

SCOPE

1 Guidance title

Obesity: the prevention, identification, assessment and management of overweight and obesity in adults and children.

1.1 Short title

Obesity

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 with the Health Development Agency (HDA) and develop guidance, for use in the NHS in England and Wales, on the prevention, identification, assessment, treatment and weight management of overweight and obesity in adults and children. 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. The term 'guidance', rather than 'guideline' is used to reflect the broad nature of the task. The guidance has two key components. First, a guideline providing recommendations on the clinical management of overweight and obesity in the NHS will be developed through the NICE guideline development process. Second, advice on the prevention of overweight and obesity will be issued and will apply in both NHS and non-NHS settings.
- b) The joint Institute and HDA guidance will support the implementation of National Service Frameworks (NSFs) (including those for Coronary Heart Disease, Diabetes, and the NHS Cancer Plan) in those aspects

of care and prevention where 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 update the Framework. The guidance will also support the implementation of the Priorities and Planning Framework 2003–6 and the new General Practitioner (GP) contract.

3 The need for the guidance

a) Obesity and overweight (pre-obese) are conditions in which weight gain has reached the point where it poses significant risks to health. Obesity is more than a lifestyle disorder. It may be considered as a disease and a risk factor for other diseases (for example, type 2 diabetes). In adults, the body mass index (BMI) is frequently used as a measure of overweight and obesity, with overweight being defined as a BMI 25-29.9 and obesity as a BMI ≥ 30 . Epidemiological surveys of England indicate that the prevalence of overweight and obesity in adults has nearly trebled during the last 20 years. In 1980, 8% of adult women and 6% of adult men were classified as obese; by 2002 this had increased to 23% of women and 22% of men, with a further 43% of men and 34% of women being overweight. Therefore, around two-thirds of men and women, almost 24 million adults, were either overweight or obese in 2002. The Welsh Health Survey, 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 half among women by 1998. The prevalence of obesity differs according to age, socio-economic group and ethnic group. The National Audit Office (NAO) (2001) 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
- is more prevalent among certain ethnic groups, particularly among African-Caribbean and Pakistani women (from Joint Health Surveys Unit, 2001)
- is a problem across all regions in England but shows some important regional variations.

In children, the prevalence of obesity is also rising. In England in 2002, over 16% of boys and girls aged 2–15 years were obese compared with 10% of males and around 12% of females in 1995 (defined as a BMI above the 95th percentile) (Health Survey for England [HSE] 2002). Around a further 14% of males and females were estimated to be overweight (defined as a BMI between the 85th and 95th percentiles) compared with around 13% of males and females in 1995. There are inequalities in the prevalence of obesity. The HSE (2002) found that obesity was more common in children, particularly girls, from lower social groups and the National Diet and Nutrition Survey (NDNS) (1997) of young people found that obesity was more common among Asian groups and children living in Wales.

Obesity occurs as a result of consuming more calories than are expended for daily energy needs. 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, many cancers and osteoarthritis. In children and teenagers, the associated morbidities include hypertension, hyperinsulinaemia, dyslipidaemia, type 2 diabetes, psychosocial dysfunction, and exacerbation of existing conditions such as asthma. However, the persistence of obesity into adulthood is the most important concern; the risk of persistence increases with increasing age of the child and severity of obesity.

Obesity imposes a considerable economic burden. The National Audit Office (NAO) (2001), estimated that in 1998 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. The NAO (2001) identified no central guidance on management of obesity 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 GPs 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 which goes beyond the clinical setting and extends into the wider community through work in schools, workplaces and neighbourhoods.
- c) National guidance is needed on the prevention of obesity and the identification, evaluation, and management of overweight and obese adults and children. The NAO (2001) noted that most general practices surveyed said they would find a national guideline for overweight and obesity useful. The reasons for needing guidance in this area are:
- the rising prevalence of obesity and attendant rise in prevalence of diseases associated with obesity
 - the evidence of wide variations in care provided to adults and children with obesity, notably in primary care, and

- the evidence that certain interventions can prevent excess weight gain, overweight and obesity .

4 The guidance

- a) The guideline development process is described in detail in two booklets that are available from the NICE website (see 'Further information'). *The Guideline Development Process – An Overview for Stakeholders, the Public and the NHS* describes how organisations can become involved in the development of a guideline. *Guideline Development Methods – Information for National Collaborating Centres and Guideline Developers* provides advice on the technical aspects of guideline development.
- b) This document is the scope. It defines exactly what this guidance will (and will not) examine, and what the guidance 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

This guideline will cover adults and children aged 2 years or older in the following two categories:

- a) Those who are overweight or obese. This includes adults and children with established comorbidities, and those with or without risk factors for other medical conditions.

The following special groups will be considered, where there is good evidence of effectiveness of interventions targeted at these groups:

- black and minority ethnic groups

- lower socio-economic groups
 - vulnerable groups, including older people and women of child-bearing age.
- b) Those who are currently a healthy weight (defined as being neither obese nor overweight), in order to support them in maintaining a healthy weight.

4.1.2 Groups that will not be covered

- a) Children aged less than 2 years.
- b) The medical management of related medical conditions. However, links will be made to other appropriate NICE guidance, such as that for type 2 diabetes and eating disorders.

4.2 Healthcare settings

- a) The guidance will cover the care provided by NHS healthcare professionals working with overweight and obese adults and children in primary, secondary and, where appropriate, tertiary care (Specialised Morbid Obesity Services). The guidance will address areas that require collaboration between primary, secondary and tertiary care.
- b) The HDA has a remit to work with a wide range of organisations and agencies – not just in the NHS but within national and local government, the voluntary and academic sectors and the private sector.

