# **National Clinical Guideline Centre**

# **Obesity**

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

Update of CG43

Appendix Q

November 2014

Commissioned by the National Institute for Health and Care Excellence











### Disclaimer

Healthcare professionals are expected to take NICE clinical guidelines fully into account when exercising their clinical judgement. However, the guidance does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of each patient, in consultation with the patient and/or their guardian or carer.

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### **Funding**

National Institute for Health and Care Excellence

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# Appendix Q: Recommendations from NICE clinical guideline 43 (2006) that have been deleted or changed

### Q.1 Recommendations to be deleted

The table shows recommendations from 2006 that NICE proposes deleting in the 2014 update. The right-hand column gives the replacement recommendation, or explains the reason for the deletion if there is no replacement recommendation.

Recommendation in 2006 guideline	Comment
All Public health recommendations in sections 1.1 - 1.7 of CG43	NICE PH guidance has replaced the recommendations in section 1.1 for adults in PH 53 Overweight and obese adults - lifestyle weight management and those recommendations in section 1.7 will be replaced by the PH guidance: Maintaining a healthy weight and preventing excess weight gain among children and adults currently in development (expected publication Feb 2015). Sections 1.2 -1.6 will remain in CG43
If necessary, another consultation	Replaced by recommendation 1.3.5.
should be offered to fully explore the	
options for treatment or discuss test	
results. [1.2.3.6]	
Very-low-calorie diets (less than 1000	Replaced by recommendation 1.7.8 -
kcal/day) may be used for a	1.7.9.
maximum of 12 weeks continuously,	
or intermittently with a low-calorie diet	
(for example for 2-4 days a week), by	
people who are obese and have	
reached a plateau in weight loss	
[1.2.4.32]	
Any diet of less than 600 kcal/day	Replaced by recommendation 1.7.8 –

should be used only under clinical	1.7.9
supervision.[1.2.4.33]	
Draggibing about he in accordance	Decemberation deleted as sovered
Prescribing should be in accordance	Recommendation deleted as covered
with the drug's summary of product	by standard NICE text in all clinical
characteristics.[1.2.5.4]	guideline introductions
Orlistat and sibutramine should be	Recommendation deleted as the
prescribed for young people only if	GDG were not aware that a registry of
the prescriber is willing to submit data	the use of drugs in young people was
to the proposed national registry on	available or planned and that this was
the use of these drugs in young	no longer a priority.
people (see also Section 8).[1.2.5.9]	
Sibutramine should be prescribed	Recommendation deleted as
'	
only as part of an overall plan for	marketing authorisation for
managing obesity in adults who meet	sibutramine has been suspended.
one of the following criteria:	
a BMI of 27.0kg/m² or more and other	
obesity-related risk factors such as	
type 2 diabetes or dyslipidaemia	
- DMI -f 00 01-1/1-2 -1 1-1 1-1 0 F 001	
a BMI of 30.0kg/m <sup>2</sup> or more.[1.2.5.22]	
Sibutramine should not be prescribed	Recommendation deleted as
unless there are adequate	marketing authorisation for
arrangements for monitoring both	sibutramine has been suspended.
weight loss and adverse effects	
(specifically pulse and blood	
pressure). [1.2.5.23]	
T	
Therapy should be continued beyond	Recommendation deleted as
3 months only if the person has lost at	marketing authorisation for
least 5% of their initial body weight	sibutramine has been suspended.
since starting drug treatment.	

[1.2.5.24]	
Treatment is not currently	Recommendation deleted as
recommended beyond the licensed	marketing authorisation for
duration of 12 months. [1.2.5.25]	sibutramine has been suspended.
The co-prescribing of sibutramine	Recommendation deleted as
with other drugs aimed at weight	marketing authorisation for
reduction is not recommended.	sibutramine has been suspended.
[1.2.5.26]	

## Q.2 Amended recommendation wording (change to meaning)

Recommendations are labelled [2006, amended 2014] if the evidence has not been reviewed but changes have been made to the recommendation wording (indicated by highlighted text) that change the meaning.

