

DRAFT

NATIONAL INSTITUTE FOR CLINICAL EXCELLENCE

SCOPE

1 Guidance title

Obesity: the prevention, identification, assessment, treatment and weight maintenance of obesity and overweight in adults and children

1.1 Short title

Obesity and overweight

2 Background

- a) The National Institute for Clinical Excellence ('NICE' or 'the Institute') has commissioned the National Collaborating Centre for Primary Care (NCC-PC) to work jointly with the Health Development Agency (the HDA) to develop guidance on the prevention, identification, assessment, treatment and weight maintenance of obesity and overweight in adults and children for use in the NHS in England and Wales. This follows referral of the topic by the Department of Health and Welsh Assembly Government (see Appendix). The guidance will provide recommendations for good practice that are based on the best available evidence of effectiveness, including cost effectiveness.
- b) The joint Institute and HDA guidance will support the implementation of National Service Frameworks (NSFs) (including those for Coronary Heart Disease, and Diabetes, and the NHS Cancer Plan) in those aspects of care and prevention in which a Framework has been published. The statements in each NSF reflect the evidence that was used at the time the Framework was prepared. The guidelines and technology appraisals published by the Institute after an NSF has been issued will have the effect of updating the Framework.

3 Clinical need for the guidance

- a) Obesity and overweight are conditions in which weight gain has reached the point of endangering health. In adults, the body mass index (BMI) is frequently used as a measure of overweight and obesity, with overweight being defined as a BMI of 25–29.9 and obesity as a BMI equal to or greater than 30. Epidemiological surveys in England indicate that the prevalence of obesity and overweight in adults has nearly trebled in the past 20 years. In 1980, 8% of adult women and 6% of adult men were classified as obese; by 2001, this had trebled to 23.5% of women and 21% of men. If the overweight (47% of men and 33% of women) and obese groups are combined, nearly two thirds of men and over half of women were either overweight or obese in 2001. The Welsh Health Survey¹, undertaken in 1998, found that 1 in 6 adults in Wales were obese (nearly 15% of men and 17% of women). Compared with 1985 levels, obesity in Wales had doubled among men and increased by 50% among women. The prevalence of obesity differs according to age, socio-economic group and ethnic group. In 2001, the National Audit Office (NAO)² found that obesity:
- increases with age
 - is more prevalent among lower socio-economic and lower income groups, with a particularly strong social class gradient among women

¹ National Assembly for Wales (1999). *The Welsh Health Survey 1998*.

² National Audit Office (2001). *Tackling Obesity in England*. (<http://www.nao.gov.uk/pn/00-01/0001220.htm>)

- is more prevalent among certain ethnic groups, particularly among African-Caribbean and Pakistani Women (Joint Health Surveys Unit 2001)³
- is a problem across all regions in England but shows some important regional variations.

In children, the prevalence of obesity is also rising, In 2001, 8.5% of 6-year olds and 15% of 15-year olds were obese, on the basis of a BMI above the 95th percentile (Health Survey for England in 2002⁴) Between 1996 and 2001, the proportion of overweight children (BMI over the 85th centile) aged 6–15 years increased by 7% and obese children by 3.5%. The 1997 National Diet and Nutrition Survey (NDNS)⁵ of young people found that inequalities also existed in the prevalence of overweight and obesity in children, with greater rates among lower social classes, Asian groups and children living in Wales.

As far as the aetiology of obesity is concerned, the fundamental cause of obesity is consuming more calories than are expended in day-to-day living. In adults, obesity is associated with an increased risk of diseases that are a major cause of morbidity and mortality, notably type 2 diabetes, coronary heart disease, hypertension, some cancers (for example, post-menopausal breast cancer) and osteoarthritis. In children, the consequences are similar to those of adults and include hypertension, hyperinsulinaemia, dyslipidaemia, psychological consequences, and exacerbation of existing conditions such as asthma. Most important, however, is the persistence of obesity into

³ Joint Health Surveys Unit on behalf of the Department of Health (2001) *Health Survey for England: The Health of Minority Ethnic Groups '99*

⁴ Joint Health Surveys Unit on behalf of the Department of Health (2002) *Health Survey for England 2001*

⁵ National Diet and Nutrition Survey (2000): young people aged 4 to 18 years. *Volume 1: Report of the diet and nutrition survey*

adulthood, the risk of which increases with increasing age of the child and severity of obesity.