4.3 Areas that will be covered

The guidance will cover the following areas:

4.3.1 Clinical management of overweight and obesity in adults and children aged 2 years or older

- a) The identification of overweight and obesity in adults and children in primary and secondary care. This will include advice on the following,
- i. The best way to discuss weight in the clinical setting.

- ii. The role of BMI and waist circumference as a method of measuring overweight and obesity, including an appropriate definition of overweight and obesity.
 - iii. The role of serial measurements of height and weight in the clinical setting.
- b) The assessment of overweight and obesity in adults and children in primary and secondary care. This will include advice on the following.
- i. Assessment of any weight-related comorbidities (for example, diabetes, coronary heart disease), including the adult's or child's clinical need to lose weight.
 - ii. Assessment of risk factors strongly associated with overweight and obesity.
 - iii. Determining the adult's or child's readiness and motivation to try to lose weight.
 - iv. Consideration of lifestyle factors that are likely to explain why energy imbalance has occurred, including weight control history, usual dietary habits and physical activity levels.
- c) The management of overweight and obesity in adults and children in primary and secondary care. This will include advice on the following.
- i. How practitioners should develop goals and treatment strategies with the adult or child with overweight or obesity (and their parent/family as appropriate). This will include, as appropriate, the goal of weight maintenance as well as weight loss.
 - ii. The role of non-pharmacological interventions. Where there is good evidence of effectiveness, the following interventions will be considered:

- dietary advice including the role of low-fat, low-carbohydrate and very low-energy diets, the role of meal replacements and the role of 'slimming clubs'
 - physical activity
 - psychological therapies
 - professionally organised alternative therapies¹
- iii The role of pharmacological interventions. This will be limited to orlistat and sibutramine. These are currently the only anti-obesity drugs listed in the *British National Formulary* and available on prescription. The guidance will update the current NICE technology appraisals for these agents and when the guidance has been published the technology appraisals will be withdrawn.
- 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*

Note that guidance recommendations will fall within licensed indications: exceptionally, and only where clearly supported by 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.

- d) Morbid obesity in adults (BMI > 40) and children will be discussed in sufficient detail to inform primary and secondary care practitioners on best practice for referral to tertiary care (Specialised Morbid Obesity Services) and to identify key aspects of care for people with morbid

obesity in tertiary centres. The following aspects of care will be considered.

- i. The identification of morbid obesity in adults and children in primary and secondary care.
- ii The criteria that should be used to determine when adults and children with morbid obesity should be referred to tertiary care.
- iii. The assessment of morbid obesity in adults and children in tertiary care, including a health risk assessment based on presence of comorbidities.
- iv. The management of morbid obesity in adults and children in tertiary care, including the role of an integral management approach aimed at weight loss and weight maintenance. The role of surgical treatment of morbid obesity will be addressed. The guidance will update the NICE technology appraisal on the use of surgery; when the guidance has been published the technology appraisal will be withdrawn.
 - National Institute for Clinical Excellence (2002). *Guidance on the Use of Surgery to Aid Weight Reduction for People with Morbid Obesity*

4.3.2 The prevention of overweight and obesity in adults and children aged 2 years or older, who are currently of a healthy weight

- a) The role of primary prevention approaches intended to support adults and children in maintaining a healthy weight. These approaches will be aimed mainly outside the clinical setting and will include advice on the following.

¹ These are defined as: acupuncture, chiropractic, herbal medicine, homeopathy and osteopathy (House of Lords, 2000).

- i. Raising awareness of what constitutes a healthy weight range and the need to stay within such a range.
- ii. Identifying adults and children who should participate in prevention programmes based on their risk factors for obesity and readiness and opportunities to change their behaviour.
- ii. Maintaining energy balance in adults and children of a healthy weight through a healthy diet and physical activity.
- iv. Developing local strategies to prevent obesity and support weight maintenance in adults and children of a healthy weight. These will focus on multi-faceted interventions including:
 - community-based services including those to which individuals are referred from primary care services
 - broader environmental interventions in the community
 - interventions in workplaces
 - interventions in schools
 - interventions targeted at children aged 2–5 years
 - interventions targeted at black and minority ethnic groups, at vulnerable groups and at individuals at vulnerable life stages.

4.4 Areas that will not be covered

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

- a) Population-based screening programmes for overweight or obesity.
- b) Complementary therapy approaches to the treatment of overweight and obesity that are not included in the definition of 'professionally organised alternative therapies'.
- c) Eating disorders, including binge-eating disorder.

- d) In adults and children, the prevention or management of comorbidities (for example, type 2 diabetes) associated with overweight or obesity.
- e) In children, the diagnosis and management of childhood syndromes (for example, Prader–Willi syndrome) or childhood diseases (for example, hypothyroidism) that lead to obesity.
- f) In terms of prevention of overweight and obesity, the guidance will contribute to the evidence base leading to subsequent recommendations in national Government or European policies, including fiscal policy, food labelling policy and food advertising and promotion. The guidance is intended to support local practice whereas national or ‘upstream’ action will be addressed in the context of wider work such as the forthcoming Food and Health Action Plan.

4.5 Status

4.5.1 Scope

This is the final version of the scope.

4.5.2 Guidance

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

5 Further information

Information on the guideline development process is provided in:

- *The Guideline Development Process – An overview for Stakeholders, the Public and the NHS*
- *Guideline Development Methods – Information for National Collaborating Centres and Guideline Developers*

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

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.”