Recommendation in 2006 guideline	Recommendation in current guideline	Reason for change
The care of children and	Coordinate the care of	Updated to
young people should be	children and young people	reflect NICE
coordinated around their	around their individual and	house style and
individual and family	family needs. Comply with	to reflect
needs and should comply	national core standards as	changes to
with national core	defined in A Call to Action	national core
standards as defined in	on Obesity in England.	standards from
the Children's NSFs for	[1.1.5]	National Service
England and Wales.		Frameworks to
		A Call To Action
		on Obesity in
		England.
The overall aim should be	Aim to create a supportive	Updated to
to create a supportive	environment that helps a	reflect NICE
environment that helps	child who is overweight or	house style.

overweight or obese	who has obesity, and their	Footnote added
children and their families	family, make lifestyle	to clarifying the
make lifestyle changes.	changes.[1.1.6]	settings which
		could constitute
		'environment'.
Body mass index (BMI)	Use body mass index	Updated to
should be used as a	(BMI) as a practical	reflect NICE
measure of overweight in	estimate of adiposity in	house style and
adults, but needs to be	adults. Interpret BMI with	to reflect GDG
interpreted with caution	caution because it is not a	consensus that
because it is not a direct	direct measure of	BMI is a
measure of adiposity.	adiposity. [1.2.2]	practical
		estimate of
		adiposity, as
		opposed to
		overweight.
144		
Waist circumference may	Think about using waist	Updated to
be used, in addition to	circumference, in addition	reflect NICE
BMI, in people with a BMI	to BMI, in people with a	house style and
less than 35 kg/m <sup>2</sup> .	BMI less than 35 kg/m <sup>2</sup> .	to include a
	[1.2.3]	footnote on the
		NICE public
		health guidance
		on Weight
		circumference.
BMI (adjusted for age and	Use BMI (adjusted for age	Updated to
gender) is recommended	and gender) as a practical	reflect NICE
as a practical estimate of	estimate of adiposity in	house style and
overweight in children and	children and young	to reflect GDG
young people, but needs	people. Interpret BMI with	consensus that
to be interpreted with	caution because it is not a	BMI is a
caution because it is not a	direct measure of	practical
1		•

adiposity.  adiposity, as opposed to overweight and to reflect addition of footnote providing further information on the use of z scores and the Royal College of Paediatrics and Child Health UK-WHO growth charts.  BMI measurement in children and young people should be related to the UK 1990 BMI charts to give age- and gender-specific information.  BMI measurement in children and young people to the UK 1990 bMI charts to give age- and gender-specific information.  BMI charts to give age- addition of footnote providing further information on the use of z scores and the Royal College of Paediatrics and Child Health UK-WHO growth charts.  Patients and their families and/or carers should be  Give people and their families and/or carers should be	direct measure of	adiposity.[1.2.4]	estimate of
overweight and to reflect addition of footnote providing further information on the use of z scores and the Royal College of Paediatrics and Child Health UK-WHO growth charts  BMI measurement in children and young people should be related to the UK 1990 BMI charts to give age- and gender-specific information.  BMI measurement in children and young people to the UK 1990 house style and to reflect NICE house style and to reflect addition of footnote providing further information on the use of z scores and the Royal College of Paediatrics and Child Health UK-WHO growth charts.  Patients and their families Give people and their Updated to	adiposity.		adiposity, as
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WHO growth charts  Patients and their families Give people and their Updated to			
Patients and their families Give people and their Updated to			
Patients and their families Give people and their Updated to			_
			charts
	Patients and their families	Give people and their	Updated to
	and/or carers should be	families and/or carers	reflect NICE

given information on the information on the reasons house style and combined with reasons for tests, how the for tests, how the tests are tests are performed and done, and their results and recommendation their results and meaning. meaning. If necessary, 1.2.3.6 from offer another consultation **CG43** to fully explore the options for treatment or discuss test results.[1.3.5] After appropriate Take measurements (see Updated to measurements have been recommendations in reflect NICE taken and the issues of section 1.2) to determine house style and weight raised with the degree of overweight or to reflect person, an assessment obesity and discuss the changing should be done, covering: implications of the measurement of person's weight. Then, blood glucose to presenting assess: HBA1c. The symptoms and underlying recommendation causes of overweight and -any presenting symptoms was also edited obesity to reflect the -any underlying causes of needs of people eating behaviour being overweight or obese with learning comorbidities (such -eating behaviours disabilities. as type 2 diabetes, -any comorbidities (for hypertension, example type 2 diabetes, cardiovascular disease, hypertension, osteoarthritis, cardiovascular disease, dyslipidaemia and sleep osteoarthritis, apnoea) and risk factors, dyslipidaemia and sleep using the following tests – apnoea) lipid profile, blood glucose (both preferably fasting) -any risk factors assessed and blood pressure using lipid profile measurement (preferably done when