Obesity is a considerable economic burden. In 1998, it was estimated that obesity directly cost the NHS at least £0.5 billion, while the indirect cost of obesity on the wider economy was around £2 billion a year.

- b) There is evidence of variability in the management of overweight and obese people in the NHS. In 2001, NAO⁶ found that there was an absence of central guidance on how obesity should be managed and, at local level, only 28% of Health Authorities had taken action to address obesity as a health problem. It was also noted that primary care played an important role in the management of obesity but that general practitioners and practice nurses used a wide range of different methods to manage overweight and obese patients and many were uncertain as to which interventions were most effective. The NAO also highlighted the need for joint working with different agencies to facilitate cross-government initiatives to prevent obesity at both national and local level and the need to consider the broader environment in terms of its potential to support behavioural change. As the key representative for health within Local Strategic Partnerships, Primary Care Trusts (PCTs) in England and Local Health Boards in Wales have a role to play that goes beyond the clinical setting and that extends into the wider community through work in schools, workplaces and neighbourhoods.
- c) There is a need for national guidance on the prevention and management of obesity and overweight in adults and children. The NAO noted that a majority of general practices surveyed said they would find national guidance in this area useful. There is a need for guidance in this area because of:

⁶ National Audit Office (2001). *Tackling Obesity in England*. (<http://www.nao.gov.uk/pn/00-01/0001220.htm>)

- the rising prevalence of obesity and attendant rise in prevalence of diseases associated with obesity
- the evidence of a wide variation in care provided to adults and children with obesity, notably in primary care
- the evidence that certain interventions can be successful in enabling people to lose weight.

4 The guidance

- a) The development of the joint guidance on obesity will follow the NICE guideline development process, which is described in detail in three booklets that are available from the NICE website (see 'Further information'). *The Guideline Development Process – Information for Stakeholders* describes how organisations can become involved in the development of a guideline.
- b) This document is the scope. It defines exactly what this guidance will (and will not) examine, and what the developers will consider. The scope is based on the referral from the Department of Health and Welsh Assembly Government (see Appendix).
- c) The areas that will be addressed by the guidance are described in the following sections.

4.1 Population

4.1.1 Groups that will be covered

- a) Adults (aged 18 years or older) and children (aged 5 years or older) who are overweight or obese.
- b) Adults (aged 18 years or older) and children (aged 5 years or older) who are at increased risk of becoming overweight or obese and/or for whom becoming overweight or obese would significantly increase the risk of developing other chronic conditions.

- c) Adults (aged 18 years or older) and children (aged 5 years or older) who are currently of a healthy weight, in order to support them in maintaining a healthy weight.

4.1.2 Groups that will not be covered

- a) The guidance will make links to other appropriate NICE guidance, such as that on type 2 diabetes, but will not cover the prevention or management of medical conditions associated with overweight or obesity.
- b) Children younger than 5 years.

4.2 Healthcare settings

- a) The guidance will cover the care received from primary and secondary NHS healthcare professionals who have direct contact with and make decisions concerning:
 - the care of adults and children who are overweight and obese
 - those who are at increased risk of becoming overweight or obese and/or for whom becoming overweight or obese would increase the risk of developing other chronic conditions.
- b) The guidance will address areas that require collaboration between primary and secondary NHS services.
- c) This is joint guidance from NICE and the HDA, with NICE having a remit for the NHS. The HDA has a remit to work with a wide range of agencies including those outside of the NHS. The guidance will not make specific recommendations regarding services outside of the NHS. It will, however, provide advice for NHS staff and NHS occupational health services and their potential partners outside of the NHS, on effective interventions in the prevention and treatment of overweight and obesity and the maintenance of weight loss. The

prevention of obesity and overweight and the maintenance of a healthy weight will be relevant not only to those groups identified in 4.1.1a and b, but will be important to those listed under 4.1.1c (adults and children currently of a healthy weight) who may not be seen by NHS staff in the clinical setting. The guidance will therefore provide advice for NHS staff in their wider role and go beyond that of the clinical setting alone. For example, advice will be provided for Primary Care Trusts and Local Health Boards in their role as the key health partners within Local Strategic Partnerships and will identify interventions that could be delivered outside of the NHS through joint working with other potential partners. Such partners may include those from local government, education, the voluntary and private sectors and communities themselves.

