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 Q

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

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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 should be offered to fully explore the options for treatment or discuss test results. [1.2.3.6]	Replaced by recommendation 1.3.5.
Very-low-calorie diets (less than 1000 kcal/day) may be used for a 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]	Replaced by recommendation 1.7.8 - 1.7.9.
Any diet of less than 600 kcal/day	Replaced by recommendation 1.7.8 –

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

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

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

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

direct measure of adiposity.	adiposity.[1.2.4]	estimate of adiposity, as opposed to overweight and to reflect addition of footnote providing further information on the use of z scores.
BMI measurement in children and young people should be related to the UK 1990 BMI charts to give age- and gender-specific information.	Relate BMI measurement in children and young people to the UK 1990 BMI charts to give age- and gender-specific information.[1.2.12]	Updated to reflect NICE house style and to reflect addition of footnote providing further information on the use of z scores.
Patients and their families and/or carers should be given information on the reasons for tests, how the tests are performed and their results and meaning.	Give people and their families and/or carers information on the reasons for tests, how the tests are done, and their results and meaning. If necessary, offer another consultation to fully explore the options for treatment or discuss test results.[1.3.5]	Updated to reflect NICE house style and combined with recommendation 1.2.3.6 from CG43
After appropriate	Take measurements (see	Updated to

measurements have been taken and the issues of weight raised with the person, an assessment should be done, covering: • presenting symptoms and underlying causes of overweight and obesity • eating behaviour • comorbidities (such as type 2 diabetes, hypertension, cardiovascular disease, osteoarthritis, dyslipidaemia and sleep apnoea) and risk factors, using the following tests – lipid profile, blood glucose (both preferably fasting) and blood pressure measurement • lifestyle – diet and physical activity • psychosocial distress and lifestyle, environmental, social and family factors – including family history of overweight and obesity	recommendations in section 1.2) to determine degree of overweight or obesity and discuss the implications of the person's weight. Then, assess: -any presenting symptoms -any underlying causes of being overweight or obese -eating behaviours -any comorbidities (for example type 2 diabetes, hypertension, cardiovascular disease, osteoarthritis, dyslipidaemia and sleep apnoea) -any risk factors (assess using lipid profile preferably done when fasting, blood pressure measurement and HbA1c measurement) -the person's lifestyle (diet and physical activity) -any psychosocial distress -any environmental, social and family factors,	reflect NICE house style and to reflect changing measurement of blood glucose to HBA1c. The recommendation was also edited to reflect the needs of people with learning disabilities.

and comorbidities • willingness and motivation to change • potential of weight loss to improve health • psychological problems • medical problems and medication.	including family history of overweight and obesity and comorbidities -the person's willingness and motivation to change lifestyle -the potential of weight loss to improve health -any psychological problems -any medical problems and medication -the role of family and paid carers in supporting individuals with learning disabilities to make lifestyle changes.[1.3.6]	
Referral to specialist care should be considered if: • the underlying causes of overweight and obesity need to be assessed • the person has complex disease states and/or needs that cannot be managed adequately in either primary or secondary care	Consider referral to tier 3 services if: -the underlying causes of being overweight or obese need to be assessed -the person has complex disease states and/or needs that cannot be managed adequately in tier 2 (for example, the additional support needs of people with learning	Updated to reflect NICE house style and to reflect service organisation changes to tiered services. Additions have also been made to reflect the needs of people with learning disabilities. Edits

• conventional treatment has failed in primary or secondary care • drug therapy is being considered for a person with a BMI more than 50 kg/m2 • specialist interventions (such as a very-low-calorie diet for extended periods) may be needed, or • surgery is being considered.	disabilities) -conventional treatment has been unsuccessful -drug treatment is being considered for a person with a BMI more than 50 kg/m² -specialist interventions (such as a very low-calorie diet) may be needed -surgery is being considered.[1.3.7]	have been made to use more sensitive language and avoid the term failure
After measurements have been taken and the issue of weight raised with the child and family, an assessment should be done, covering: • presenting symptoms and underlying causes of overweight and obesity • willingness and motivation to change • comorbidities (such as hypertension, hyperinsulinaemia, dyslipidaemia, type 2	Take measurements to determine degree of overweight or obesity and raise the issue of weight with the child and family, then assess: -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	Updated to reflect NICE house style and to reflect changing measurement of 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

diabetes, psychosocial dysfunction and exacerbation of conditions such as asthma) and risk factors • psychosocial distress, such as low self-esteem, 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 • growth and pubertal status.	dysfunction and exacerbation of conditions such as asthma) -any risk factors (assess 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 activity) -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	young people recommendation by GDG consensus. The recommendation was also edited to reflect the needs of people with learning disabilities.

