tell them that this is not a long-term weight management strategy, and that regaining weight is likely and not because of their own or their clinician's failure.
- Discuss the reintroduction of food with them.

Bariatric surgery for people with recent onset type diabetes

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The new guidelines recommend that people who have recent onset type 2 diabetes and who are obese (BMI of 35 and over) should be offered an assessment for bariatric surgery.

Medical professional should also consider an assessment for bariatric surgery in people who have recent onset type 2 diabetes with a BMI of 30–34.9 and people who have recent-onset type 2 diabetes and are of Asian family origin for bariatric surgery at a lower BMI

Regarding the follow-up care, people who have had bariatric surgery should be offered a follow-up care package for a minimum of 2 years within the bariatric service. This should include:

- Monitoring nutritional intake (including protein and vitamins) and mineral deficiencies
- Monitoring for comorbidities
- Medication review
- Dietary and nutritional assessment, advice and support
- Physical activity advice and support
- Psychological support tailored to the individual
- Information about support groups.

The Guideline Development Group also included some recommendations for research based on its review of evidence, to improve NICE guidance and patient care in the future.

Post-operative care after bariatric surgery

Do post-operative lifestyle intervention programmes (exercise, behavioural or dietary) improve weight loss and weight-loss maintenance following bariatric surgery?

Why this is important

Lifestyle interventions are targeted pre-operatively with formalised recommendations to prepare patients for surgery. In contrast, post-surgery there are no lifestyle intervention programmes to help patients adapt. Limited evidence suggests that exercise and behavioural input improve weight loss outcomes, but high quality research is needed to assess the impact of these interventions.

Long-term outcomes of bariatric surgery on people with type 2 diabetes

What is the long-term effect of bariatric surgery on diabetes-related complications and quality of life in people with type 2 diabetes compared with optimal medical treatment?

Why this is important

Short-term studies (1–2 years) show that patients with type 2 diabetes who undergo bariatric surgery lose more weight and have better blood glucose control than those treated with conventional diabetes management. There are no long-term data (that is, over 3 years) to show whether this results in reduced development of diabetes complications and improved quality of life 941 compared with standard care.

Bariatric surgery in children and young people

What are the long-term outcomes of bariatric surgery in children and young people with obesity?

Why this is important

Monitoring of obesity comorbidities (respiratory problems, atherosclerosis, insulin resistance, type 2 diabetes, dyslipidaemia, fatty liver disease, psychological sequelae) in children and young people with obesity is limited because of the lack of dedicated tier 3/4 paediatric obesity services in the UK. Centralised collection of cohort data is lacking in the UK when compared with elsewhere in Europe (Flechtner-Mors 2013) and the USA (Must 2012). Current data on longer-term outcomes (>5 years)

in young people undergoing bariatric surgery are also sparse (Lennerz 2014, Black 2013), demonstrating a need for research in this area.

Obesity management for people with learning disabilities

What is the best way to deliver obesity management interventions to people with particular conditions associated with increased risk of obesity (such as people with a learning disability or enduring mental health difficulties)?

Why this is important

People living with learning disabilities or mental health problems have been found to experience higher rates of obesity compared with people who do not have these conditions.

There is minimal evidence from controlled studies as to which obesity interventions are effective for people with learning disabilities or mental health difficulties. This lack of evidence contributes to the inequalities around outcomes and access to services as experienced by these people.

Long-term effect of VLCDs on people with a BMI of 40 kg/m² or more

What are the long-term effects of using very-low-calorie diets (VLCDs) versus low-calorie diets (LCDs) on weight and quality of life in patients with a BMI of 40 kg/m² or more, including the impact on weight cycling?

Why this is important

There was little information found in the literature search on the use of VLCDs in patients with a BMI above 40 kg/m², although they are increasingly used in this group of patients. There was also a lack of data on quality of life. The Guideline Development Group was concerned about VLCDs potential encouraging disordered eating or weight cycling, which is detrimental to both physical and psychological health. It would also be useful to differentiate between liquid VLCDs and those VLCDs which incorporate solid food products to identify whether the liquid formulation or the energy reduction alone affected weight loss, quality of life, and subsequent disordered eating.