

Obesity consultation – Stakeholder comments: newly registered stakeholders (after 18 May 2006)

Consultation - 16 March – 11 May 2006

**National Institute for Health and Clinical Excellence
Newly Registered Stakeholders
Post 18 May 2006**

Organisation	Order no.	Document	Page no.	Line no.	Comments	Response
Healthcare Commission Wales	1	NICE Version	48	1.2.7.1 1.2.7.2	<p>The sections 1.2.7.1 and 1.2.7.2 have no robust evidence to back them up.</p> <p>Screening and Interventions for Childhood Overweight: a summary of evidence for the US Preventive Services Task Force (Whitlock EP et al. Paediatrics 2005; 116; 125-144) [available online at: http://pediatrics.aappublications.org/cgi/reprint/116/1/e125] makes this very clear in unambiguous terms. The report written by the Oregon Evidence-based Practice Centre for AHRQ(US Agency for Healthcare Research and Quality) clearly states that the evidence for bariatric surgery is poor for this group of patients. This section should be removed entirely and no recommendations should be made regarding bariatric surgery for children and adolescents.</p>	<p>We do recognise that the evidence base specifically for children and adolescents was poor. However, due to the quality of the evidence we broadened our inclusion criteria and we had input from co-opted experts in order to bridge the gaps in the evidence and thus reach the recommendations that were developed.</p>
Healthcare Commission Wales	2				<p>In addition to my previous comments on the NICE Obesity Guidance consultation document, I would also like to question whether the Expert Group writing out the NICE</p>	<p>Same as above.</p> <p>We did cross-reference with this document.</p>

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					guidance also took into account the 2005 US Preventive Services Task Force Evidence-based document 'Screening and Interventions for Childhood Overweight: Evidence Synthesis'. I'm enclosing a pdf version of the document which clearly states that the evidence for NICE's recommendations in Section 1.2.7.1 and 1.2.7.2 is rather poor.	
Social Interface	1		General		I am disappointed, particularly given the DRC's enquiry into health inequalities for people with a learning disability or mental health problems, that people with a learning disability are not highlighted as one of the groups needing special consideration. On average, people with a learning disability are much more likely to be obese and sedentary. As a group they have a higher rate of obesity-related conditions which are less likely to be diagnosed and treated. They also face particular challenges in accessing support, treatment and making life-changes around food and exercise. Many of the current campaigns, strategies and initiatives to address obesity and lack of exercise are not made accessible to people with a learning disability.	Noted, and any specific needs of the individual will be taken into account when exploring treatment options, etc.