



Surveillance report 2017 – Weight management: lifestyle services for overweight or obese adults (2014) NICE guideline PH53

Surveillance report

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Surveillance decision

No update.

How we made the decision

We check our guidelines regularly to ensure they remain up to date. We based the decision on surveillance 2 years after the publication of [weight management: lifestyle services for overweight or obese adults \(2014\) NICE guideline PH53](#).

For details of the process and update decisions that are available, see [ensuring that published guidelines are current and accurate](#) in developing NICE guidelines: the manual.

[Surveillance update](#) decisions for the guideline are on our website.

New evidence from 2 year surveillance review on PH53

Two literature searches were undertaken:

1. The original search strategy for the effectiveness review that informed PH53 was re-run with a slight modification to increase sensitivity for identifying interventions that incorporate technology. This was used to identify relevant systematic reviews and randomised controlled trials (RCTs) (with at least 12 month follow-up) published from October 2012 (the end of the search period for the guideline) to June 2016.
2. The original search strategy for the PH53 review of weight maintenance interventions was re-run with a slight modification to allow for the identification of primary studies as well as systematic reviews. Systematic reviews, RCTs and prospective cohort studies (with at least 12 month follow-up) from October 2012 to June 2016 were identified and relevant abstracts were assessed for their impact on the recommendations within PH53.

All relevant abstracts were assessed for their impact on the recommendations within PH53.

Topic experts did not identify and newly published evidence, but did identify 2 on-going pieces of research. We also checked for ongoing and newly published research from the National Institute for Health Research and Cochrane as well as new policy developments.

Twelve pieces of ongoing research were identified.

See [appendix 1](#): evidence summary for references and assessment of the abstracts for all new evidence considered.

Consideration of the evidence

We found 27 new studies and 12 pieces of ongoing research. New evidence was identified for the following guideline recommendations but it has been concluded that it does not have sufficient impact to warrant updating:

- Recommendation 6: Refer overweight and obese adults to a lifestyle weight management programme.
- Recommendation 7: Address the expectations and information needs of adults thinking about joining a lifestyle weight management programme.
- Recommendation 8: Improve programme uptake, adherence and outcomes.
- Recommendation 9: Commission programmes that include the core components for effective weight loss.
- Recommendation 10: Commission programmes that include the core components to prevent weight regain.
- Recommendation 11: Provide lifestyle weight management programmes based on the core components for effective weight loss and to prevent weight regain.
- Recommendation 13: Ensure contracts for lifestyle weight management programmes include specific outcomes and address local needs.

New evidence was also identified for the following research recommendations but it has been concluded that the evidence is not sufficient to enable new recommendations to be made in these areas:

- Research recommendation 2: How effective and cost effective are lifestyle weight management programmes available in the UK over at least at least 3 to 5 years, and ideally beyond 10 years?

- Research recommendation 3: What is the effect of lifestyle weight management programmes available in the UK on:
 - Changes to dietary habits and choices, physical activity level and sedentary behaviour?
 - Wider lifestyle factors, such as sleeping patterns or stress management?
 - Psychological issues, such as body confidence or attitude, depression, anxiety or self-esteem?
 - Health conditions, such as changes to blood pressure or lipids?
 - Unintended outcomes such as musculoskeletal injuries, symptoms of an eating disorder; increased anxiety or depression?
 - User adherence and satisfaction?
 - Quality of life?

See [appendix 1](#) for details of the evidence reviewed.

No new evidence was identified for the following guideline recommendations:

- Recommendation 1: Adopt an integrated approach to preventing and managing obesity.
- Recommendation 2: Ensure services cause no harm.
- Recommendation 3: Raise awareness of local weight management issues among commissioners.
- Recommendation 4: Raise awareness of lifestyle weight management services among health and social care professionals.
- Recommendation 5: Raise awareness of lifestyle weight management services among the local population.
- Recommendation 12: Provide a national source of information on effective lifestyle weight management programmes.
- Recommendation 14: Provide continuing professional development on lifestyle weight management for health and social care professionals.

- Recommendation 15: Provide training and continuing professional development for lifestyle weight management programme staff.
- Recommendation 16: Improve information sharing on people who attend a lifestyle weight management programme.
- Recommendation 17: Monitor and evaluate programmes.
- Recommendation 18: Monitor and evaluate local provision.

Implementation

Data were obtained from The Health Improvement Network (THIN) database for the years 2011 to 2015 showing the proportion of adult patients who were recorded as either overweight or obese (Copyright © 2016, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved). Data were also provided for the number of overweight and obese patients being offered or made a referral to weight management programmes during the same period. The THIN data indicate that 20.6% of adults in their sample were recorded as either overweight or obese in 2013, falling slightly to 19.4% in 2014 and then to 18.9% in 2015. The proportion of patients in the THIN database who have a record of being overweight or obese and a record of being offered/referred to a weight management programme has increased year-on-year from 0.6% in 2011 up to 1.5% in 2015. While these data appear to indicate an upward trend in the number of overweight and obese adults being referred to weight management programmes, this cannot necessarily be attributed to the impact of PH53 given that the guideline was only published in May 2014. Furthermore, while referral rates appear to be improving, the overall proportion of overweight and obese patients being offered/made a referral to weight management services remains very low.

Equalities

No evidence has been found to indicate that the guideline does not comply with anti-discrimination and equalities legislation.

Implications for other NICE programmes

None identified.

Views of topic experts

We considered the views of topic experts, including those who helped to develop the guideline.

Overall decision

Weight management: lifestyle services for overweight or obese adults (PH53) should not be updated at this time. While new evidence has been identified in a number of areas, this largely reinforces the existing recommendations. Emerging evidence has been identified in new areas (the use of technology in lifestyle weight management programmes (LWMPs), mode of delivery of LWMPs and long-term effectiveness of LWMPs) but these are unlikely to lead to new recommendations at this stage. Both topic experts who responded to the surveillance questionnaire indicated that the guideline did not need updating at this point in time.

Date of next surveillance

The timing of the next check to decide whether the guideline should be updated is to be confirmed.

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