National Clinical Guideline Centre

Draft for consultation

Obesity

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

Update of CG43

Appendix A

July 2014

Draft for Consultation

Commissioned by the National Institute for Health and Care Excellence

Royal College of Physicians

The Royal College of Surgeons of England

RCGP Royal College of General Practitioners

Royal College of Nursing

NICE accredited

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.

Copyright
National Clinical Guideline Centre, 2014

Funding
National Institute for Health and Care Excellence

Contents

Appendices **5**
Appendix A: Scope 5

Appendices

Appendix A: Scope

FINAL

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

SCOPE

1 Guideline title

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

1.1 Short title

Obesity.

2 The remit

This is a partial update of 'Obesity' (NICE clinical guideline 43). See section 4.3.1 for details of which sections will be updated

This update is being undertaken as part of the guideline review cycle.

3 Need for the guideline

3.1 Epidemiology

a) In 'Obesity' (NICE clinical guideline 43) the degree of overweight or obesity in adults is defined as:

- Healthy weight 18.5–24.9 BMI (kg/m2)
- Overweight 25–29.9 BMI (kg/m2)
- Obesity I 30–34.9 BMI (kg/m2)
- Obesity II 35–39.9 BMI (kg/m2)
- Obesity III 40 or more BMI (kg/m2)

b) Overweight and obesity is a global problem and the World Health Organization (WHO) predicts that by 2015 approximately 2.3 billion

Obesity final scope Page 1 of 10

adults worldwide will be overweight and more than 700 million obese.

c) Obesity is directly linked to a number of different illnesses including type 2 diabetes, hypertension, gallstones and gastro-oesophageal reflux disease, as well as psychological and psychiatric morbidities. The Health and Social Care Information Centre reported that there were 11,740 inpatient admissions to hospitals in England with a primary diagnosis of obesity in 2011/2012, which is 3 times as many as 5 years earlier in 2006/2007. There were 3 times as many women admitted as men.

d) In the UK obesity rates have nearly doubled in the past 18 years from 13% of men and 16% of women in 1993 to 24% of men and 26% of women in 2011. In 2011, about 3 in 10 children aged 2–15 years were overweight or obese[1]. Ethnic differences exist in the prevalence of obesity and the related risk of ill health. For example, compared with the general population, the prevalence of obesity is lower in men of Bangladeshi and Chinese family origin, whereas it is higher for women of African, Caribbean and Pakistani family origin as reported by the National Obesity Observatory in 2011.

e) The cost of overweight and obesity to society and the economy was estimated to be almost £16 billion in 2007 (over 1% of gross domestic product). The cost could increase to just under £50 billion in 2050 if obesity rates continue to rise, according to projections from the Department of Health. A simulated model reported in the Lancet predicted that there would be 11 million more obese adults in the UK by 2030, with combined medical costs for treatment of associated diseases estimated to increase by £1.9–2 billion/year.

[1] CG43 suggested that pragmatic indicators for action in children who are overweight and obese should be linked to the 91st and 98th centiles respectively of the UK 1990 BMI charts (see recommendation 1.2.2.12)

3.2 *Current practice*

a) 'Obesity' (NICE clinical guideline 43) made clinical recommendations for all managers and health professionals providing NHS care on preventing and managing overweight and obesity. The guideline aimed to ensure that obesity became a priority at both strategic and delivery levels.

b) However, the 2013 Royal College of Physicians report 'Action on obesity: comprehensive care for all' identified that care provision remained varied around the UK and that the models used to manage weight differed. It also reported that access to surgery for obesity in some areas of the UK did not reflect the recommendations in 'Obesity' (NICE clinical guideline 43).

c) The evidence base for very-low-calorie diets has expanded since the publication of the NICE guideline on obesity in 2006, and their use has increased. However, these interventions are not clearly defined, and there are concerns about safety, adherence and the sustainability of weight loss.

d) The NHS Commissioning Board published a clinical commissioning policy in April 2013 identifying commissioning arrangements for complex and specialised obesity surgery, and new commissioning guidance is likely to follow from key providers.