lifestyle – diet and	fasting), blood pressure	
physical activity	measurement and HbA1c	
• psychosocial	measurement	
distress and lifestyle,	-the person's lifestyle (diet	
environmental, social and	and physical activity)	
family factors – including family history of	-any psychosocial distress	
overweight and obesity	-any environmental, social	
and comorbidities	and family factors,	
willingness and	including family history of	
motivation to change	overweight and obesity	
motivation to change	and comorbidities	
potential of weight loss to improve health	-the person's willingness and motivation to change	
psychological	lifestyle	
problems	-the potential of weight	
medical problems	loss to improve health	
and medication.	·	
	-any psychological	
	problems	
	-any medical problems and medication	
	-the role of family and	
	carer worker in supporting	
	individuals with learning	
	disabilities to make	
	lifestyle changes.[1.3.6]	
Referral to specialist care	Consider referral to tier 3	Updated to
should be considered if:	services if:	reflect NICE
the underlying	-the underlying causes of	house style and to reflect service

causes of overweight and	being overweight or obese	organisation
obesity need to be	need to be assessed	changes to
assessed	the never bee compley	tiered services.
the never has	-the person has complex	Additions have
the person has	disease states and/or	also been made
complex disease states	needs that cannot be	to reflect the
and/or needs that cannot	managed adequately in	needs of people
be managed adequately in	tier 2 (for example, the	with learning
either primary or	additional support needs	disabilities. Edits
secondary care	of people with learning	have been made
<ul> <li>conventional</li> </ul>	disabilities)	to use more
treatment has failed in	-conventional treatment	sensitive
primary or secondary care	has been unsuccessful	language, to
		avoid the term
drug therapy is	-drug treatment is being	failure and to
being considered for a	considered for a person	remove the term
person with a BMI more	with a BMI of more than 50	'extended
than 50 kg/m2	kg/m²	periods' to
specialist	-specialist interventions	ensure that
interventions (such as a	(such as a very low-calorie	referral to
very-low-calorie diet for	diet) may be needed	specialist care is
extended periods) may be		considered
needed, or	-surgery is being	regardless of the
	considered.[1.3.7]	length of
surgery is being		treatment with a
considered.		very-low-calorie
		diet.
After measurements have	Take measurements to	Updated to
been taken and the issue	determine degree of	reflect NICE
of weight raised with the	overweight or obesity and	house style and
child and family, an	raise the issue of weight	to reflect
assessment should be	with the child and family,	changing
done, covering:	then assess:	measurement of

- presenting
   symptoms and underlying
   causes of overweight and
   obesity
- willingness and motivation to change
- comorbidities (such as hypertension, hyperinsulinaemia, dyslipidaemia, type 2 diabetes, psychosocial dysfunction and exacerbation of conditions such as asthma) and risk factors
- psychosocial distress, such as low selfesteem, teasing and bullying
- family history of overweight and obesity and comorbidities
- lifestyle diet and physical activity
- environmental, social and family factors that may contribute to overweight and obesity and the success of treatment

-presenting symptoms and underlying causes of being overweight or obese

-willingness and motivation to change

-comorbidities (such as hypertension, hyperinsulinaemia, dyslipidaemia, type 2 diabetes, psychosocial dysfunction and exacerbation of conditions such as asthma)

-any risk factors assessed using lipid profile (preferably done when fasting), blood pressure measurement and HbA1c measurement

-psychosocial distress, such as low self-esteem, teasing and bullying

-family history of being overweight or obese and comorbidities

-the child and family's willingness and motivation to change lifestyle

-lifestyle (diet and physical

blood glucose to HBA1c. The recommendation was also edited to include additional points of clinical relevance that were in the adult recommendation but missing from the children and young people recommendation by GDG consensus. The recommendation was also edited to reflect the needs of people with learning disabilities.