4.3 Clinical management

4.3.1 Areas that will be covered

The guidance will cover the following areas of practice:

- a) The identification, assessment and management of adults and children in primary and secondary care who are overweight or obese. Management will include:
 - 1) Non-pharmacological interventions. Where there is good evidence of effectiveness, the following interventions will be considered: diet, physical activity and behavioural approaches.
 - 2) Pharmacological interventions (prescription-only medication available in the UK according to the *British National Formulary*). The guidance will update the NICE technology appraisals currently completed and listed in this scope. The guidance recommendations should fall within licensed indications: exceptionally, and only when clearly supported by the evidence, can use outside a licensed indication be recommended. The guidance will assume that prescribers will use the Summary of

Product Characteristics to inform their decisions for individual patients. The following technology appraisals have been published:

- National Institute for Clinical Excellence (2001).
Guidance on the use of orlistat for the treatment of obesity in adults
- National Institute for Clinical Excellence (2001).
Guidance on the use of sibutramine for the treatment of obesity in adults

3) Surgical treatment of morbid obesity. The guidance will update the NICE technology appraisal currently completed and listed in this scope. The following technology appraisal has been published:

- National Institute for Clinical Excellence (2002).
Guidance on the use of surgery to aid weight reduction for people with morbid obesity

4) Maintenance of weight loss.

- b) The identification, assessment and management of adults and children in primary and secondary care who are at increased risk of becoming overweight or obese and/or for whom becoming overweight or obese would significantly increase the risk of developing other chronic conditions.
- c) Approaches aimed at adults and children that are currently of a healthy weight, in order to support them in maintaining a healthy weight. These will be aimed primarily outside the clinical setting.
- d) Points 4.3a–c will ensure that the guidance addresses the primary and secondary prevention of overweight and obesity.

4.3.2 Areas that will not be covered

The guidance will not cover the following areas of clinical practice:

- a) Population-based screening for overweight or obesity.
- b) Complementary therapy approaches to the treatment of overweight and obesity.

4.4 Audit support within guidance

The guidance will incorporate review criteria and audit advice for primary and secondary care and, if appropriate, for areas outside the clinical setting.

The audit advice will complement other existing and proposed guidance, in particular, the Coronary Heart Disease and Diabetes NSFs.

4.5 Status

4.5.1 Scope

This is the first draft of the scope.

4.5.2 Guidance

The development of the guidance recommendations will begin in July 2004.

5 Further information

Information on the Institute's guideline development process is provided in:

- *The Guideline Development Process – Information for the Public and the NHS*
- *The Guideline Development Process – Information for Stakeholders*
- *The Guideline Development Process – Information for National Collaborating Centres and Guideline Development Groups*

These booklets are available as PDF files from the NICE website (www.nice.org.uk). Information on the progress of the guidance will also be available from the website.

Information on the Health Development Agency's methodological approach can be found in:

- Swann CJ, Falce C, Morgan A et al. (2003) *HDA Evidence Base: Process and quality standards manual for evidence briefings*. London: HDA. Available at: http://www.hda.nhs.uk/evidence/ebmanual_pqs.html
- Kelly M, Chambers J, Huntley J, Millward L (2003) *Method 1 for the production of effective action briefings*. London: HDA. Available at: http://www.hda.nhs.uk/evidence/EIP_Protocol_july03_V2.pdf

Appendix – Referral from the Department of Health and Welsh Assembly Government

The Department of Health and Welsh Assembly Government asked the Institute:

“In consultation with the Health Development Agency, to prepare clinical guidance for the NHS in England and Wales for the prevention of obesity and for the identification, evaluation, and management of overweight and obese patients including the maintenance of weight loss. The guidance should:

- promote the best use of available NHS resources including workforce
- include a definition of obesity, standards for identification and evaluation, and guidance on effective methods of management and treatment, in primary care and other appropriate settings
- give appropriate emphasis to exercise, dietary approaches, group and individual behaviour modification; and to the scope for collaborative working between the NHS and other agencies
- make links to other appropriate NICE guidance”.