e) Obesity surgery (also known as bariatric surgery) includes gastric banding, gastric bypass, sleeve gastrectomy and duodenal switch. It is usually undertaken laparoscopically. The current NICE guideline recommends that surgery should be an option in certain circumstances, The National Obesity Observatory reports a rise in bariatric surgery from around 470 in 2003/04 to over 6,500 in 2009/10.The National Bariatric Surgery Register's First Registry Report to March 2010 reported on more than 7000 of these operations carried out from April 2008 to March 2010.

f) The National Confidential Enquiry into Patient Outcome and Death review of the care of people who underwent obesity surgery identified in 2012 that there should be a greater emphasis on support and follow-up for people having obesity surgery. The report also noted that clear post-operative dietary advice should be provided to people because of the potential for significant metabolic change, such as vitamin B12 and iron deficiency, after surgery.

g) It is suggested that resolution of type 2 diabetes has been observed as an additional outcome of surgical treatment of morbid obesity. It is estimated that about 60% of patients with type 2 diabetes achieve remission after Roux-en-Y gastric bypass surgery. It has also been suggested that diabetes-related morbidity and mortality is significantly lower after bariatric surgery and that the improvement in diabetes control is long lasting.

4 The guideline

The guideline development process is described in detail on the NICE website (see section 6, 'Further information').

This scope defines what the guideline will (and will not) examine, and what the guideline developers will consider. The scope is based on the referral from the Department of Health.

The areas that will be addressed by the guideline are described in the following sections.

4.1 Population

4.1.1 Groups that will be covered

a) Adults, children and young people (aged 2 years and older) who are overweight or obese. This includes those with established comorbidities, and those with or without risk factors for other medical conditions.

b) The following special groups who have a high rate of morbidity resulting from being obese will be considered, when there is good evidence of effectiveness of separate interventions targeted at these groups:

- black and minority ethnic groups
- people from lower socioeconomic groups
- young people
- people with learning disabilities
- older people
- people with type 2 diabetes.

4.1.2 Groups that will not be covered

a) People of healthy weight.

b) Pregnant women

c) Children under 2

4.2 Setting

a) All settings in which NHS care is provided.

4.3 Management

Areas from the original guideline that will be updated

a) Very-low-calorie diets (in Lifestyle interventions, section 1.2.4, Dietary advice), including their definition, safety, adherence and providing effective support.

b) Follow-up care packages after bariatric surgery (in Surgical interventions, section 1.2.6).

Areas not in the original guideline that will be included in the update

c) The role of bariatric surgery in the management of type 2 diabetes of recent onset in people with obesity.

Areas from the original guideline that will not be updated

d) Public health recommendations for the NHS (section 1.1.2); for local authorities and partners in the community (section 1.1.3); for early years settings (section 1.1.4); for schools (section 1.1.5) and for workplaces (section 1.1.6)

e) General principles of care (section 1.2.1).

f) Identification and classification of overweight and obesity (section 1.2.2).

g) Assessment (section 1.2.3)

h) Lifestyle interventions (section 1.2.4), with the exception of dietary advice related to the use of very-low-calorie diets.

i) Pharmacological interventions (section 1.2.5).

j) Surgical interventions (section 1.2.6), with the exception of follow-up care packages after bariatric surgery.

Areas from the original guideline that are being updated by the NICE Centre for Public Health and are therefore not covered by this scope

k) The public health recommendations in section 1.1.1. These recommendations will be updated and published as public health guidance in a separate partial update (see section 5.2. 'Guidance under development' in this document).

l) The public health recommendations in section 1.1.7. These recommendations will be updated and published as public health guidance in a separate partial update on lifestyle weight management in adults (see section 5.2. 'Guidance under development' in this document).

Areas not covered by the original guideline or the update

The guidance does not cover the following areas of clinical practice:

m) Population-based screening programmes for overweight or obesity.

n) 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.

o) Complementary therapies for overweight and obesity that are not included in the definition of 'professionally organised alternative therapies'.

p) Managing eating disorders, including binge-eating disorder.

q) Preventing and managing comorbidities (for example, type 2 diabetes) associated with overweight or obesity.

r) Diagnosing and managing childhood syndromes (for example, Prader–Willi syndrome) or childhood diseases (for example, hypothyroidism) that lead to obesity.

4.4 Main outcomes

a) Change in weight and BMI

b) Maintenance of weight loss

c) Adverse events.

d) Health-related quality of life.

e) Glycaemic control in people with type 2 diabetes.

f) Remission in people with type 2 diabetes.

g) Long-term mortality.

4.5 Review questions

Review questions guide a systematic review of the literature. They address only the key issues covered in the scope, and usually relate to interventions, diagnosis, prognosis, service delivery or patient experience. Please note that

these review questions are draft versions and will be finalised with the Guideline Development Group.

4.5.1 Very-low-calorie diets

a) In people who are obese, what is the clinical and cost effectiveness of very-low-calorie diets in reducing and maintaining weight loss?

4.5.2 Bariatric surgery for people with type 2 diabetes who are obese

b) In people with new onset type 2 diabetes who are also obese, what is the clinical and cost effectiveness of bariatric surgery for the management of diabetes?

4.5.3 Follow-up care packages after bariatric surgery

c) What is the clinical and cost effectiveness of follow-up care packages after bariatric surgery compared with usual care?

4.6 Economic aspects

Developers will take into account both clinical and cost effectiveness when making recommendations involving a choice between alternative interventions. A review of the economic evidence will be conducted and analyses will be carried out as appropriate. The preferred unit of effectiveness is the quality-adjusted life year (QALY), and the costs considered will usually be only from an NHS and personal social services (PSS) perspective. Further detail on the methods can be found in The guidelines manual.

4.7 Status

4.7.1 Scope

This is the final scope.

4.7.2 Timing

The development of the guideline recommendations will begin in February 2014.

5 Related NICE guidance

5.1 Published guidance

5.1.1 NICE guidance to be updated

Depending on the evidence, this guideline might update and replace parts of the following NICE guidance:

- Obesity. NICE clinical guideline 43 (2006).

5.1.2 NICE guidance to be incorporated

This guideline will not incorporate additional NICE guidance.

5.1.3 Other related NICE guidance

- Managing overweight and obesity among children and young people. NICE public health guidance 47 (2013).
- Assessing body mass index and waist circumference thresholds for intervening to prevent ill health and premature death among adults from black, Asian and other minority ethnic groups in the UK. NICE public health guidance 46 (2013).
- Physical activity: brief advice for adults in primary care. NICE public health guidance 44 (2013).
- Laparoscopic gastric plication for the treatment of severe obesity. NICE interventional procedure guidance 432 (2012).
- Obesity: working with local communities. NICE public health guidance 42 (2012).
- Preventing type 2 diabetes: risk identification and interventions for individuals at high risk. NICE public health guidance 38 (2012).
- Walking and cycling. NICE public health guidance 41 (2012).
- Preventing type 2 diabetes: population and community level interventions. NICE public health guidance 35 (2011).
- Prevention of cardiovascular disease. NICE public health guidance 25 (2010).

- Weight management before, during and after pregnancy. NICE public health guidance 27 (2010).
- Type 2 Diabetes - newer agents (partial update of CG66). NICE clinical guidance 87 (2009)Maternal and child nutrition. NICE public health guidance 11 (2008).
- Four commonly used methods to increase physical activity. NICE public health guidance 2 (2006).
- Eating disorders. NICE clinical guideline 9 (2004).
- Preoperative tests. NICE clinical guideline 3 (2003).

5.2 Guidance under development

NICE is currently developing the following related guidance (details available from the NICE website):

- Overweight and obese adults: lifestyle weight management services. NICE public health guidance. Publication expected May 2014.
- Maintaining a healthy weight and preventing excess weight gain among children and adults. NICE public health guidance. Publication expected March 2015.

6 Further information

Information on the guideline development process is provided in the following documents, available from the NICE website:

- How NICE clinical guidelines are developed: an overview for stakeholders the public and the NHS: 5th edition
- The guidelines manual.

Information on the progress of the guideline will also be available from the NICE website.