growth and pubertal	activity)	
status.	anvironmental assistand	
	-environmental, social and	
	family factors that may	
	contribute to being	
	overweight or obese, and	
	the success of treatment	
	-growth and pubertal	
	status.	
	-Any medical problems	
	and medication	
	-The role of family and	
	paid carers in supporting	
	individuals with learning	
	disabilities to make	
	lifestyle changes. [1.3.8]	
Referral to an appropriate	Consider referral to an	Updated to
specialist should be	appropriate specialist for	reflect NICE
considered for children	children who are	house style and
who are overweight or	overweight or obese and	edit the
obese and have significant	have significant	language related
comorbidity or complex	comorbidities or complex	to the learning
needs (for example,	needs (for example,	disabilities
learning or educational	learning disabilities or	population.
difficulties).	other additional support	population
amounico).	needs).[1.3.9]	
	1100003,[1.0.0]	
In secondary care, the	In tier 3 services, assess	Updated to
assessment of overweight	associated comorbidities	reflect NICE
and/or obese children and	and possible causes for	house style, to
young people should	children and young people	reflect changing
include assessment of	who are overweight or who	service

associated comorbidities have obesity. Use organisation to tiered services. and possible aetiology, investigations such as: and investigations such -blood pressure as: measurement blood pressure -lipid profile, preferably measurement while fasting fasting lipid profile -fasting insulin fasting insulin and -fasting glucose levels and glucose levels oral glucose tolerance test liver function -liver function endocrine function. -endocrine function. These tests need to be Interpret the results of any performed, and results tests used in the context of interpreted, in the context how overweight or obese of the degree of the child is, the child's age, overweight and obesity, history of comorbidities, the child's age, history of possible genetic causes comorbidities, possible and any family history of genetic causes and any metabolic disease related family history of metabolic to being overweight or disease related to obese. [1.3.10] overweight and obesity. The results of the Document the results of Updated to discussion should be any discussion. Keep a reflect NICE documented, and a copy copy of the agreed goals house style and of the agreed goals and and actions (ensure the to remove actions should be kept by person also does this), or overlap with put this in the person's recommendation the person and the healthcare professional or notes.[1.4.3] 1.2.4.4 of CG put in the notes as

appropriate. Healthcare		43.
professionals should tailor		
support to meet the		
person's needs over the		
long term.		
Information should be	Provide information in	Lindatad ta
		Updated to
provided in formats and	formats and languages	reflect NICE
languages that are suited	that are suited to the	house style and
to the person. When	person. Use everyday,	to edit the
talking to patients and	jargon-free language and	language related
carers, healthcare	explain any technical	to the learning
professionals should use	terms when talking to the	disabilities
everyday, jargon-free	person and their family or	population
language and explain any	carers. Take into account	
technical terms.	the person's:	
Consideration should be	and atoms of life	
given to the person's:	-age and stage of life	
age and stage of	-gender	
life	-cultural needs and	
	sensitivities	
• gender		
cultural needs and	-ethnicity	
sensitivities	-social and economic	
• ethnicity	circumstances	
social and	-specific communication	
	needs (for example	
economic circumstances	because of learning	
physical and mental	disabilities, physical	
disabilities.	disabilities or cognitive	
	impairments due to	
	neurological conditions	

	[1.4.6]	
People who are	Give people who are	Updated to
overweight or obese, and	overweight or obese, and	reflect NICE
their families and/or	their families and/or	house style and
carers, should be given	carers, relevant	to include an up
relevant information on:	information on:	to date footnote
overweight and obesity in general,	-being overweight and obesity in general,	cross referring to the 'Weight wise' campaign.
including related health	including related health	In place of
risks	risks	Appendix D, a
realistic targets for weight loss; for adults the targets are usually	-realistic targets for weight loss; for adults the targets are usually:	footnote has been added to cross refer to NHS choices:
- maximum weekly	-maximum weekly weight	Healthy Eating
weight loss of 0.5-1 kg	loss of 0.5-1 kg	website
- aim to lose 5–10%	-aiming to lose 5-10% of	
of original weight	original weight.	
the distinction	-the distinction between	
between losing weight and	losing weight and	
maintaining weight loss,	maintaining weight loss,	
and the importance of	and the importance of	
developing skills for both;	developing skills for both;	
the change from losing	advise them that the	
weight to maintenance	change from losing weight	
typically happens after 6-9	to maintenance typically	
months of treatment	happens after 6-9 months	
realistic targets for	of treatment	
outcomes other than	-realistic targets for	
weight loss, such as	outcomes other than	
increased physical activity,	weight loss, such as	