	-The role of family and paid carers in supporting individuals with learning disabilities to make lifestyle changes. [1.3.8]	
Referral to an appropriate specialist should be considered for children who are overweight or obese and have significant comorbidity or complex needs (for example, learning or educational difficulties).	Consider referral to an appropriate specialist for children who are overweight or obese and have significant comorbidities or complex needs (for example, learning disabilities or other additional support needs).[1.3.9]	Updated to reflect NICE house style and edit the language related to the learning disabilities population.
In secondary care, the assessment of overweight and/or obese children and young people should include assessment of associated comorbidities and possible aetiology, and investigations such as: • blood pressure measurement • fasting lipid profile • fasting insulin and glucose levels • liver function	In tier 3 services, assess associated comorbidities and possible causes for children and young people who are overweight or who have obesity. Use investigations such as: -blood pressure measurement -lipid profile, preferably while fasting -fasting insulin -fasting glucose levels and oral glucose tolerance test	Updated to reflect NICE house style, to reflect changing service organisation to tiered services.

• endocrine function. These tests need to be performed, and results interpreted, in the context of the degree of overweight and obesity, the child's age, history of comorbidities, possible genetic causes and any family history of metabolic disease related to overweight and obesity.	-liver function -endocrine function. Interpret the results of any tests used in the context of how overweight or obese the child is, the child's age, history of comorbidities, possible genetic causes and any family history of metabolic disease related to being overweight or obese. [1.3.10]	
The results of the discussion should be documented, and a copy of the agreed goals and actions should be kept by the person and the healthcare professional or put in the notes as appropriate. Healthcare professionals should tailor support to meet the person's needs over the long term.	Document the results of any discussion. Keep a copy of the agreed goals and actions (ensure the person also does this), or put this in the person's notes.[1.4.3]	Updated to reflect NICE house style and to remove overlap with recommendation 1.2.4.4 of CG 43.
Information should be provided in formats and languages that are suited to the person. When talking to patients and carers, healthcare professionals should use	Provide information in formats and languages that are suited to the person. Use everyday, jargon-free language and explain any technical terms when talking to the	Updated to reflect NICE house style and to edit the language related to the learning disabilities

everyday, jargon-free language and explain any technical terms. Consideration should be given to the person's: • age and stage of life • gender • cultural needs and sensitivities • ethnicity • social and economic circumstances • physical and mental disabilities.	person and their family or carers. Take into account the person's: -age and stage of life -gender -cultural needs and sensitivities -ethnicity -social and economic circumstances -specific communication needs (for example because of learning disabilities, physical disabilities or cognitive impairments due to neurological conditions [1.4.6]	population
People who are overweight or obese, and their families and/or carers, should be given relevant information on: • overweight and obesity in general, including related health risks • realistic targets for weight loss; for adults the	Give people who are overweight or obese, and their families and/or carers, relevant information on: -being overweight and obesity in general, including related health risks -realistic targets for weight loss; for adults the targets	Updated to reflect NICE house style and to include an up to date footnote cross referring to the 'Weight wise' campaign. In place of Appendix D, a footnote has been added to

targets are usually - maximum weekly weight loss of 0.5–1 kg - aim to lose 5–10% of original weight • the distinction between losing weight and maintaining weight loss, and the importance of developing skills for both; the change from losing weight to maintenance typically happens after 6–9 months of treatment • realistic targets for outcomes other than weight loss, such as increased physical activity, healthier eating • diagnosis and treatment options • healthy eating in general (see appendix D) • medication and side effects • surgical treatments • self care • voluntary	are usually: -maximum weekly weight loss of 0.5-1 kg -aiming to lose 5-10% of original weight. -the distinction between losing weight and maintaining weight loss, and the importance of developing skills for both; advise them that the change from losing weight to maintenance typically happens after 6-9 months of treatment -realistic targets for outcomes other than weight loss, such as increased physical activity and healthier eating -diagnosis and treatment options -healthy eating in general -medication and side effects -surgical treatments -self-care -voluntary organisations	cross refer to NHS choices: Healthy Eating website

organisations and support groups and how to contact them. There should be adequate time in the consultation to provide information and answer questions.	and support groups and how to contact them. Ensure there is adequate time in the consultation to provide information and answer questions.[1.4.8]	
Low-calorie diets (1000–1600 kcal/day) may also be considered, but are less likely to be nutritionally complete	Consider low-calorie diets (800–1600 kcal/day), but be aware these are less likely to be nutritionally complete.[1.7.6]	Updated to reflect NICE house style. Definition of low calorie diet 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 should move towards eating a balanced diet, consistent with other healthy eating advice	Encourage people to eat a balanced diet in the long term, consistent with other healthy eating advice.[1.7.11]	Updated to NICE house style and addition of a footnote referral to NHS choices Healthy Eating website
In children younger than 12 years, drug treatment	In children younger than 12 years, drug treatment	Removal of life threatening and

may be used only in exceptional circumstances, if severe life-threatening comorbidities (such as sleep apnoea or raised intracranial pressure) are present. Prescribing should be started and monitored only in specialist paediatric settings	may be used only in exceptional circumstances, if severe comorbidities are present. Prescribing should be started and monitored only in specialist paediatric settings [1.8.5]	examples of severe life threatening comorbidities deleted as considered by the GDG to be unhelpful in clinical practice.
In children aged 12 years and older, treatment with orlistat or sibutramine is recommended only if physical comorbidities (such as orthopaedic problems or sleep apnoea) or severe psychological comorbidities are present. Treatment should be started in a specialist paediatric setting, by multidisciplinary teams with experience of prescribing in this age group.	In children aged 12 years and older, treatment with orlistat is recommended only if physical comorbidities (such as orthopaedic problems or sleep apnoea) or severe psychological comorbidities are present. Treatment should be started in a specialist paediatric setting, by multidisciplinary teams with experience of prescribing in this age group. [1.8.6]	Remove reference to sibutramine as marketing authorisation has been suspended.
Orlistat or sibutramine should be prescribed for obesity in children only by a multidisciplinary team	Do not give orlistat to children for obesity unless prescribed by a multidisciplinary team with	Update to NICE house style and removal of reference to sibutramine as

with expertise in: • drug monitoring • psychological support • behavioural interventions • interventions to increase physical activity • interventions to improve diet.	expertise in: -drug monitoring -psychological support -behavioural interventions -interventions to increase physical activity -interventions to improve diet. [1.8.7]	marketing authorisation has been suspended.
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	If orlistat is prescribed for children, a 6–12-month	Removal of sibutramine and

6–12-month trial is recommended, with regular review to assess effectiveness, adverse effects and adherence.	trial is recommended, with regular review to assess effectiveness, adverse effects and adherence. [1.9.7]	to include footnote highlighting that the use of orlistat in children and young people is outside its marketing authorisation.
Bariatric surgery is 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 non-surgical measures have been tried but have failed to achieve or maintain adequate, clinically beneficial weight loss for at least 6 months	Bariatric surgery is 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 non-surgical measures have been tried but have not achieved or maintained adequate, clinically beneficial weight loss. -The person has been receiving or will receive	Update to NICE 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.

• 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 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.	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 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. [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	The surgeon in the multidisciplinary team	Updated to reflect NICE

should: • have undertaken a relevant supervised training programme • have specialist experience in bariatric surgery • be willing to submit data for a national clinical audit scheme	should: - have had a relevant supervised training programme - have specialist experience in bariatric surgery - submit data for a national clinical audit scheme. [1.10.6]	house style and include a footnote cross referring to the National Bariatric Surgery Register.
Surgical care and follow-up should be coordinated around the young person and their family's needs and should comply with national core standards as defined in the Children's NSFs for England and Wales.	Coordinate surgical care and follow-up around the child or young person and their family's needs. Comply with national core standards as defined in A Call to Action on Obesity in England. [1.10.15]	Updated to reflect NICE house style and to reflect changes to national core standards from National Service 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: