

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Weight Management: identification, assessment and management

The impact on equality has been assessed during guidance development according to the principles of the NICE equality policy.

1.0 Checking for updates and scope: before scope consultation (to be completed by the Developer and submitted with the draft scope for consultation)

1.1 Is the proposed primary focus of the guideline a population with a specific communication or engagement need, related to disability, age, or other equality consideration? Y/N

If so, what is it and what action might be taken by NICE or the developer to meet this need? (For example, adjustments to committee processes, additional forms of consultation.)

No

1.2 Have any potential equality issues been identified during the check for an update or during development of the draft scope, and, if so, what are they?

- **Age**

- Overweight and obesity rates increase with age. For people aged 45 to 64, 73% are living with overweight or obesity, and for people aged 65 to 74, 76% are living with overweight or obesity. In contrast, 43% of people aged 16 to 24 are living with overweight or obesity.
- Older people may need specific consideration in the guideline as they may require additional support for some interventions.
- Younger people may need specific consideration, as obesity is a chronic,

relapsing condition. Earlier onset of obesity is usually linked to worse health outcomes.

- **Disability**

- People with a learning disability are more at risk of overweight or obesity and may require additional support for some interventions.
- People with a physical disability may require additional support for some interventions.
- People with severe mental health problems are more at risk of living with overweight or obesity and may require additional support for some interventions.

- **Gender reassignment**

- No equality issues identified.

- **Pregnancy and maternity**

- Pregnant women are excluded from the scope of this guideline update as they require different management and are covered by separate NICE guidance.

- **Race**

- There are differences in the prevalence of overweight and obesity by ethnicity and the risk of resulting ill health.
- For example, people of South Asian descent (defined as people of Pakistani, Bangladeshi and Indian origin) living in England tend to have a higher percentage of body fat at a given BMI compared to the general population. People of South Asian descent are also more likely to have more features of the metabolic syndrome (for example, higher triglycerides and lower high-density lipoproteins in females and higher serum glucose in males) at a given BMI. Likewise, compared to white European populations, people from black, Asian and other minority ethnic groups are at equivalent risk of type 2 diabetes but at lower BMI levels.
- The differences in prevalence of people living with overweight or obesity and the impact on other health conditions may mean different groups need specific consideration.

- **Religion or belief**
 - No equality issues identified.

- **Sex**
 - While men are more likely than women to be living with overweight or obesity, they are less likely to seek support or treatment.

- **Sexual orientation**
 - People who are lesbian, gay, bisexual, trans or questioning (LGBT-Q) may be less likely to participate with weight-loss programmes due to both experienced and the perceived threat of discrimination.

- **Socio-economic factors**
 - Overweight and obesity rates differ between socio-economic groups. Children in the most deprived decile are twice as likely to be living with overweight or obesity than children in the least deprived decile. In adults, 35% of men and 37% of women were living with obesity in the most deprived areas, compared with 20% of men and 21% of women in the least deprived areas.
 - Geographical variation in access to NHS weight management services: a lack of universal commissioning of Tier 3 services (intensive weight loss programmes) means that not all those living with obesity can access tier 4 services (bariatric surgery), owing to access to the former being a prerequisite to surgery.
 - Geographical variation will also exist in terms of whether local environments support people to maintain a healthy weight, and the extent to which local authorities use legislative and policy levers to help create such environments.

- **Other definable characteristics**
 - Other health conditions: People who are taking some medications or receiving treatment may be at higher risk of excess weight gain due to the side effects of the medication or intervention.
 - Gypsy, Roma and Travellers: May be less likely to participate with weight-loss programmes due to poor access to, and uptake of, health services as well as both experienced and the perceived threat of discrimination.

1.3 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee?

- Potential inequality issues will be noted in the review protocols and any evidence relevant to these groups and issues will be extracted. In addition, these issues will be highlighted to and discussed by the committee during development of recommendations.
- The scope excludes weight management in:
 - Children under 2. NICE guidance on '[Maternal and Child Nutrition](#)' (2014) is due to be updated. NICE guidance on 'Maternal and Child Nutrition' (2014) is due to be updated.
 - Pregnant women. NICE guidance on '[Weight management before, during and after pregnancy](#)' (2010) is due to be updated.
 - Adults, children and young people who are underweight. NICE guidance on '[Eating disorders: recognition and treatment](#)' (2020).

These groups may require specific management and are covered by separate NICE guidance.

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