## healthier eating increased physical activity and healthier eating diagnosis and treatment options -diagnosis and treatment options healthy eating in general (see appendix D) -healthy eating in general medication and side -medication and side effects effects surgical treatments -surgical treatments self care -self-care -voluntary organisations voluntary organisations and support and support groups and groups and how to contact how to contact them. them. Ensure there is adequate There should be adequate time in the consultation to time in the consultation to provide information and provide information and answer questions.[1.4.8] answer questions. Low-calorie diets (1000-Consider low-calorie diets Updated to reflect NICE 1600 kcal/day) may also (800–1600 kcal/day), but be considered, but are be aware these are less house style. less likely to be likely to be nutritionally Definition of low calorie diet nutritionally complete complete.[1.7.6] amended to reflect changes to definition of a very-low-calorie diet by consensus with

		GDG and review
		of evidence.
In the longer term, people	Encourage people to eat a	Updated to
should move towards	balanced diet in the long	NICE house
eating a balanced diet,	term, consistent with other	style and
consistent with other	healthy eating	addition of a
healthy eating advice	advice.[1.7.11]	footnote referral
		to NHS choices
		Healthy Eating
		website
Farmer	Fan area we shall be a least	I la date de
For overweight and obese	For overweight and obese	Updated to
children and adolescents,	children and young	NICE house
total energy intake should	people, total energy intake	style including
be below their energy	should be below their	the use of the
expenditure. Changes	energy expenditure.	term young
should be	Changes should be	people, rather
sustainable.[1.2.4.37]	sustainable.[1.7.14]	than
		adolescents.
In children younger than	In children younger than	Removal of life
12 years, drug treatment	12 years, drug treatment	threatening and
may be used only in	may be used only in	examples of
exceptional	exceptional	severe life
circumstances, if severe	circumstances, if severe	threatening
life-threatening	comorbidities are present.	comorbidities
comorbidities (such as	Prescribing should be	deleted as
sleep apnoea or raised	started and monitored only	considered by
intracranial pressure) are	in specialist paediatric	the GDG to be
present. Prescribing	settings [1.8.5]	unhelpful in
should be started and		clinical practice.
monitored only in		
specialist paediatric		

settings		
In children aged 12 years	In children aged 12 years	Remove
and older, treatment with	and older, treatment with	reference to
orlistat or sibutramine is	orlistat is recommended	sibutramine as
recommended only if	only if physical	marketing
physical comorbidities	comorbidities (such as	authorisation
(such as orthopaedic	orthopaedic problems or	has been
problems or sleep apnoea)	sleep apnoea) or severe	suspended.
or severe psychological	psychological	
comorbidities are present.	comorbidities are present.	
Treatment should be	Treatment should be	
started in a specialist	started in a specialist	
paediatric setting, by	paediatric setting, by	
multidisciplinary teams	multidisciplinary teams	
with experience of	with experience of	
prescribing in this age	prescribing in this age	
group.	group. [1.8.6]	
Orlistat or sibutramine	Do not give orlistat to	Update to NICE
should be prescribed for	children for obesity unless	house style and
obesity in children only by	prescribed by a	removal of
a multidisciplinary team	multidisciplinary team with	reference to
with expertise in:	expertise in:	sibutramine as
duug maanitaring	du un manaritarian	marketing
drug monitoring	-drug monitoring	authorisation
<ul> <li>psychological</li> </ul>	-psychological support	has been
support		suspended.
	-behavioural interventions	
behavioural	-interventions to increase	
interventions	physical activity	
interventions to		
increase physical activity	-interventions to improve	
	diet. [1.8.7]	
interventions to		

After drug treatment has been started in specialist care, it may be continued in primary care if local circumstances and/or licensing allow	Drug treatment may be continued in primary care for example with a shared care protocol if local circumstances and/or licensing allow. [1.8.8]	Update to reflect NICE house style. Also added reference to the use of a shared care protocol to support prescribing decisions between specialist services and primary care in line with current practice to ensure safe prescribing
If orlistat or sibutramine is prescribed for children, a 6–12-month trial is recommended, with regular review to assess effectiveness, adverse effects and adherence.	If orlistat is prescribed for children, a 6–12-month trial is recommended, with regular review to assess effectiveness, adverse effects and adherence.  [1.9.7]	Removal of sibutramine and to include footnote highlighting that the use of orlistat in children and young people is outside its marketing authorisation.

recommended as a treatment option for people with obesity if all of the following criteria are fulfilled:

- they have a BMI of 40 kg/m² or more, or between 35 kg/m² and 40 kg/m² and other significant disease (for example, type 2 diabetes or high blood pressure) that could be improved if they lost weight
- all appropriate nonsurgical measures have been tried but have failed to achieve or maintain adequate, clinically beneficial weight loss for at least 6 months
- the person has been receiving or will receive intensive management in a specialist obesity service
- the person is generally fit for anaesthesia and surgery
- the person commits to the need for long-term

treatment option for people with obesity if all of the following criteria are fulfilled:

- -They have a BMI of 40 kg/m² or more, or between 35 kg/m² and 40 kg/m² and other significant disease (for example, type 2 diabetes or high blood pressure) that could be improved if they lost weight.
- -All appropriate nonsurgical measures have been tried but have not achieved or maintained adequate, clinically beneficial weight loss.
- -The person has been receiving or will receive intensive management in a tier 3 service.
- The person is generally fit for anaesthesia and surgery.
- The person commits to the need for long-term follow-up.

See recommendations

house style and edits have been made to use more sensitive language and avoid the term failure

Removal of 'at least 6 months' from the second bullet as it is inappropriately used as a barrier to surgery by some care providers limiting access to appropriate interventions.

follow-up.  See recommendations 1.7.6.12 and 1.7.6.13 for additional criteria to use when assessing children, and recommendation 1.7.6.7 for additional criteria for adults.	1.10.12 and 1.10.13 for additional criteria to use when assessing children, and recommendation 1.10.7 for additional criteria for adults. See also recommendation 1.11.1, 1.11.2 and 1.11.3 for different criteria for people with type 2 diabetes [1.10.1]	
Arrangements for prospective audit should be made, so that the outcomes and complications of different procedures, the impact on quality of life and nutritional status, and the effect on comorbidities can be monitored in both the short and the long term.	Arrange prospective audit so that the outcomes and complications of different procedures, the impact on quality of life and nutritional status, and the effect on comorbidities can be monitored in both the short and the long term.  [1.10.5]	Updated to reflect NICE house style and include a footnote cross referring to the National Bariatric Surgery Register.
The surgeon in the multidisciplinary team should:  • have undertaken a relevant supervised training programme  • have specialist experience in bariatric	The surgeon in the multidisciplinary team should:  - have had a relevant supervised training programme  - have specialist experience in bariatric	Updated to reflect NICE house style and include a footnote cross referring to the National Bariatric Surgery Register.

surgery	surgery	
be willing to submit	- submit data for a national	
data for a national clinical	clinical audit scheme.	
audit scheme	[1.10.6]	
Surgical care and follow-	Coordinate surgical care	Updated to
up should be coordinated	and follow-up around the	reflect NICE
•	•	
around the young person	child or young person and	house style and
and their family's needs	their family's needs.	to reflect
and should comply with	Comply with national core	changes to
national core standards as	standards as defined in A	national core
defined in the Children's	Call to Action on Obesity	standards from
NSFs for England and	in England. [1.10.15]	National Service
Wales.		Frameworks to
		A Call To Action
		on Obesity in
		England

# Q.3 Changes to recommendation wording for clarification only (no change to meaning)

Recommendation numbers in current guideline	Comment
1.1.1 – 1.1.4; 1.1.7–1.1.9; 1.2.1; 1.2.5 – 1.2.11; 1.2.13 – 1.2.14; 1.3.1 – 1.3.4; 1.3.11; 1.4.1 – 1.4.2; 1.4.4 – 1.4.5;1.4.7; 1.4.9 – 1.4.13; 1.5.1 – 1.5.3; 1.6.1 – 1.6.8; 1.7.1 – 1.7.5; 1.7.12 – 1.7.14; 1.8.1 – 1.8.4; 1.9.1 – 1.9.6; 1.9.8 - 1.9.11; 1.10.2 – 1.10.4; 1.10.7 – 1.10.14; 1.10.16 – 1.10.17	These recommendations have been updated to reflect NICE house style: