

Public Health Guidelines

Maintaining a healthy weight and preventing excess weight gain among children and adults - Consultation on Draft Guideline Stakeholder Comments Table

23 September – 4 November 2014

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ABL Health	Recommendation 1	3-4	Using the term "Weight maintenance" can be met with resistance from people who perceive this term negatively however, by changing the notion to "weight management" people tend to respond much more positively and are more receptive. Suggest all programmes change to this as a concept.	Thank you for this comment. We are of the view that the title reflects the focus of the work.
ABL Health	Recommendation 1	3-4	Aim to maximise effective methods to increase self-efficacy as research suggests that low self-efficacy is a strong predictor of poor weight loss and / or dropout	Thank you for this comment. Weight loss and lifestyle weight management are outside the remit of this work. You may be interested in existing NICE guidance on lifestyle weight management in adults and children .
ABL Health	Recommendation 1	3-4	There is a need to use effective methods to emphasise the dangers of the dieting mentality and to promote awareness of this and how it can negatively impact long term weight management	Thank you for this comment. The guideline focuses on healthy weight and prevention of weight gain rather than weight loss or maintenance of weight following loss.
ABL Health	Recommendation 1	3	It is inherently difficult to communicate the health benefits of physical activity and disease reduction to individuals who do not prioritise health Whilst patients have in mind reasons for weight management, benefits can be found in actively and openly seeking out patients' personal value of weight	Thank you for this comment. Weight loss and lifestyle weight management are outside the remit of this

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			management (e.g. to improve joint pains/mobility; to be able to fly on a plane without worry about seatbelt size; to improve self-esteem; to fit into preferred clothing etc) in helping shape personal goals and help improve motivation for behaviour change. Sharing clinical benefits with patients may give further reasons for weight management and improve motivation, particularly if health was never a priority.	work. Interventions focusing on how to change behaviour outside the remit of this work. However, this is addressed in a number of listed related guidance, such as NICE guidance on behaviour change and obesity – working with local communities .
ABL Health	Recommendation 1	3	It is important to emphasise the clinical benefits in weight management in patients with existing pre-diabetes, diabetes (ie potential recovery of the condition), hyperlipidaemia and cardiovascular disease, and in the long-term, may help reduce polypharmacy,	Thank you for this comment. Management of conditions associated with obesity are outside the remit of this guidance.
ABL Health	Recommendation 2	5	Excessive restriction of food intake should be avoided as should the prohibiting of certain foods and labelling foods as good vs bad (dieting behaviours). This over-simplification can lead to weight cycling and increased weight gain as well as emotional eating disorders and poor self-esteem in the long-term.	Thank you for this comment. This issue is addressed in recommendation 1 in the final guideline: <ul style="list-style-type: none"> Avoid extreme physical activity or dietary behaviours (such as

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				obsessively exercising or aiming to avoid all carbohydrates) because they are difficult to sustain and may not be accompanied by wider improvements in health.
ABL Health	Recommendation 2	5	For clarity, further explanation is required regarding parents ensuring children have the right amount of sleep	Thank you for this comment. An explanation has been added to this recommendation in the final guideline.
ABL Health	Recommendation 2	5	Adults should be made aware of appropriate sleep levels and how sleep can affect cortisol levels and consequently, food choices	Thank you for this comment. There was inadequate review level evidence identified to make a recommendation on sleep in adults.
ABL Health	Recommendation 2	5	There is a need to emphasise the importance of managing high stress levels which can directly lead to elevated cortisol and in turn, its impact on food choices / cravings	Thank you for this comment. As evidence statement 1.2 highlights no review level evidence was identified on stress.
ABL Health	Recommendation	16	We agree in principal with the statement that the general environment together	Thank you for this

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	n 3.16		with the support of workplaces, school and other specific settings are vital to encourage the individual or group to continue and maintain healthy changes and weight management. All programmes should address this and/or empower the individual/group to address weight issues in their specific setting.	comment. To note that interventions within particular settings or targeted at particular groups were outside the scope of this guidance. However, this is addressed in a number of listed related guidance such as NICE guidance on behaviour change and obesity – working with local communities ..
ABL Health	Recommendation 3.17	16	Where there is no guideline issued, organisations may devise their own leading to a potential lack of standardisation. Even following a less restrictive range would allow a goal-based progressive approach.	Thank you for this comment. Practical examples of thresholds, based on the available evidence have been given where the Public Health Advisory Committee considered this possible .
ABL Health	Recommendation 3.27	19	<i>Maintaining a healthy BMI for ones age</i> is not an appropriate message for a Tier 3 family weight management service to be advocating with older children who may be above the 99 th percentile. Weight reduction advice should be reinforced and delivered under the support of a specialist weight management	Thank you for this comment. Management of obesity is outside the scope of this guidance.

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			team.	For NICE recommendations on lifestyle weight management in children (tier 2) please see here .
ABL Health	Recommendation 3	5	All programmes should explain the difference between exercise and physical activity in an attempt to reduce the barriers to exercise	Thank you for this comment. The approach taken within specific interventions is beyond the scope of this work. However, this is addressed in a number of listed related guidance such as NICE guidance on behaviour change and obesity – working with local communities .
ABL Health	Recommendation 3	5	It is Important to thoroughly explore barriers to physical activity and work through these on an individual basis	Thank you for this comment. The approach taken within specific interventions is beyond the scope of this work. However, this is addressed in a number of listed related guidance, for example, NICE guidance on

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				walking and cycling and promoting physical activity in the workplace .
ABL Health	Recommendation 3	5	Emphasise the benefits of reducing activity into short, manageable bursts (10 minutes) throughout the day versus an hour spent in the gym	Thank you for this comment. The recommendation emphasises physical activity through a range of activities and does not preclude the approach suggested. However no systematic review level data was identified showing better outcomes for bursts of activity against less frequent but longer periods of activity.
ABL Health	Recommendation 3.2.2	18	The draft highlights that, <i>“The Committee noted the way in which messages are framed or worded may make them less acceptable to some people, for example, people with disabilities, from different age or ethnic groups, or with different body sizes”</i> however, this is not referenced in any of the recommendations	Thank you for this comment. This issue is flagged in recommendation 9. The final version of the guideline notes that more information on how to tailor activities and information for specific groups is given

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				in (listed) related guidance.
ABL Health	Recommendation 3.3	12	There is a need to emphasise the objective of weight maintenance beyond the completion of a weight management programme	Thank you for this comment. This guidance focuses on population advice rather than lifestyle weight management. However, recommendation 7 in the updated guidance emphasises the broad range of benefits from maintaining a healthy weight through being more physically active and improving dietary habits.
ABL Health	Evidence 3.8	13	More research is needed around screen time and sleep relating to weight gain and physical activity habits	Thank you for this comment. You may be interested in consideration 3.12 in the updated guideline: 'The Committee recognised that sleep may merely be a marker for other aspects of children's

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				lives, such as increased time spent watching TV. However, members of the Committee were also aware of some evidence that sleep may be influenced by children's physical activity level or that sleep may influence appetite. Whatever the reason, the Committee was of the view that a recommendation on adequate sleep was justified, given the strength of the evidence considered and the wider health benefits.'
ABL Health	Evidence 3.30	20	More evidence needed regarding the long-term benefits of brief interventions (i.e. some evidence points to the fact that brief, low-cost interventions only have a temporary benefit in weight management. Evidence suggests longer, more intense weight management programmes can result in longer-term weight reductions and weight maintenance..	Thank you for this comment. To note that the guidance is focused on population advice rather than lifestyle weight management.
ABL Health	Recommendation 4	6	Encourage mindful eating and reduce eating on the go	Thank you for this comment. No systematic review level data was

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				identified on mindful eating.
ABL Health	Recommendation 4	6	Accentuate the need for meals to be enjoyable and include the encouragement of eating meals at the table as a family as there is supporting evidence to show this is associated with lower obesity rates	Thank you for this comment. Updated recommendation 4 states 'eat meals with children and young people'.
ABL Health	Recommendation 4	6	Reinforce the 5 a day message but highlight that this needs to be a mixture of fruit and vegetables to avoid excess fruit sugar consumption. Emphasise also that fruit/veg in their natural form is superior to processed/blended (e.g. in smoothies) due to fibre content, and reduced fructose content. Emphasis should also be put on the balance of food types and portions per meal (e.g. using the EatWell Plate as a guide) to avoid excess or absence of one food type over another.	Thank you for this comment. The guidance refers to existing population advice (Recommendation 1) and provides links to NHS choices where the Eatwell plate is shown.
ABL Health	Recommendation 4	6	A standardised guide for portion size should be included within the guidelines	Thank you for this comment. No systematic review level evidence was identified on portion size. However, the final guideline includes more reference to portion size within practical examples.
ABL Health	Recommendation 4	6	Reiterate the need to avoid dieting approaches, excessively restricting foods	Thank you for this

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	n 4		and banning foods Reiterate the problems associated with missing meals	comment. The guidance focuses on healthy weight and the prevention of weight gain rather than dieting. No systematic review level evidence was identified on meal skipping per se. Recommendation 1 in the final guideline notes that extreme dietary behaviours should be avoided.
ABL Health	Recommendation 4	6	Encourage the reading of food labels with particular emphasis on total fat, sugars and salt as opposed to calories which can be misleading. Encourage preparing meals from scratch where possible to increase food group awareness, healthy cooking measures and to reduce hidden sugars, salts and fats in meals.	Thank you for this comment. Food labels are included in practical examples in the updated guidance. The approach taken within specific interventions is beyond the scope of this work.
ABL Health	Recommendation 4	6	Use of the term Mediterranean diet may be misinterpreted to include drinking red wine which could have unintended consequences in terms of calorie loading and harmful alcohol use	Thank you for this comment. To prevent misinterpretation, the term 'Mediterranean diet' has been removed

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				from the final guideline.
ABL Health	Recommendation 4	6	There is a need to mention the reduction of energy density coupled with increased nutrient value	Thank you for this comment. Recommendation 3 in the final guideline states 'Encourage everyone to follow a dietary pattern that is mainly based on vegetables, fruits, beans and pulses, wholegrains and fish. In addition, everyone should be encouraged to:....' The committee were of the view that a diet following this pattern would have increased nutrient value for most people.
ABL Health	Recommendation 4	7	<p>There should be an emphasis on the work needed to be carried out by local councils to improve takeaways and fast food outlets. This should include healthy catering awards and inspections as part of food standards.</p> <p>There is a need to address the role of carbonated, high calorie drinks and their ubiquitous placement by sellers and advertisers in public places, gyms and community venues.</p> <p>There is a need for better education in schools around healthy eating and</p>	Thank you for this comment. The approach taken within specific interventions is beyond the scope of this work. The introduction to the updated guidance notes that it aims to support interventions or activities

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			foods.	in related NICE guidance, such as guidelines on the prevention of cardiovascular disease and prevention of type 2 diabetes .
ABL Health	Recommendation 5	7	There is a need to maximise partnership working between alcohol and weight management services to ensure effective joint working.	Thank you for this comment. The approach taken within specific interventions is beyond the scope of this work.
ABL Health	Recommendation 6	8	Recommendations on safe and realistic weight loss goals need to be included to help prevent misconceptions among adults, young people and children.	Thank you for this comment. Lifestyle weight management is beyond the scope of this work. This work was concerned with maintaining a healthy weight.
ABL Health	Recommendation 6	8	Promote awareness of foods advertised as 'low fat' due to the often excessive sugar content	Thank you for this comment. This list of examples is not intended to be exhaustive. Recommendation 1 in the final guideline states

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				'being aware that even food and drinks perceived as 'healthy' (such as olive oil, fruit juice, nuts) can contribute to weight gain if large amounts are consumed.'
ABL Health	Recommendation 7	8	Daily weight monitoring is not recommended for weight maintenance or management as this can encourage a more diet- focused approach rather than a weight management focus which incorporates a whole lifestyle approach. Weekly weighing is sufficient.	Thank you for this comment. This guidance focuses on maintenance of healthy weight and prevention of weight gain rather than weight loss. This recommendation has been amended in the final guideline, listing regular weighing as an example of monitoring and states 'Checking their weight regularly, for example weighing themselves once a week. (See recommendation 7 in behaviour change: individual approaches)'

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ABL Health	Recommendation 7	9	Apps and food diaries can be a very effective way of monitoring food and drink intake but if they are going to be promoted in a public health field they should be standardised and regulated, as currently they may offer non evidenced based nutritional info and promote other commercialised dietary services.	Thank you for this comment. A research recommendation is made on monitoring tools such as apps (See section 4 in final guideline). Recommendation 6 in the final guideline includes a link to potentially useful apps listed on NHS choices.
ABL Health	Recommendation 7	8	Promoting daily weighing can be paradoxically harmful, leading to dieting behaviours, preoccupation with weight and potential development of eating disorders	Thank you for this comment. This recommendation has been amended, listing regular weighing as a practical example of monitoring.
ABL Health	General comment		Emphasise the need for greater geographical consistency for access to weight management services, physical activity, healthier catering services and active transport services. There is currently too much variation in availability of these services.	Thank you for this comment. The approach taken within specific interventions is beyond the scope of this work. The introduction to the final guideline notes that it aims to support interventions or activities

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				in related (listed) NICE guidance.
ABL Health	General comment		The guidance does not go far enough in discussing the evaluation of weight management interventions. Whilst it mentions gaps in research, it does not lend itself to helping commissioners develop appropriate services or how these services could be implemented in their local area.	Thank you for this comment. The issues raised are beyond the scope for his work. You may be interested in existing NICE guidance on obesity – working with local communities and lifestyle weight management in adults and lifestyle weight management in children .
ABL Health	General comment		<p>Orlistat can be used for eligible patients (as per NICE guidelines) but must be used with appropriate counselling that highlights the importance of coupling its use with a balanced and healthy diet with mindfulness to reduce excess fat in the diet. The main expected side effect is loose stools or diarrhoea if there has been excess fat in consumed meals, where the fat from the meal is not completely absorbed by the gut and so causes fatty stools. Where this happens, users should reflect on this and consider cooking those meals differently or swapping it for something less fatty.</p> <p>Users should be made aware that it only works on the fat content of the diet and so high sugar foods (or high calorie foods in other forms) will not cause trigger side effects but could still contribute to weight gain if this is not minimised.</p>	Thank you for this comment. Management of obesity is outside the remit of this guidance.

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			<p>If users fail to make healthier and balanced their eating habits, users should expect some rebound weight gain on stopping Orlistat.</p> <p>Knowing all this, patients may therefore choose not to use Orlistat in the first place but instead try to lose weight by making healthy lifestyle changes alone which should help.</p> <p>Users can get Orlistat over the counter at a lower dose if they are not eligible for NHS prescriptions but the same counselling applies and pharmacists should take responsibility to provide appropriate counselling before dispensing it. Ideally they should also do a medication review periodically if it is being regularly bought OTC without prescription.</p> <p>Clinicians may wish to prescribe orlistat but patients must be properly counselled.</p> <p>Where there is noted to be obvious poor food choices and eating patterns, orlistat use should be avoided or deferred to a time when eating habits have improved and is more balanced. Therefore clinicians should assess patients first.</p> <p>Another time to consider starting Orlistat is when a person has reached a weight loss plateau, where its use may reveal that the diet may still be more fatty than expected if side effects (diarrhoea) is experienced, and so is an area for the user to work on to improve.</p> <p>Orlistat users should be warned about the need for vitamin supplementation. Orlistat users should be reviewed regularly to check compliance and appropriate use (ie that the patient is using it as a tool to help change the diet to a less fatty one, and that it is not being used to "allow" for unhealthy meal</p>	

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			consumption without the absorption of it). Reviews should be once monthly ideally. Users and prescribers should be aware of when Orlistat should be stopped (as per NICE guidelines).	
Association for the Study of Obesity	P8		Section on addressing misconceptions; ASO welcomes the comment on avoiding extreme behaviours such as avoiding all carbohydrates and the emphasis that all foods can contribute to weight gain if large amounts are consumed. It is not helpful to demonise specific food groups such as fats or sugars.	Thank you for this comment.
Association for the Study of Obesity	14		ASO welcomes the sensible clear advice on breakfast consumption	Thank you for this comment.
Association for the Study of Obesity	8		One ASO member states I don't think daily weighing has much of an evidence base, and is often discouraged if anything so I don't think this should be formalised within the document.	Thank you for this comment. This recommendation has been amended to include regular weighing as practical examples of self-monitoring.
Association for the Study of Obesity			Some strategic action points need to be raised within this document e.g. promoting healthy eating by providing cook and eat sessions rather than just encouraging people to eat healthily.	Thank you for this comment. Interventions to change behaviour are beyond the remit of this guidance but are under the remit of other sections of CG43 and related guidance (see section 5), such as NICE guidance on preventing type 2

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				diabetes and obesity – working with local communities .
Association for the Study of Obesity	7		Section on alcohol consumption – good to see this “hidden energy consumption” included in the guidelines. I would query why they have only provided amount of additional energy consumed for men drinking the upper limit of alcohol recommendations for 1 week, and not the same information included for women?	Thank you for this comment, values for women have been added. This recommendation has been amended in the final guideline to include figures for upper daily recommendations rather than weekly.
British Heart Foundation	General	X	<p>The British Heart Foundation (BHF) is the nation’s leading heart charity. Our vision is of a world in which no one dies prematurely of heart disease. There are over 2.3 million people in the UK living with coronary heart disease.</p> <p>We are working to raise awareness of the benefits of a healthy lifestyle and we believe that physical activity and diet are key components of preventing coronary heart disease and a number of other long term conditions. The BHF therefore advocates the benefits and encourages members of the UK public to be physically active and consume a healthy balanced diet. The BHF funds the BHF National Centre for Physical Activity, which is a centre of excellence of physical activity research and practice based evidence development.</p> <p>We therefore warmly welcome the opportunity to respond to this draft guideline.</p>	Thank you for commenting on the draft guideline.

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			If you require any further information regarding this response please contact Amy Smullen, Policy Officer smullena@bhf.org.uk	
British Heart Foundation	General	X	The BHF feels that the guideline is exceptionally vague in defining who the intended audience is and this weakens the strength of this guideline. The BHF does not believe that targeting this recommendation at 'all those with a responsibility for public health' is helpful. This covers a wide range of potential stakeholders including individuals, parents, teachers, healthcare professionals, employers, urban planners etc. This has implications for the rest of the recommendation being relevant and helpful to these groups.	Thank you for this comment. We have updated the Who should take action section in the final guideline to contextualise where the recommendations sit within NICE's broader portfolio of guidelines in this topic area. Please note that this guidance only updates section 1.1.1 of CG43. The approach taken within specific interventions – or settings or staff - are beyond the scope of this work. The final guideline states more clearly that more information on interventions, how to tailor activities and information for specific

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				groups is given in (listed) related guidance.
British Heart Foundation	Recommendation 1	3	We agree that the recommendation should encourage clear communication on the benefits of adopting healthy behaviours. However any practical guidance on how this could be achieved is not provided. Within the context of an undefined wide audience for this guideline, targeted advice on how hard to reach groups should be approached should be included.	Thank you for this comment. The approach taken within specific interventions – or settings or staff - are beyond the scope of this work. The final guideline states more clearly that more information on interventions, how to tailor activities and information for specific groups is given in (listed) related guidance.
British Heart Foundation	Recommendation 1	3	Similarly it would be beneficial to identify the benefits that have the most resonance with people and be more likely to encourage them to change their behaviour. For some groups it will be the non-health benefits that may be of most interest. Key motivators will vary according to the group targeted and it would be helpful to provide guidance on this so that messages and approaches can be tailored accordingly.	Thank you for this comment. The approach taken within specific interventions – or settings or staff - are

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				beyond the scope of this work. The final guideline states more clearly that more information on interventions, how to tailor activities and information for specific groups is given in (listed) related guidance.
British Heart Foundation	Recommendation 1	3	Under the first bullet point, under recommendation, the text should read 'increasing' rather than 'improving' physical activity.	Thank you, the text has been amended in line with your suggestion.
British Heart Foundation	Recommendation 1	3	We believe that there is benefit in acknowledging that any positive behaviour change in either physical activity or dietary habits will have a positive impact on health irrespective of whether there is any change in body weight.	Thank you for this comment. We agree with this view, hence the guideline notes the 'extra benefits' and 'non health' benefits.
British Heart Foundation	Recommendation 1	4	We welcome the acknowledgement that some individuals may need more support than others but need for more clarity re what type(s) of additional support may be needed and in what appropriate contexts these should be delivered.	Thank you for this comment. The approach taken within specific interventions – or settings or staff - are beyond the scope of this work. The updated version of the guidance states more clearly that

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				more information on interventions, how to tailor activities and information for specific groups is given in (related guidance section 5. Related guidance includes, for example, guidance on behaviour change and obesity – working with local communities .
British Heart Foundation	Recommendation 2	4	We support the importance placed on both increasing physical activity participation and adopting a healthy diet at the same time to deliver the most impactful health improvements.	Thank you for this comment.
British Heart Foundation	Recommendation 2	4	It is important for the guideline to make the distinction between physical inactivity and sedentary behaviour, as it is possible to be physically active but also sedentary. Therefore this guideline should also recommend a reduction in sedentary time.	Thank you for this comment. As ES1.2 states that no systematic review level evidence was identified on breaks in sedentary time and other sedentary activities such as reading. The committee noted the inconsistent

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				evidence on sedentary behaviour (see evidence statement 1.14). The committee considered that sedentary behaviour was probably reflected in total leisure time activity, television viewing or other screen time (see recommendation in the final guideline).
British Heart Foundation	Recommendation 2	4	As well as making people aware of the physical activity guidelines there is also a need to help them understand what this could look like for them, which would give the guideline a practical application and provide practical examples that people can relate to. This will be particularly important to assist clear communication.	Thank you for this comment. The approach taken within specific interventions is beyond the scope of this work (please see related guidance). Practical examples are given where the Committee felt appropriate and they were confident on the evidence for them. These are either based

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				on the evidence or extrapolated from the available evidence. Links are also given to other sources of practical information, such as NHS choices.
British Heart Foundation	Recommendation 2	4	We agree that where possible services and interventions needs to be tailored to the person. However some key core messages need to be agreed upon to ensure that everyone, regardless of location, age, gender, socio-economic class receives the same high quality support and advice.	Thank you for this comment. The comment reflects the guidance as it stands and details the key messages in the recommendations.
British Heart Foundation	Recommendation 2	5	We support the recommendation that sugar-sweetened drinks or snacks should be avoided after physical activity. Key to this is education of sports professionals including physical education teachers about the nutritional content of high energy sports drinks and energy gels as part of a healthy balanced diet and providing recommendations of other foods and drinks that can be substituted.	Thank you for this comment. The approach taken within specific interventions is beyond the scope of this work. Please see related guidance (section 5 of the final guideline).
British Heart Foundation	Recommendation 2	5	The second bullet point is very general and therefore is unlikely to be helpful. The BHF suggest that the recommendation could be strengthened by encouraging professionals to provide practical examples of how to incorporate physical activity into weekends and advice on how to eat well whilst socialising.	Thank you for this comment. The wording of this recommendation has been revised in the final guideline..

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				Recommendation 1 in the final guideline states 'Identify perceptions, habits or situations that may undermine efforts to maintain a healthy weight or prevent excess weight gain in the long term, and offer practical examples of helpful alternatives.' The list of examples is not intended to be exhaustive. Individual behaviour change is beyond the remit of this guideline but is covered in related guidance on behaviour change .
British Heart Foundation	Recommendation 3	5	Under bullet point two, it is not strong enough to suggest that for children physical activity could mean active play. For younger children this is the main source of activity throughout their day and this importance should be reflected in the document.	Thank you for this comment. A recommendation providing 'additional advice for children and young people' has been added to the final guideline. The additional recommendation flags

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				the importance of play.
British Heart Foundation	Recommendation 3	5	Reducing time spent viewing television is a good recommendation to reduce sedentary behaviour. However given the weak marketing regulatory environment, simply reducing television time may not reduce the number of advertisements for products high in saturated fat, salt and sugar (HFSS) that children see. Research has shown that promotion of HFSS products to children negatively influences their preferences, purchase behaviour and consumption. We therefore feel this recommendation could be strengthened by linking in NICE's recommendation for a 9pm watershed ban of all HFSS adverts as supported in PH25 to best protect children from marketing of unhealthy foods and drinks.	Thank you for this comment. PH25 is listed in section 5 on related guidance. The approach taken within specific interventions is beyond the scope of this work. Please see related guidance (section 5 of the final guideline).
British Heart Foundation	Recommendation 3	5	We are unsure why the wording 'that increase energy expenditure' is required as all physical activity increases energy expenditure.	Thank you for this comment. The title of this recommendation has been amended to 'Encourage physical activity habits to avoid low energy expenditure' in the final guideline. This recommendation is followed by one titled 'Encourage dietary habits that reduce the risk of excess energy intake'. Considerations section 3.4 to 3.8 discuss energy balance. In particular 3.5 states

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				<p>'Activities that are known to increase energy expenditure or decrease energy intake were assumed to contribute to maintaining a healthy weight. The energy balance concept also implies that addressing a range of both dietary habits and physical activity behaviours is more likely to be effective than changing a single factor in isolation. In addition, evidence considered when developing related NICE guidelines – for example school based interventions to prevent obesity or lifestyle management services for managing overweight and obesity among children and young people and managing overweight and obesity</p>

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				in adults – suggests that a multicomponent approach, addressing both dietary habits and physical activity, is likely to be effective.’
British Heart Foundation	Recommendation 4	6	This recommendation is clearly lacking advice on portion size, which is a key element of consuming a healthy balanced diet. Research conducted by the BHF found that the population is confused about what constitutes an appropriate portion size and that portions have increased over the last 20years. ¹ Therefore we strongly recommend that advice on portions is added to this recommendation as eating too much of any food can contribute to weight gain.	Thank you for this comment. No systematic review level evidence was identified on portion size (ES1.2). Portion size was included in recommendation 4 in the consultation version of the guidance. The updated version of the guidance includes portion size in more practical examples (which are extrapolated from the available evidence) for example recommendation 3 in the final guideline states

¹ The British Heart Foundation (2013) ‘Portion Distortion: How much are we really eating?’

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				'Limit intake of meat and meat products. Follow existing advice from NHS Choices to eat no more than 70 g a day of red and processed meat. Practical ways to do this may include reducing the portion size of meat or how often meals including meat are eaten'.
British Heart Foundation	Recommendation 4	6	Similarly, the BHF also believes that this recommendation should include a reference to the Government's voluntary front-of-pack nutritional labelling scheme as a system to help consumers understand what is in the products they are eating. This scheme helps consumers make quick at-a-glance choices about the foods they purchase and awareness of the scheme and understanding of how it works are useful tools to equip the public with when trying to reduce their weight or maintain a healthy weight.	Thank you for this comment. Labelling is included as a practical example in the Final guideline for example Recommendation 6. Practical examples are extrapolated from the available evidence.
British Heart Foundation	Recommendation 4	7	The BHF agrees with the recommendation to limit the amount of fast or takeaway foods in diets. However we feel that a definition needs to be given as this does not just cover the typical fish and chips type of fast food but also muffins, large sandwiches and cream topped hot drinks that some may not	Thank you for this comment. The wording of this recommendation has been amended to

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			consider as fast foods but are often served in large portion sizes and contain a large amount of calories.	reflect this comment in include a reference to energy dense foods eaten outside the home with takeaways and fast food as examples (reflecting the evidence considered, see evidence statement 1.45)
British Heart Foundation	Recommendation 4	7	Alongside recommendations on sugar-sweetened drinks we would like to see advice on how fruit juices can be consumed as a part of a healthy balanced diet included.	Thank you for this comment. The committee have included a consideration on free sugars (see 3.24) in the guideline. The committee were not able to make any specific recommendations on fruit juice as the evidence for an association with weight outcomes was not identified. However, they recognised that fruit juice was a source of

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				free sugars, and therefore should not be suggested as an alternative to sugar sweetened drinks.
British Heart Foundation	Recommendation 4	7	Alongside recommending a reduction in meat consumption, there needs to be practical advice on what healthy substitutes should be consumed, for example fish and pulses, to ensure a healthy balanced diet is still achieved.	Thank you for this comment. The final guideline is more specific about recommended amounts of meat and includes a link to NHS choices.
British Heart Foundation	Glossary	6	In the definition of 'physical activity' we suggest changing the order of examples to start with those of the lowest intensity through to those that are more vigorous, for example competitive sport.	Thank you for this comment, the wording has been amended as you suggested.
British Heart Foundation	Glossary	6	Recommended levels of physical activity– these are 'guidelines' not 'targets.'	Thank you for this comment, the wording has been amended as you suggested.
British Nutrition Foundation	General		We welcome this guidance, which provides a good overview of the advice that should be given to help both children and adults maintain a healthy weight and prevent excess weight gain. We assume that older adults are included as a target group for professionals who will use this document but the guidance would benefit from more consideration of the needs of this population group, in particular those who may be more frail and may find it challenging to be physically active.	Thank you for this comment. The guidance provides population advice. While this covers all adults and children, the guidance notes that advice will

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			<p>A key challenge for those who have managed to lose weight is then to keep it off. This could be a key target group for those using this guidance and it may be helpful to highlight this in the document, for example, for those running a weight loss programme, to ensure participants are targeted for weight maintenance once the programme is complete.</p> <p>However, we feel there are some concepts in the guidance that need more clarification such as using energy density as a weight loss tool because we feel energy density may be poorly understood by both patients and some health professionals (HPs). We are also unsure why the guidance singles out the Mediterranean diet for weight maintenance and no mention is made of the eatwell plate.</p> <p>There is also a lack of emphasis on the training of practitioners in the science of diet and nutrition, such as energy density foods, to give them the confidence to provide appropriate, evidence-based advice to clients in this area.</p>	<p>need to be tailored to different groups and that some people may require additional support (recommendation 9).</p> <p>The final guideline states more clearly that more information on interventions, how to tailor activities and information for specific groups is given in related guidance (see section 5). This includes NICE guidance PH16 on Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care</p> <p>Lifestyle weight management and maintenance following weight loss is outside</p>

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				<p>the remit of this guideline. Please see lifestyle weight management in adults. Links are given to this guidance (see section 5 on related guidance).</p> <p>Weight loss is outside the remit of this guideline - it focuses on maintenance of a healthy weight or prevention of weight gain.</p>
British Nutrition Foundation	Recommendation 1	3 - 4	<p>This recommendation outlines how HPs can support people to maintain a healthy weight or prevent excess weight gain. However, it would be useful to provide an exhaustive list of health benefits for improving physical activity and dietary habits as it cannot be assumed that all health professionals will know these, and different ones will be motivational and/or important for different individuals. We acknowledge that it is important to tailor the messages for the individual and feel that the term 'consistent' is important to emphasise as conflicting advice can be very confusing.</p>	<p>Thank you for this comment.</p> <p>It is not the place of the guideline to provide an exhaustive list of benefits and it is likely that they would vary on an individual basis. Links are provided to other NICE guidelines and sources of</p>

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				information such as NHS choices. Wider issues on implementation and training are outside the remit of this guidance but are addresses in other sections of CG43 or related NICE guidance. Consistency is addressed in recommendation 9 in the final guideline. It states 'Ensure all messages are clear, consistent, specific and non-judgemental.'
British Nutrition Foundation	Recommendation 2	4 - 5	We welcome the focus in this recommendation on how both physical activity and dietary habits work together in tandem to help to maintain a healthy weight and prevent excess weight gain. However, as mentioned previously we feel that more explanation and supporting examples are needed to help HPs and others understand fully the principles of energy density so they then, in turn, can clearly pass these messages on the public. The guidance highlights avoiding behaviours that may hamper attempts to maintain a healthy weight or	Thank you for this comment. The final guideline includes more practical examples and links to practical advice on NHS

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			<p>prevent weight gain. One example is given (the issue of consuming energy dense foods/sweetened drinks is not mentioned in the Evidence section and so it is unclear whether this has simply been picked as a practical example or whether evidence was found to support this being an issue -we are not aware of any published evidence that suggests this is the case) but it would be helpful if the scientific principles were communicated more clearly so that users of the guidance can go beyond the one example given – that is that behavioural patterns that allow people to consume energy dense foods and avoid being active/encourage sedentary time will hamper weight control.</p> <p>Ensuring sustainability of healthy habits during weekends and school holidays is also mentioned, but we feel it is more important to make the general point of sustaining these habits over the longer term – i.e. months and years in order to maintain a healthy weight.</p> <p>Finally, parents and carers are suggested that children and young people should get enough sleep. While we would support this point, is it not also important to make this point for adults? We are not aware that the evidence in this regard is any stronger in relation to children compared adults and so it is not clear why this should not apply and that, if sleep is to be included in the guidance, why adults should not be included.</p> <p>With the advice about helping children and young people to get enough sleep, there needs to be more explanation about the link between lack of sleep and weight gain as HPs may not necessarily know this.</p>	<p>choices. The introduction to the guidance notes that the recommendations are based on the best available evidence and the practical examples are either based on the evidence or an extrapolation of the evidence. We hope this makes the distinction clearer to the reader.</p> <p>Thank you for this comment. An explanation of why children should get enough sleep has been</p>

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				added to the final guideline. The evidence examined was unclear on the association between sleep and weight outcomes in adults and so no corresponding recommendation for adults was made.
British Nutrition Foundation	Recommendation 3	5 - 6	This recommendation outlines ways to encourage physical habits that increase energy expenditure. Whilst examples are given of ways to increase activities for the general population, there is no mention of other population groups who may find it more challenging to be physically active such as older adults, obese individuals or those with physical disabilities or medical conditions. . Also, it would be helpful for HPs to have more examples of how to limit screen time such as how to set time limits on computers, planning screen time so only chosen programmes are watched, and give examples of other activities that can be given to replace TV or computer time.	Thank you for this comment. The final guideline states more clearly that more information on interventions, how to tailor activities and information for specific groups is given in (listed) related guidance. More practical examples have been added to the updated version of the guideline.
British Nutrition Foundation	Recommendation 4	6 - 7	This recommendation highlights ways to encourage dietary habits that reduce the risk of energy intake. However, some basic principles of healthy eating have been missed such as reference to the NHS Choice's '8 tips for healthy	Thank you for this comment. Links are given throughout to NHS

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			<p>eating' and the <i>eatwell</i> plate. Also, as mentioned previously more supporting materials need to be given to help HPs to understand the concept of energy density in a healthy eating plan if they are to effectively use this in weight management advice.</p> <p>Evidence has accumulated in recent years to suggest that different approaches suit different individuals for weight loss and maintenance (see for example a recent conference report on evidence for a range of weight loss approaches: http://onlinelibrary.wiley.com/doi/10.1111/nbu.12104/abstract). It is unclear why the Mediterranean diet has been singled out as a dietary pattern for weight maintenance, as we are not aware of strong evidence to suggest that this is superior to other dietary patterns in this regard. Evidence for this is not mentioned in any of the supporting documents, In particular, it is unclear why using olive oil in preference to other fats as suggested in the guidance should have any benefit for weight control – indeed later in the guidance olive oil is highlighted as a food thought of as healthy while being highly energy dense. No mention is made here of the <i>eatwell</i> plate, which we feel is unhelpful as this is the key tool the government provides for explaining the principles of a healthy diet and it would be helpful if this was widely used in order to ensure that a consistent message on healthy eating is communicated. In this case it would not be necessary to highlight one style of eating but simply to communicate the basic principles of a healthy diet. There is a range of guidance available about the use of the <i>eatwell</i> plate from Public Health England via NHS Choices and other government publications to support those using the <i>eatwell</i> plate as a communication tool. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/340869/2014-250 - eatwell plate Final version 2014.pdf. There is also a information about using the plate on the BNF site</p>	<p>choices, which has details of the <i>Eatwell</i> plate, 8 tips for healthy eating etc. Practical examples (based on extrapolation of the evidence) are given throughout the final guideline.</p> <p>The final guideline does not include a reference to Mediterranean diet. Recommendation 1 recommends adherence to existing population advice.</p> <p>Weight loss and maintenance following loss are beyond the remit of this guidance.</p>

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			<p>http://www.nutrition.org.uk/healthyliving/healthyeating</p> <p>Also, the point about the benefits of eating breakfast should be made clearer. It is agreed that for those who do not eat breakfast and eat high energy density snacks then they should replace these with a healthy breakfast. However, the evidence is less clear on the importance of eating breakfast for those that choose not to eat breakfast but still follow a healthy diet.</p> <p>Within 'Specific dietary choices' it is unclear why limiting meat and meat products is suggested with no mention of the type of meat/product or any reference to current guidance from the Department of Health about the consumption of meat (i.e. those eating more than 90g/day of red and processed meat on average should reduce this to 70g/day). While we agree that limiting fatty meat and meat products is advisable for weight control, including lean meat (in line with DH guidance) may actually be beneficial in terms of maintaining satiety and providing essential nutrients. We would suggest that this is clarified in the guidance.</p> <p>It may also be useful to include in this recommendation advice on:</p> <ul style="list-style-type: none"> • Food preparation and cooking skills in relation to healthy diets and how these are especially important for children and young people to learn how to cook so they can then carry these skills into adulthood. • Eating at least 2 portions of fish, one of which should be oily such as salmon, trout, mackerel, kippers or sardines, as part of a healthy diet pattern. • Guidance on reading nutrition labels to make healthier choices. 	<p>The wording for the recommendation on breakfast has been amended in the final guideline to clarify the point that you make.</p> <p>The wording for the recommendation on meat has been amended in the final guideline, and includes a reference to existing advice on consumption.</p>
British Nutrition Foundation	Recommendation 6	7 - 8	This recommendation addresses misconceptions about behaviours that may influence weight. Messages need to emphasise that weight gain is due to	Thank you for this comment. We are of the

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			eating more energy than is used by the body. For example, throughout adulthood inactivity and over consumption of energy will lead to weight gain, however eating a diet containing energy dense foods that remains in energy balance won't necessarily lead to weight gain. Therefore focus needs to be on a sustainable healthy eating pattern that provides energy to match requirements for weight maintenance and includes lower energy density foods. Also, regarding the point about eating large amounts of food, this needs to be put in to context – if large amounts of food and drink are consumed, even those perceived as healthy, if they exceed energy balance then weight gain will occur.	view that the guideline is clear on energy balance and that someone will gain weight if they eat more than is used. The guidance makes frequent reference to energy density. You may be interested in considerations 3.4 to 3.8 on energy balance.
British Psychological Society	General		The Society welcomes this document which replaces section 1.1.1 of Obesity Guideline 43 (NICE, 2006) and we are encouraged that it recognises the importance of targeting children as well as adults.	Thank you for this comment.
British Psychological Society	General	N/A	We welcome the reference to using effective methods for encouraging behaviour change and the reference to the NICE behaviour change & public health guidance on page 4. This guidance would form an important adjunct to all sections of the guidance and may be beneficial to reference overall/for all sections.	Thank you for this comment.
British Psychological Society	General	N/A	The Society believes that more research is also needed to identify which are the most effective BCTs (Behavioural Change Techniques) when maintaining a healthy weight and preventing weight gain. Please refer to a systematic review of childhood obesity interventions – which highlights that while certain BCTs may often be used in interventions, there is a lack of clarity as to which ones are effective. (Martin, Chater, & Lorencatto 2013).	Thank you for this comment. The guidance focuses on individually modifiable behaviours. The final guideline states more clearly that more information on

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				interventions, how to tailor activities and information for specific groups is given in (listed) related guidance.
British Psychological Society	General	1	Second paragraph, please acknowledge the psychological and emotional aspects of health on this opening page, please add (in bold): <i>'The aim is to help reduce the risk of main diseases...breast, colon, endometrial, kidney cancer, and to protect individuals psychological health and emotional wellbeing.'</i>	Thank you for this comment. Mental wellbeing has been included in the final guideline.
British Psychological Society	General		The Society believes that it would be useful to include a section on the 'Risk factors of obesity' (see BPS obesity report, 2011, Chapter Newson & Flint): "The basis of obesity usually lies in some combination of environmental, psychosocial and genetic or biological attributes, for example: <ul style="list-style-type: none"> ■ Deprivation (especially for women; Health Survey for England, 2008). ■ Age. ■ Being an ex-cigarette smoker. ■ Self perceptions of not eating healthily. ■ Not being physically active. ■ Hypertension. ■ Income, with a positive association for men and a negative association for women. ■ Additionally, among women only, moderate alcohol consumption was negatively associated with being at risk. 	Thank you for this comment. The context section of this guideline includes the information requested.

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			Childhood: Survivors of childhood cancers, some ethnic minority groups (e.g. southern Asian populations), children or young persons who have one or more obese parent, looked after children, and young persons who experience learning difficulties.	
British Psychological Society	General		<p>Overall there is a focus on the role of diet and physical activity, however (Newson & Sides, 2014):</p> <p><i>'The Foresight Tackling Obesities: Future Choices project report (Butland et al., 2008) provides an obesity system map to highlight the complexity of obesity. This map presents numerous variables that influence obesity, and the interactions and causal linkages between these variables. Within this mapping process there are seven key subsystems or themes which attempt to group variables together. These clusters are physiology; individual activity; physical activity environment; food consumption; food production; individual psychology; and social psychology. The report states that "systemic change is needed across the 'system map', focusing on initiatives aimed at behaviours and the cues for behaviours relating to food, physical activity and physiological and psychosocial factors (p.124)".</i></p> <p><i>The individual psychology cluster contains variables that describe a number of psychological attributes from 'self-esteem' and 'stress' to 'demand for indulgence' and 'level of food literacy'. It also contains variables related to the kind of parenting style prevalent in families with children: 'level of parental control' and 'level of children's control of diet' these variables together influence an individual's 'psychological ambivalence' towards behaviour change. The social psychology cluster captures variables that have influence at the societal level, such as 'education', 'media availability and consumption'</i></p>	<p>Thank you for this comment. This guideline only updates section 1.1.1 of CG43. The guideline focuses on individually modifiable factors. Many of the issues raised by foresight are addressed in other sections of CG43 or other NICE guidance (see section 5 on related guidance). This guidance focuses on individually modifiable factors. Interventions – such as those focusing on parenting style – and training needs of practitioners are beyond the remit of this guidance.</p>

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			<p>and 'TV watching'. It also includes variables related to societal attitudes to weight such as 'social acceptability of fatness' and 'importance of ideal body-size image'.</p> <p>We are concerned that there document has not fully considered the wider aspects of the foresight map, especially the role of individual and social psychology elements which have a key influence on the role of preventing and managing weight at a public health level .</p> <p>We recommend that the NICE guidance considers each of these variables in relation to the prevention of obesity and management of a healthy weight. 'Policy makers and professionals working to prevent the onset of obesity, such as those working in public health need to consider how these psychological components are integrated and targeted towards prevention interventions. Clinicians working to treat obesity need to consider the implications of individual and social psychology variables, and how these variables may contribute, exacerbate, or are a consequence of obesity' (Newson &Sides, 2014). It would be advisable to consult with a Registered Psychologist (such as a Health Psychologist) who has experience in these psychological variables which are related to obesity and public health.</p> <p>For example: Obesity is viewed very negatively and tends to believe that people who are obese are "weak-willed" and "unmotivated" (Carr, Friedman, 2005). People tackling issues of weight management may experience challenges in their social and individual identities, which may have an impact on subsequent behavioural decisions. Public Health and those involved in treatment interventions should aim to bridge the gap between people's in-group identities and those associated with particular lifestyle behaviours. In</p>	

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			<p>order to be effective, services must meet the needs of their clients and address any preconceived negative perceptions by carefully considering how health information is presented, how it is understood and most importantly how identity may affect motivation to engage in, and sustain, new behaviours. (Newson, Povey, Casson, Grogan, 2013).</p> <p>This has implications for communication of healthy weight messages, and should be acknowledged.</p>	
British Psychological Society	General		<p>The Society recommends that there is acknowledgement to the psychological and emotional health of individuals and how these may impact on peoples risk of obesity and/or ability to maintain their weight:</p> <p><i>“specific psychological risk factors may also increase the onset of obesity: Individuals who suffer from psychological disorders (e.g. depression, anxiety and eating disorders) may have more difficulty controlling their consumption of food, exercising an adequate amount, and maintaining a healthy weight.”</i> (BPS, obesity report, 2011)</p>	<p>Thank you for this comment. Acknowledgment of mental wellbeing has been included in the final guideline.</p> <p>Please note that management of conditions that increase the risk weight gain or obesity is outside the remit of this guidance.</p>
British Psychological Society	General		<p>Combining overweight and obesity as if they were a homogenous group is extremely unhelpful from a clinical practice perspective. There is evidence that the relationship between overweight and ill-health is more complex than the general health messages suggest e.g. findings of lower mortality rates for overweight compared to ‘healthy weight’ (e.g. Flegal et al, 2013)</p>	<p>Thank you for this comment. Management of overweight and obesity are considered in detail in related NICE guidance. This guideline</p>

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				only updates section 1.1.1 of CG43 on individually modifiable factors that promote a healthy weight.
British Psychological Society	General		The Society believes that there is an overall absence of understanding and reference to the complex relationship that people have with food and how psychological factors will impact how 'public health' messages are received, understood and implemented by individuals who managing their weight. For many individuals psychological factors and co-morbidities must be understood and adequately addressed in order for individuals to implement public health messages. Individuals have spent years 'dieting' and attempting to adhere to energy balancing but do not achieve successful outcomes until they have explored psychological barriers to weight reduction and maintenance. (Cooper et al, 2010; Stahre, 2005; Dombrowski et al, 2012)	Thank you for this comment. This guideline only updates section 1.1.1 on individually modifiable factors. Interventions that would cover the issues you mention are beyond the remit of this guidance. Please see section on related NICE guidance. In particular, management of overweight or obesity, or maintenance of weight following weight loss is beyond the scope of this work.
British Psychological Society	Recommendation 1	3	Under the first bullet, point number four outlines what it describes as ' <i>non-health benefits such as the enjoyment gained from shared social activities or the positive impact on sleep and learning.</i> '	Thank you for this comment, the wording has been amended.

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			<p>We believe that it is inappropriate to describe such benefits as 'non-health' benefits. This does not seem consistent with the WHO definition of health ('a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'). The statement does not appear to explicitly include mental health benefits, and labels those on the borderline as non-health. For example exercise has long been proven to impact very significantly on individual's emotional health (e.g. Taylor, Sallis, & Needle, 1985; Folkins, & Sime, 1981) and sleep has also been shown to have a key relationship to both physical and mental health (e.g. Reid, et al. 2006).</p> <p>We would recommend altering the wording to make clear the impact exercise has on mental/emotional health and inserting a statement on the mental health and wellbeing benefits of physical activity (see for example Netz et al., 2005; Penedo et al., 2005).</p>	
British Psychological Society	Recommendation 1	3/4	<p>Given the stark gradient in obesity prevalence across socio-economic groups, the contribution that obesity contributes to health inequalities, and overall national policy emphasis on reducing health inequalities, reference to how this guidance could contribute to this aim is missing. We note that further research in this area is suggested, but believe it would be supportive of local areas acting upon these guidelines if there were specific guidelines for pursuing this.</p> <p>This would sit well within Recommendation 1, there is some indirect reference to this on p4 in terms of 'recognising that some groups may need more support than others', but this could be strengthened, for example, by the addition of a new bullet point:</p> <p><i>"Ensure that any communications or activities to promote the</i></p>	<p>Thank you for this comment. Specific interventions are beyond the scope of this work. The issues raised are covered in detail in related NICE guidance and other sections of CG43. The final guideline states more clearly that more information on interventions, how to</p>

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			<i>maintenance of a healthy weight or prevent excess weight gain are evaluated and adapted for their impact on health inequalities.”</i>	tailor activities and information for specific groups is given in related guidance (section 5). To note the committee identified very limited evidence on specific population groups – as discussed in consideration 3.16.
British Psychological Society	Recommendation 1	4	The Society welcomes that behaviour change guidelines are being recommended. There should also be a recommendation of theoretically driven interventions, and examples of those that have used a behaviour change technique taxonomy to enhance a healthy weight – e.g. Michie et al. (2011).	Thank you for this comment. Specific interventions are beyond the scope of this work. The issues raised are covered in detail in related NICE guidance and other sections of CG43. The final guideline states more clearly that more information on interventions, how to tailor activities and information for specific groups is given in

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				(listed) related guidance.
British Psychological Society	Recommendation 1	4	<p><i>"...target and tailor messages, using local knowledge (such as the Joint Strategic Needs Assessment or local surveys), to meet the needs of the population, recognising that some groups may need more support than others"</i></p> <p>We believe that there needs to be emphasis on tailoring of messages for individual needs recognising the combination of variables such as physical and mental health, cognitive ability and life circumstances.</p>	Thank you for this comment. The issues raised are beyond the scope of this guidance And are covered in detail in other guidelines which are listed in the related NICE guidance and other sections of CG43. The final guideline states more clearly that more information on interventions, how to tailor activities and information for specific groups is given in (listed) related guidance.
British Psychological Society	Recommendation 2	5	<p>Bullet point: <i>'Parents and carers should be advised of age specific recommendations on sleep'.</i></p> <p>The Society believes that it would also be valuable to include within recommendation 2 that parents and carers should also be advised of specific recommendation regarding dietary requirements and healthy levels of exercise at age appropriate levels for their children as knowledge/awareness in this area is key (e.g. Pocock, Trivedi, Wills, Bunn, & Magnusson, 2010; Skouteris,</p>	Thank you for this comment. The wording of this recommendation has been amended for clarity.

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			McCabe, Swinburn, Newgreen, Sacher, & Chadwick, 2011).	
British Psychological Society	Recommendation 2	5	<p><i>“Avoid behaviours that may hamper attempts to maintain a healthy weight or prevent excess weight gain”.</i></p> <p>Evidence from cognitive research has found that denial of; in this case, a food substance will increase the likelihood of becoming more preoccupied by it, experiencing a sense of deprivation and risk relapsing into old habits. (Urbszat et al, 2005; Green, 2009; Hill, 2007)</p> <p>We recommend that amending this sentence so instead of the word 'avoid' perhaps use 'manage'.</p>	Thank you for this comment. The Committee were of the view that 'manage' is less clear and not helpful in the context of this guideline, which is aimed at practitioners, not individual members of the public.
British Psychological Society	Recommendation 3	5	<p><i>“People generally become obese when, over a period of time, their energy intake exceeds their energy expenditure. There is a complex interaction of contributory mechanisms influencing this, including biopsychosocial and environmental factors. Part of this complex interaction is inactivity”</i> (BPS Obesity report, 2011)</p> <p>There appears to be no reference to the reduction of sedentary behaviour in this section. While changing dietary intake and improving physical activity are important, so too is reducing long periods of sitting and sedentary behaviour, as meeting the recommended 150 minutes of physical activity per week is less beneficial if one is sitting at a desk for 8 hours a day, watching TV for a further 2-4 hours and sleeping for 8 hours a night. This is absent throughout the document and should be added.</p> <p>Leisure screen activity is also the key behaviour discussed, however, all sitting</p>	Thank you for this comment. The evidence reviews did not identify clear association between sedentary behaviour and weight outcomes. However, the Committee were of the view that sedentary behaviour would be reflected in evidence (and recommendations) on total leisure time activity, TV viewing and other screen time.

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			behaviour should be considered as sedentary. Unfortunately there are no government guidelines on sedentary behaviour (in terms of how often one should move from sitting, whether that be at work or in front of the TV), and this may also be something to raise as worthy of further investigation.	
British Psychological Society	Recommendation 3	5	Recommendation 3 includes increasing physical activity. Given that there is an evidence-base for stair prompts, in particular point-of decision prompts (e.g. Soler <i>et al.</i> (2010), it would be beneficial to highlight this here.	Thank you for this comment. Interventions are beyond the scope of the work but are included in other sections of CG43 and related NICE guidance. There is a recommendation on signing of stairs in CG43 1.1.3.4 The final guideline states more clearly that more information on interventions, how to tailor activities and information for specific groups is given in (listed) related guidance.
British Psychological Society	Recommendation 3	5	This recommendation would benefit from providing guidance on the amount of physical activity that adults and children should engage with per day, for example:	Thank you for this comment. A link to population

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			<i>"Individuals are often confused about how much physical activity or exercise to take and what type of exercise to take...To prevent obesity, people may need to do 45–60 minutes of moderate-intensity activity a day, particularly if they do not reduce their energy intake."</i> (BPS Obesity report, 2011)	recommendations on physical activity is given in recommendation 1 in the final guideline.
British Psychological Society	Recommendation 3	6	First bullet. Again in addition to being encouraging and supportive, providing parents with information regarding ideas for exercise and amount young people need would be valuable. Such information is provided by programmes such as the governments 'games4life'.	Thank you for this comment. The guideline is not intended to be used directly by individuals but for those involved in developing interventions. Links are given to wider sources of advice such as NHS choices and related NICE guidance (see section 5 of the final guideline).
British Psychological Society	Recommendation 4	6	There is no specific guidance for parents and carers. It would be useful to include this in a similar manner to recommendation 3. Again knowledge in this area has seen to be very important in facilitating parents to be the 'agent of change' as regards their children's weight (Skouteris, McCabe, Swinburn, Newgreen, Sacher, & Chadwick, 2011).	Thank you for this comment. The guideline is not intended to be used directly with individuals but for those involved in developing interventions. Links are given to wider sources of advice such as NHS

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				choices and related NICE guidance (see section 5 of the final guideline).
British Psychological Society	Recommendation 4 (3.10)	6	<p>The evidence base regarding breakfast consumption is acknowledged by those drawing together the guidance as unequivocal and largely associative only. Some of the rare prospective/experimental research suggests that breakfast uptake results in eating more calories, i.e., people do not compensate for calories eaten/missed (e.g., Betts et al., 2014). In lean people this may be compensated for by greater physical activity, but it seems premature to conclude that eating an additional meal (rather than eating regularly) would aid in weight management.</p> <p>As sustainable behaviour changes are those that people have chosen for themselves and can easily live with (as acknowledged by the guidance), it would be better to encourage people to tackle dietary improvement holistically, rather than potentially set up breakfast eating as a 'magic bullet' for weight control. This is especially the case if eating breakfast is something that people find unpleasant, or when they find reducing breakfast intake to be a more achievable means of meeting dietary recommendations than changing other habits. Unless we can be sure that breakfast would be healthy and any additional calories eaten would be compensated for, this diverts attention from wider dietary improvement.</p>	Thank you for this comment. Breakfast is contained in a list of dietary habits that may help people maintain a healthy weight or prevent weight gain and is not presented as a "magic bullet". The wording of the final recommendation on breakfast has been amended for clarity.
British Psychological Society	Recommendation 4	6	<p>Eating breakfast bullet point: The following is a somewhat judgemental comment:</p> <p><i>"People who do not usually eat breakfast should eat it instead of other energy</i></p>	Thank you for this comment. Breakfast is contained in a list of dietary habits that may

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			<p><i>dense snacks such as pastries or biscuits.</i></p> <p>Here there is an assumption that if people do not consume breakfast they will consume high energy dense snacks. This is not universal behaviour and it is known that weight gain may occur from a small amount of excess calories per day (see Hill, Wyatt, & Peters, 2012; Hill, Wyatt, Reed, & Peters, 2003). This excess may be consumed via regular meals or snacks or indeed via any form of energy consumption (not just pastries or biscuits).</p> <p>We would recommend that this bullet point is edited: “Eat breakfast. Breakfast choices should reflect general healthy eating advice (such as opting for unsweetened wholegrain cereal or bread and lower fat milk). People who do not usually eat breakfast should eat it instead of other energy dense snacks such as pastries or biscuits.”</p>	<p>help people maintain a healthy weight or prevent weight gain and is not presented as a magic bullet. The wording of the final recommendation on breakfast has been amended for clarity. The Committee’s considerations on the evidence relating to breakfast consumption are in section 3.15</p>
British Psychological Society	Recommendation 4	7	<p>Food is often used as a coping mechanism, particularly when individuals are sad, anxious, stressed, lonely, and frustrated. When individuals feel distressed, they may turn to food to help cope, and though such comfort eating may result in temporary reduction of their distressed mood, any weight gain as a result of this overeating contributes to a negative cycle of behaviour. (BPS obesity report, 2011)</p> <p>The Society recommends that this section acknowledges how individuals often use food as a behavioural tactic to cope with emotional challenges. Individuals should monitor and challenge any emotional triggers that influence their eating behaviour.</p>	<p>Thank you for this comment. This issue is beyond the remit of the guidance.</p> <p>The final guideline states more clearly that more information on interventions, how to tailor activities and information for specific groups is given in (listed) related guidance.</p>

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British Psychological Society	Recommendation 5	7	Within section recommending reduction of alcohol – we would recommend a need to signpost patient to appropriate support services if extent or function of alcohol is problematic.	Thank you for this comment. A link is given to NHS choices information on alcohol.
British Psychological Society	Recommendation 6	8	<p>We recommend that the following is added:</p> <ul style="list-style-type: none"> <i>Health Professionals should assess individual misconceptions by checking the understanding of individuals.</i> <p>People hold different interpretations of healthy eating (Povey et al., 1998) and therefore different misconceptions. It is important to explore the misconceptions of individuals, and check understanding.</p>	<p>Thank you for this comment. This recommendation focuses on public health messages rather than individual needs.</p> <p>The final guideline states more clearly that more information on interventions, how to tailor activities and information for specific groups is given in (listed) related guidance.</p>
British Psychological Society	Recommendation 7 (3.20)	8	<p>The recommendation for people to monitor their weight is welcomed, as self-monitoring does appear to be an important part of a weight loss intervention. However, research suggests it is not a powerful intervention on its own (e.g., Madigan et al., 2014).</p> <p>Further, it we have concerns – and a step towards medicalising everyday life -</p>	Thank you for this comment. The committee considered it appropriate to make recommendations on monitoring. The wording

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			<p>regarding the suggestion all adults should be monitoring their weight daily or weekly. We also know that self-monitoring (for example of physical activity) is not sustained over the long term, so may be better targeted at points where a person is planning to take action to improve their health, where it has the greatest potential for impact.</p> <p>If so, a more proportionate guideline may be to amend this recommendation to:</p> <p><i>“Encourage adults who are attempting to lose or maintain their weight to regularly monitor their weight.”</i></p> <p>or</p> <p><i>“To include encouragement for regularly self-weighing as a core part of all advice and support provided to adults attempting to lose or control their weight”</i></p>	of this recommendation has been amended for clarity.
British Psychological Society	7	8 (&18)	<p>Self-monitoring is a behaviour change technique (BCT) that is often employed to assist weight loss and maintenance. It would be useful to provide specific information about how to promote self-monitoring, for example, by providing specific guidance on implementation interventions: “Translating intentions into behaviour remains a key challenge. Implementation intentions are self-regulatory strategies that involve the formation of specific plans that specify when, how and where performance of behaviour will take place and are likely to be effective in promoting physical activity” (BPS, Obesity report, 2011)</p> <p>Moreover, there are 92 other techniques that have been identified for general behaviour change and it is worthwhile noting that self-monitoring is only one approach and can be used alongside other BCTs. (see Michie, Johnston, Abraham, Francis, & Eccles, 2013; Olander, et al., 2013).</p> <p>Some aspects of these BCTs would be appropriate for children and therefore</p>	Thank you for this comment. This guideline only updates section 1.1.1 of CG43 . Interventions are beyond the remit of the work, but are covered in other sections of the guidance and related guidance (see section 5).

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			this recommendation could be expanded to include guidance for children/ parental monitoring of BCTs. There is some evidence that monitoring of young people's diet has been seen to alter parental behaviour and in turn impact on child behaviour in this specific area (e.g. Faith, 2012). And it is certainly the case that evidence in a variety of settings supports parental monitoring of child behaviours leading to behaviour change. We would therefore believe that similar recommendations for parents would be appropriate.	Interventions, such as parenting interventions were outside the remit of the guidance which only updates section 1.1.1 of CG43.
British Psychological Society	Recommendation 7	9	Encourage adults to monitor their food and drink intake. We recommend that the following is added: <ul style="list-style-type: none"> • <i>Including snacks</i> Snacks are not often reported when individuals are asked to monitor their food intake. • <i>This should include quantities and portion sizes of food eaten.</i> Portion sizes are an essential part of this information. 	Thank you for this comment. No systematic review level evidence was identified on portion size. However portion size and energy dense snacks are included in a number of examples in the updated guidance. Practical examples are based on the evidence available or an extrapolation of the evidence by the Committee.
British Psychological Society	Recommendation 8		We acknowledge that the document is aimed at all those who are involved with the delivery of interventions, not only senior commissioners/managers, there lacked a specific requirement to provide basic training to all staff involved. Often staff on the front-line (i.e., health trainers, exercise referral advisors)	Thank you for this comment. This guidance updates section 1.1.1 of CG43 . Interventions and

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			<p>receive very little training in behavior change or broader weight loss evidence. For example, exercise referral advisors may be well trained in their own area of physical activity, but would not be aware of some of the myths and recommendations that this document is trying to promote. Setting out a responsibility for ensuring this information is disseminated and enacted by front-line staff is missing from this list. This could be included within Recommendation 8, for example:</p> <p><i>“Ensure that all staff who design, deliver, implement or evaluate interventions aimed at helping children or adults maintain or achieve a healthy weight, are fully appraised of the full range of recommendations included in the NICE guidance, whatever their specialty.”</i></p>	<p>practitioner training are beyond the scope of this work but are addressed in other sections of CG43 or related guidance (see section 5).</p> <p>The final guideline states more clearly that more information on interventions, how to tailor activities and information for specific groups is given in (listed) related guidance.</p>
British Psychological Society	Recommendation 8 and 3.22	18	<p>We welcome the importance of communication, and this section should be highlighted further. Wording and tailoring of information to promote public health messages is essential, as are the skills of the health professionals delivering any type of intervention. As such we suggest that</p> <p>Communication styles such as motivational interviewing can enhance the effectiveness of behaviour change communications and the Royal College of Physicians (2013) has recommended that all those who work within obesity and weight management should be trained in motivational interviewing.</p>	<p>Thank you for this comment. Training of health professionals is beyond the remit of this guidance.</p> <p>The final guideline states more clearly that more information on interventions, how to tailor activities and</p>

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				information for specific groups is given in (listed) related guidance.
British Psychological Society	Recommendation 8	9	Adolescents are able to seek help for themselves regarding their health. Therefore we recommend that the bullet is amended to include the following: <i>'Provide contact details for relevant services to adults AND ADOLESCENTS who have concerns about their- or their family's- diet, activity levels or weight.'</i>	Thank you, the text has been amended to reflect the point you raise.
British Psychological Society	3.3	12	Not considering weight regain is a significant omission by the committee. There is extensive evidence that general behavioural advice can lower weight by approximately 10% and the addition of CBT can help with relapse prevention but there is also a growing body of evidence for the physiological element to weight regain.	Thank you for this comment. This guidance only updates section 1.1.1 of CG43. Maintenance of weight following weight loss is address in other sections of CG43 and other related guidance (in particular, lifestyle weight management in adults)
British Psychological Society	3.8	14	<i>"They also assumed that observed associations between TV viewing and weight outcomes may be because of snacking while watching TV, being prompted to eat by TV programmes or adverts, or eating more while being distracted by TV."</i>	Thank you for this comment.

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			This is an accurate assumption.	
British Psychological Society	3.11 3.22 3.24	15	This acknowledgment of lack of research evidence is important to emphasise. Clearly there are specific groups, for example those with learning disabilities who require bespoke interventions.	Thank you for this comment. The final guideline states more clearly that more information on interventions, how to tailor activities and information for specific groups is given in (listed) related guidance.
British Psychological Society	3.17, 3.18	16	When discussing thresholds, while there is an acknowledgment that these would be useful, the Society has concerns that these would be off-putting and seen as unachievable. Recommendations in terms of reducing by % of current situation could help – i.e. a reduce screen-time by 10% (similar to the 5% weight loss recommendation).	Thank you for this comment. The Committee were of the view that the approach suggested would be hard to interpret or apply. The thresholds suggested in practical examples to help with implementation of the recommendation.
British Psychological Society	<u>References:</u>		Betts, J., Richardson, J. D., Chowdhury, E., Holman, G. D., Tsintzas, K. and Thompson, D. (2014) The causal role of breakfast in energy balance and health : A randomized controlled trial in lean adults. <i>The American</i>	Thank you for providing these references. To note that the evidence

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			<p><i>Journal of Clinical Nutrition</i>, 100(2). 539-547. ISSN 0002-9165</p> <p>British Psychological Society (2011) Obesity in the UK: A psychological perspective – <i>British Psychological Society publication</i> http://www.bps.org.uk/sites/default/files/images/pat_rep95_obesity_web.pdf</p> <p>Butland, B., Jebb, S., Kopelman, P., McPherson, K., Thomas, S., Mardell, J., & Parry, V. (2008). Foresight-Tackling Obesity: Future Choices-Project Report 2nd: <i>Government Office for Science: London, UK.</i></p> <p>Carr D, Friedman MA. (2005) Is obesity stigmatizing? Body weight, perceived discrimination, and psychological well-being in the United States. <i>Journal of Health and Social Behavior</i>, 46(3), 244-259.</p> <p>Cooper, Z., Doll, H.A., Hawker, D.M., Byrne, S., Bonner, G., Eeley, E., O'Connor, M.E., Fairburn, C.G. (2010). Testing a new cognitive behavioural treatment for obesity: A randomized controlled trial with three-year follow-up. <i>Behaviour Research and Therapy</i>, 48, 706-713</p> <p>Faith, M. S., Van Horn, L., Appel, L. J., Burke, L. E., Carson, J. A. S., Franch, H. A., Wylie-Rosett, J. (2012). Evaluating parents and adult caregivers as “agents of change” for treating obese children: evidence for parent behavior change strategies and research gaps a scientific statement from the American Heart Association. <i>Circulation</i>, 125(9), 1186-1207</p> <p>Flegal KM, Kit BK, Orpana H, Graubard BI (2013). Association of All-Cause Mortality With Overweight and Obesity Using Standard Body Mass Index Categories: A Systematic Review and Meta-analysis. <i>JAMA</i>.; 309(1):71-82. doi:10.1001/jama.2012.113905.</p> <p>Folkins, C. H., & Sime, W. E. (1981). Physical fitness training and mental health. <i>American Psychologist</i>, 36(4), 373.</p> <p>Green, A.R., Larkin, M., Sullivan, V. (2009) Oh Stuff It! The Experience and Explanation of Diet Failure An Exploration Using Interpretative</p>	<p>review was a review of systematic reviews.</p>

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			<p>Phenomenological Analysis, <i>Journal of Health Psychology</i>, 14(7), 997–1008</p> <p>Hill, J. O., Wyatt, H. R., & Peters, J.C, (2012). Obesity, Energy Balance and Obesity. <i>Circulation</i>, 126, 126-132 doi: 10.1161/CIRCULATIONAHA.111.087213</p> <p>Hill, J.O., Wyatt, H.R., Reed, G.W., Peters, J.C.(2003) Obesity and the environment: where do we go from here? <i>Science</i>, 299, 853–855.</p> <p>Madigan et al: http://www.ijbnpa.org/content/pdf/s12966-014-0125-9.pdf</p> <p>Martin, J., Chater, A. & Lorencatto, F. (2013). Effective behaviour change techniques in the prevention and management of childhood obesity. <i>International Journal of Obesity</i>, 37(10), 1287-1294.</p> <p>Michie, S., Ashford, S., Sniehotta, F. F., Dombrowski, S. U., Bishop, A., & French, D. P. (2011). A refined taxonomy of behaviour change techniques to help people change their physical activity and healthy eating behaviours: the CALO-RE taxonomy. <i>Psychology & Health</i>, 26(11), 1479-1498.</p> <p>Michie, S., Johnston, M., Abraham, C., Francis, J., & Eccles, M. P. (2013). The Behavior Change Technique Taxonomy (v1) of 93 Hierarchically Clustered Techniques: Building an International Consensus for the Reporting of Behavior Change Interventions. <i>Annals of Behavioral Medicine</i>, 1-15.</p> <p>National Institute for Health and Clinical Excellence (2006). Obesity: guidance on prevention, identification, assessment and management of overweight and obesity in adults and children. Clinical Guideline 43. London: NICE.</p> <p>Netz, Y., et al. (2005) <i>Physical activity and psychological well-being in advanced age: a meta-analysis of intervention studies</i>. <i>Psychol</i></p>	

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			<p>Aging, 20(2): 272-84.</p> <p>Newson, L., Povey, R., Cassson, A., Grogan, S. (2013). The experiences and understandings of obesity: Families' decisions to attend a childhood obesity intervention. <i>Psychology and Health</i>. DOI: 10.1080/08870446.2013.803106</p> <p>Newson, L & Sides, N. (2014) The Psychology of Childhood Obesity: A Complex Variable. <i>Translational Issues in Psychological Science</i>, in review.</p> <p>Olander, E. K., Fletcher, H., Williams, S., Atkinson, L., Turner, A., & French, D. P. (2013). What are the most effective techniques in changing obese individuals' physical activity self-efficacy and behaviour: a systematic review and meta-analysis. <i>Int J Behav Nutr Phys Act</i>, 10, 29.</p> <p>Penedo, F.J. and Dahn, J.R. (2005) <i>Exercise and well-being: a review of mental and physical health benefits associated with physical activity</i>. <i>Curr Opin Psychiatry</i>, 18(2): 189-93.</p> <p>Pocock, M., Trivedi, D., Wills, W., Bunn, F., & Magnusson, J. (2010). Parental perceptions regarding healthy behaviours for preventing overweight and obesity in young children: a systematic review of qualitative studies. <i>Obesity Reviews</i>, 11(5), 338-353.</p> <p>Povey, R., Conner, M., Sparks, P., Shepherd, R., & James, R. (1998) Interpretations of healthy and unhealthy eating and implications for dietary change. <i>Health Education Research : Theory and Practice</i>, 13(2), 171-183.</p> <p>Povey, R., Morrell, J. & Povey, R. (2005) <i>Eating for a Healthy Heart</i>. London: Sheldon Press.</p> <p>Taylor, C. B., Sallis, J. F., & Needle, R. (1985). The relation of physical activity and exercise to mental health. <i>Public health reports</i>, 100(2), 195.</p> <p>Reid, K. J., Martinovich, Z., Finkel, S., Statsinger, J., Golden, R., Harter, K., &</p>	

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			<p>Zee, P. C. (2006). Sleep: a marker of physical and mental health in the elderly. <i>The American journal of geriatric psychiatry</i>, 14(10), 860-866.</p> <p>Royal College of Physicians. (2013). Action on Obesity: Comprehensive Care for All. Report of a Working Party. <i>London: RCP</i>.</p> <p>Stahre, Hällström (2005) A short-term cognitive group treatment program gives substantial weight reduction up to 18 months from the end of treatment. A randomized controlled trial. <i>Eat Weight Disord</i>, 10(1), 51-8.</p> <p>Dombrowski, S.U., Sniehotta, F., Avenell, A., Johnston, M., MacLennan, G., Araújo-Soares, V. (2012) Identifying active ingredients in complex behavioural interventions for obese adults with obesity-related co-morbidities or additional risk factors for co-morbidities: a systematic review, <i>Health Psychology Review</i>, 6(1), 7-32, DOI: 10.1080/17437199.2010.513298</p> <p>Skouteris, H., McCabe, M., Swinburn, B., Newgreen, V., Sacher, P., & Chadwick, P. (2011). Parental influence and obesity prevention in pre-schoolers: a systematic review of interventions. <i>Obesity reviews</i>, 12(5), 315-328.</p> <p>Soler <i>et al.</i> (2010) Point-of-decision prompts to increase stair use. <i>American Journal of Preventative Medicine</i>, 38, 292-300.</p> <p>Urbszat, D., Herman, C.P., Polivy, J. (2002). Eat, Drink, and Be Merry, for Tomorrow We Diet: Effects of Anticipated Deprivation on Food Intake in Restrained and Unrestrained Eaters. <i>Journal of Abnormal Psychology</i>, 111(2), 396-401</p>	
City of York Council	Section 1 Rec. 1	3	Include statistics on relative risk of not maintaining a healthy weight to clearly communicate the benefits i.e. National Audit Office report of relative risks of	Thank you for this comment. The

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			other diseases resulting from obesity.	recommendation as it stands does not preclude the provision of this information by practitioners. The recommendation emphasises the broad range of benefits, not just disease outcomes.
City of York Council	Section 1	3	'Who should take action?' includes 'settings such as schools and workplaces'. Seems to contradict section 3.16 (p16) 'the consideration of specific settings (such as schools or workplaces) was outside the remit of this guidance'.	Thank you for this comment. This section has been amended for clarity. The final guideline states more clearly that more information on interventions, how to tailor activities and information for specific groups is given in (listed) related guidance.
City of York Council	Section 1 Rec. 3	5	Expand on this point to include the importance of reducing other sedentary behaviours (not just screen time).	Thank you for this comment. The evidence on sedentary activity and weight outcomes

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				was unclear. However the Committee considered that sedentary behaviour would be reflected in recommendations and evidence on total leisure time activity, TV viewing and other screen time.
City of York Council	Section 1 Rec. 4	6	Suggests Mediterranean diet and increased fruit and vegetable consumption but then suggests wholegrain cereals or bread as breakfast choice. Why not include vegetables (omelette with tomatoes and peppers, etc) or fruit and yoghurt, fruit and porridge, etc as breakfast options?	Thank you for this comment. For clarity, reference to Mediterranean diet has been removed from the final guideline.
City of York Council	Section 1 Rec. 4	7	Recommendation to limit takeaway foods. Could this extend to advice on suitability of advertising messages such as 'Don't cook, just eat campaign' (www.just-eat.co.uk) which encourages people to order takeaways rather than cook their own meals? Could local authorities consider bans on certain advertising from locations such as bus stops. National advice on television advertising that is contrary to public health message.	Thank you for this comment. This guidance updates section 1.1.1 of CG43 (individually modifiable behaviours). The issues you mention are addressed in other sections or related guidance (see section 5 of the guideline).
City of York Council	Section 1 Rec. 4 and Section	7& 15 & 35	Acknowledge that further research is needed into effects on weight of non-nutritive sweeteners. Also consideration to including advice to limit processed /	Thank you for this comment. The final

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	3.12 and Section 10		non-natural foods. .	research recommendations focus on making a package of changes, communication and self-monitoring. Due to the approach to the evidence (a review of systematic reviews) the Committee were unable to make research recommendations on individual factors.
City of York Council	Section 1 Rec. 7	8	Encourage adults to weigh themselves daily is contradictory to NHS Choices and accepted weight management guidance.	Thank you for this comment. This recommendation has been updated in the final guideline to include weekly weighing as a practical example of self-monitoring.
City of York Council	Section 1 Rec. 7	8	Encourage parents to monitor children's food and activity. After age 12 children and young people can be encouraged to monitor their own food intake and activity levels (depending on ability and stage of development) .	Thank you for this comment. Parenting interventions were outside the remit of this guidance. For

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				information, guidance on lifestyle weight management children notes that young people should be encouraged to monitor but for loss / maintenance.
City of York Council	Section 2 and Section 6	9 & 23	Focuses on BMI. No mention of waist circumference and risk of abdominal adipose which is more clearly linked to heart disease than overall BMI. Particularly important in people who may have 'normal' BMI but increased waist circumference.	Thank you for this comment. The definition of overweight and obesity in the glossary included information on waist circumference. The focus on BMI in the context section is to provide information on population prevalence and a reflection of comparable data available.
City of York Council	Section 3.12	15	Should advice be included for Local Authorities in terms of addressing poorer dietary and physical activity habits during school holidays?	Thank you for this comment. The updated version of the guidance states more clearly that more information on interventions, how to tailor activities and

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				information for specific groups is given in related guidance (see section 5).
City of York Council	Section 8	29	Evidence review inconsistent. Committee have included anecdotal evidence particularly around dietary choices. Evidence on satiety from different types of food and effects on hormones such as ghrelin do not seem to have been considered. Should be consistent with level of evidence required for other NICE guidance.	Thank you for this comment. Due to the span of this topic, the evidence reviews focuses on a review of systematic reviews to ensure that the guidance could be developed in the time and resource available. The recommendations are based on the evidence considered. The practical examples are based on the evidence available or extrapolation of the evidence by the Committee, this is made clear in the final guidelines.

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City of York Council	General		Guidance targeted at GPs. Should GP's be making patients aware of weight management when prescribing medication which can aggravate weight gain such as hypoglycaemic agents, corticosteroids, anticonvulsants and certain antidepressants, or conditions such as hypothyroidism and polycystic ovary syndrome?	Thank you, this issue is beyond the remit of this guidance, which updates section 1.1.1 of CG43. The introduction to the final guideline states that 'The guideline covers children (after weaning) and adults. It does not cover the particular needs of women during pregnancy or people who have conditions that increase the risk of being overweight or obese.'
City of York Council	General		No mention of obesogenic environments and public health's ability within local authority to influence planning, transport, housing, environment, etc	Thank you for this comment. This guidance updates section 1.1.1 of CG43. These issues are addressed in other sections of CG43 and related NICE guidance (see section 5).

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				The final guideline states more clearly that more information on interventions, how to tailor activities and information for specific groups is given in (listed) related guidance.
City of York Council	General		Could be more focus on structured activity and encouraging take up of sports and planned physical activities and where people can find information and assistance in accessing this information.	Thank you for this comment. The recommendations on physical activity reflect the evidence considered. The final guideline states more clearly that more information on interventions, how to tailor activities and information for specific groups is given in (listed) related guidance.
City of York Council	General		Document should recommend that advice and services are tailored for children and adults with special needs and disabilities, different ages, gender, cultural background, economic and family circumstances.	Thank you for this comment. The final guideline

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				states more clearly that more information on interventions, how to tailor activities and information for specific groups is given in (listed) related guidance.
City of York Council	General		Advice should emphasise the importance of a whole family approach to eating healthily and being physically active regardless of age and weight	<p>Thank you for this comment. Family meals are included in the final guideline. Please note parenting and family based interventions were outside the remit of this guidance.</p> <p>The updated version of the guidance states more clearly that more information on interventions, how to tailor activities and information for specific groups is given in (listed) related guidance.</p>
City of York Council	General		These guidelines suggest that any physical activity such as dance or	Thank you for this

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			gardening is positive activity. However, this is not taken into account within the GPPAQ. The questionnaire formula should be reviewed in parallel with this guidance to reflect all physical activity.	raising this issue.
Department of Health	1	1	We are pleased to see that health inequalities are referenced within the document. The document could better represent health inequalities through incorporating it into the aim and outlining it as a key focus for the recommendations. Tackling health inequalities is a good mechanism for reducing obesity, particularly in children, as evidence demonstrates that children from the most disadvantaged groups and areas are almost twice as likely to be obese than those from more affluent areas. By outlining a focus to tackle health inequalities this would contribute to the aim of the guideline to 'support the maintenance of a healthy weight and prevent excess weight gain among children and adults'.	<p>Thank you for this comment. The guideline updates section 1.1.1 of CG43 and takes a population approach. Tailored interventions for specific groups are beyond the remit of this work but are considered in other sections of CG43 and related guidance (see section 5).</p> <p>The final guideline states more clearly that more information on interventions, how to tailor activities and information for specific groups is given in (listed) related guidance.</p> <p>For information, limited evidence on specific</p>

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				population group was identified, as consideration section 3.16.
Department of Health	General / 3.11		The guideline notes a gap in research evidence (section 3.11) that limits the extent to which the recommendations can specifically address health inequalities. It is good that NICE have identified a gap in the evidence base and that this will progress further research. Although this will impact the extent to which health inequalities can be incorporated into the document, the guideline could be strengthened by explaining how health inequalities can be specifically addressed in each recommendation. For example, by clearly setting out how commissioners can ensure that those from disadvantaged groups and areas will be able to access advice and support, and how far they should go in targeting resources at this group, given the limited evidence.	Thank you for this comment. The guideline updates section 1.1.1 of CG43 and takes a population approach. Tailored interventions for specific groups are beyond the remit of this work but are considered in other sections of CG43 and related guidance (see section 5). The final guideline states more clearly that more information on interventions, how to tailor activities and information for specific groups is given in (listed) related guidance.

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Department of Health	Recommendation 1	3-4	Recommendation 1 recognises that in order to ensure the guidelines help all population groups some groups may need more support. This recommendation could be strengthened by identifying the groups that may need more support, for example those from disadvantaged groups and areas, and offering specific advice about how those with a responsibility for public health can identify and target these groups.	Thank you for this comment. Limited evidence was identified on specific population group, as consideration section 3.16. However recommendation 9 in the final guideline emphasises the importance of tailoring advice. In addition, the updated version of the guidance states more clearly that more information on interventions, how to tailor activities and information for specific groups is given in related guidance (section 5).
Department of Health	Recommendation 2	4-5	Recommendation 2 could more sufficiently address health inequalities by advising those with a public health responsibility about how they can ensure the advice on physical activity and dietary habits can be targeted more specifically. For example, as habits are transferred from childhood to adulthood	Thank you for this comment. The guidance updates section 1.1.1 of CG43 and takes a

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			<p>this means that inactive children are more likely to suffer health issues as a consequence of physical inactivity in adulthood. It is therefore important that this recommendation is targeted at children from disadvantaged areas as they are almost twice as likely to be obese than those from more affluent areas, and as a result are more likely to experience adverse health effects of inactivity and a poor diet. By targeting children from disadvantaged areas physical activity and healthier diet habits can be initiated from a young age, which will support the aim to maintain a healthy weight and prevent excess weight gain.</p>	<p>population approach. Tailored interventions for specific groups are beyond the remit of this work but are considered in other sections of CG43 and related guidance (see section 5).</p> <p>The final guideline states more clearly that more information on interventions, how to tailor activities and information for specific groups is given in (listed) related guidance.</p>
Department of Health	Recommendation 3	5-6	<p>Recommendation 3 encourages physical activity habits that increase energy expenditure, and NICE have ensured that many recommendations for this are accessible to those on low incomes, for example, walking, dancing and active play. The advice could be improved by outlining how commissioned work based on this recommendation could target those from disadvantaged groups and areas and how it could encourage them to take up these physical activities.</p>	<p>Thank you for this comment. The guidance updates section 1.1.1 of CG43 and takes a population approach. Tailored interventions for specific groups are beyond the remit of this work but are considered</p>

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				<p>in other sections of CG43 and related guidance (see section 5).</p> <p>The final guideline states more clearly that more information on interventions, how to tailor activities and information for specific groups is given in (listed) related guidance.</p>
Department of Health	Recommendation 4	6-7	<p>Recommendation 4 encourages everyone to follow the principles of a Mediterranean diet which is primarily made up of fresh fruit, vegetables, beans and pulses. These types of foods are expensive and the Health Survey for England notes that there is a lower consumption of fruit and vegetables in more disadvantaged groups. To strengthen the guideline the recommendation needs to explain how the most disadvantaged groups and areas could adopt a Mediterranean diet. For example, it is worth making clear that frozen produce is equally nutritious, or making a reference to Healthy Start, which provides pregnant women and families with children under four income based benefits vouchers to put towards fresh and frozen fruit and vegetables.</p>	<p>Thank you for this comment. The guidance updates section 1.1.1 of CG43 and takes a population approach. Interventions for specific groups are beyond the remit of this work but are considered in other sections of CG43 and related guidance (see section 5). Limited evidence was identified on specific population</p>

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				<p>group, as consideration section 3.16. However recommendation 9 in the final guideline emphasises the importance of tailoring advice. In addition,</p> <p>To note that reference to Mediterranean diet has been removed from the final guideline. The guideline highlights the important of adhering to population advice on healthy eating and includes relevant links on NHS Choices.</p>
Department of Health	Recommendation 5		<p>Recommendation 5 advises those who are responsible for public health to encourage adults not to exceed the recommended moderate alcohol consumption. As alcohol related mortality is highest in disadvantaged groups and areas the recommendation could be strengthened by ensuring that it targets disadvantaged groups and areas.</p>	<p>Thank you for this comment. The guidance updates section 1.1.1 of CG43 and takes a population approach. Tailored interventions for specific groups are beyond the remit of this work but are considered</p>

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				<p>in other sections of CG43 and related guidance (see section 5).</p> <p>The updated version of the guidance states more clearly that more information on interventions, how to tailor activities and information for specific groups is given in (listed) related guidance.</p>
Department of Health	Recommendation 7		<p>The recommendation encourages self-monitoring through public health activities and suggests one way of doing this is to use pedometers and apps. For this recommendation to more specifically address health inequalities it needs to evaluate how accessible apps and pedometers are for disadvantaged groups in terms of economic cost. The recommendation could be improved by advising how those from disadvantaged groups and areas could gain access to pedometers and apps.</p>	<p>Thank you for this comment. We have updated the recommendation on self-monitoring it now provides a range of potential low or no cost options for monitoring including 'noting down' foods and checking food labels as well as apps. A link to a range of apps</p>

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				listed on NHS choices is included. This includes apps which are free and could be loaded onto any smart phone, including lower cost phones.
Dietitians in Obesity Management UK (domUK), a specialist group of the British Dietetic Association	General		We welcome this guidance which we feel is much-needed.	Thank you for this comment.
Dietitians in Obesity Management UK (domUK), a specialist group of the British Dietetic Association	Recommendation 1: support everyone to maintain a healthy weight or prevent excess weight gain	3	To the benefits of adopting behaviours to maintain a healthy weight, we would like to see the additional benefits of reducing sedentary behaviours added. These are recognised as a distinct and separate class of behaviours which may be present even in those who are also physically active. Reducing sedentary behaviours (e.g. reducing screen time, regular breaks from sitting) reduces the risk of heart disease, diabetes and some cancers.	Thank you for this comment. The review level evidence that was used in guideline development on sedentary behaviour and weight outcomes was not clear. However, the committee considered that sedentary behaviour would be accounted for in evidence and recommendations on total leisure time activity, TV viewing and other

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				screen time.
Dietitians in Obesity Management UK (domUK), a specialist group of the British Dietetic Association	Recommendation 2: Focus on both physical activity and dietary habits	4	To 'increased physical activity and healthier dietary habits' we would like 'reduced sedentary behaviours' added.	Thank you for this comment. The review level evidence that was identified as part of guideline development on sedentary behaviour and weight outcomes was not clear. However, the committee considered that sedentary behaviour would be accounted for in evidence and recommendations on total leisure time activity, TV viewing and other screen time.
Dietitians in Obesity Management UK (domUK), a specialist group of the British Dietetic Association	Recommendation 2: Focus on both physical activity and dietary habits	5	In relation to the point about consuming sugar-sweetened drinks or snacks with a high energy density after being physically active, we note that this may link in with the NICE Quality Standard on Obesity in children and young people, currently being produced.	Thank you for this comment
Dietitians in Obesity Management UK (domUK), a specialist group of the British Dietetic Association	Recommendation 3: Encourage physical activity	5	'Reduced TV viewing and other leisure screen time' is specified. We feel this should be amended to TOTAL screen time. Many children now have homework online and many adults work with computers. Total screen time	Thank you for this comment. The guideline

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Dietetic Association	habits that increase energy expenditure		including work, school and leisure may therefore add up to substantially more than the suggested limit of 2 hours a day. In addition we would like an additional point made, about the importance of regular breaks from the screen, and regular standing and moving around.	focuses on individually modifiable behaviours. The committee noted that total screen time may be outside of individual control in relation to school or work.
Dietitians in Obesity Management UK (domUK), a specialist group of the British Dietetic Association	Recommendation 5: Encourage adults to limit the amount of alcohol they drink	7	We would like to see an additional recommendation of at least 2 alcohol free days a week. We would also like the high sugar and calorie content of many non-alcoholic drinks mentioned, and the risk that alcohol encourages consumption of high fat, salt and sugary foods and snacks.	Thank you for this comment. The revised recommendation provides calorie information by upper recommended daily intake and practical examples are given for reducing intake. Further information on alcohol recommendations are given in the glossary and a link on NHS choices.
Dietitians in Obesity Management UK (domUK), a specialist group of the British Dietetic Association	Recommendation 6: Address misconceptions about behaviours that may influence	8	To the first point we would like 'and being less sedentary' added. This is as important for those who are currently a healthy weight as for those who are not. It may also be very relevant to those who are currently physically active.	Thank you for this comment. The review level evidence identified on sedentary behaviour and weight outcomes

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	weight			was not clear. However, the committee considered that sedentary behaviour would be accounted for in evidence and recommendations on total leisure time activity, TV viewing and other screen time.
Food and Drink Federation	General		<p>This submission is made by the Food and Drink Federation, the trade association for food and drink manufacturing. Food and drink is the largest manufacturing sector in the UK (accounting for 15% of the total manufacturing sector) turning over £78.7bn per annum; creating GVA of £20bn and employing up to 400,000 people.</p> <p>Thank you for the opportunity to comment on the National Institute for Health and Care Excellence consultation on 'Maintaining a healthy weight and preventing excess weight gain among children and adults'. Due to the extensive nature of the report, we have chosen to limit our comments on the draft recommendations to those relevant to our organisation.</p>	Thank you for this comment.
Food and Drink Federation	1	4	<p>Draft Recommendation 2 – Focus on both physical activity and dietary habits.</p> <p>We agree with the NICE recommendation to adopt a combination of increased physical activity alongside healthier dietary habits to help achieve energy balance. Many FDF member companies have workplace wellbeing programmes which encourage physical activity and incorporate elements such</p>	Thank you for this comment.

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			as gym subsidy, running clubs, and walking to work schemes. For more information, please refer to our comments on section 3.16 below.	
Food and Drink Federation	1	6	<p>Draft Recommendation 4 – Encourage dietary habits that reduce the risk of excess energy intake</p> <p>We believe it is important people are equipped with the knowledge and supported to maintain a healthy lifestyle, including a balanced diet. To reduce the risk of excess energy consumption, rather than advocating elimination of any particular food or drink, we think it is important that people understand the role all foods can play in their diet, from daily staples to occasional treats, as well as realising the importance of portion size and frequency of consumption.</p> <p>It may be helpful for health care professionals to provide guidance to their patients on what constitutes an appropriate portion size. For adults, there is some guidance available on the NHS Choices website. For children, comprehensive guidance on portion sizes has been developed as part of the new school food standards which enter into force in January 2015.</p>	Thank you for this comment. No systematic review level evidence was identified on portion size (as evidence statement 1.2). Portion size is included in more practical examples in the final guideline. Links to NHS choices are given throughout the guidance.
Food and Drink Federation	1	8	<p>Draft Recommendation 6 – Address misconceptions about behaviours that may influence weight.</p> <p>We believe that it is very important to address dietary misconceptions, and communicate that fad diets, or elimination of single ingredients or food groups may not be accompanied wider improvements in health. It is important that people understand that it is total calorie intake / output which will help to maintain a healthy weight.</p>	Thank you for this comment.
Food and Drink Federation	1	9	<p>Draft Recommendation 8 – Provide sources of information and support.</p> <p>We agree it is important that people are informed about what constitutes a</p>	Thank you for this comment. Food labelling

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			<p>healthy lifestyle and are helped to achieve it.</p> <p>Food labelling plays an important role in improving the food literacy of consumers, which in turn helps better-informed choices. Our members are committed to continuing to provide clear nutrition information as they implement new labelling requirements under the Food Information to Consumers Regulation. For most packaged food products this means that nutrition information will be a mandatory requirement by the end of 2014. The majority of products will also continue to include voluntary front of pack information, covering energy, sugars, fat, saturates and salt presented on a <i>per portion</i> basis against Reference Intakes, the new term for Guideline Daily Amounts (GDAs).</p> <p>The 3-year, cross-Europe FLABEL project (<i>Food Labelling to Advance Better Education for Life</i>) published its final results in January 2012. http://flabel.org/en/upload/Final%20webinar%20presentation_FINAL.pdf.</p> <p>The research aimed to provide state-of-the-art research on consumer behaviour and nutrition labels in the EU, and provide guidelines for research, industry and policy-makers. The project found that despite good understanding and prevalence of nutrition information on food labels in Europe, a lack of motivation and attention of consumers prevents labels from impacting positively on food choices. When information was provided on energy and key nutrients most consumers were able to correctly rank products according to healthiness.</p> <p>Given the findings from FLABEL, we consider that there is a real opportunity over the next year to use the change of labels as a hook to engage consumers</p>	<p>is included in a number of recommendations as a practical example in the final guideline.</p>

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			<p>and try to motivate them to look at labels and use the information that is provided there.</p> <p>As part of our commitment to clear and transparent labelling we have produced a Food and Drink Labelling Toolkit aimed at health care professionals to help them explain why it is important to look at food labels to their patients.</p>	
Food and Drink Federation	3.16	16	<p>Section 3.16</p> <p>Although the draft guidance states that consideration of interventions in specific settings (such as workplaces and schools) are outside the remit of the guidance, we believe that this should be reconsidered. These settings are where adults and children respectively spend most of their time.</p> <p>The food and drinks manufacturing sector is a large employer. We firmly believe that responsible employers can provide an environment which facilitates individual action by making it easier for employees to eat a balanced diet and be physically active. Many of our member companies have workplace wellbeing programmes which go far beyond a more traditional health and safety approach, and this is something we consider could be implemented by other sectors, including the public sector.</p> <p>In 2012, we published Workplace Wellbeing, which provides practical guidance for employers on how to create, enhance and promote a health and wellness programme in the workplace. This includes information about encouraging healthy eating and physical activity. We believe the workplace is one of the best areas for bringing together work on calorie consumption, physical activity and education, and should form a key element of any strategy aimed at providing an environment to encourage, enable and reinforce individual</p>	<p>Thank you for this comment. This guidance only updates section 1.1.1 of CG43. The issues you raise are either addressed in other sections of CG43 or related NICE guidance (see section 5).</p> <p>The final guideline states more clearly that more information on interventions, how to tailor activities and information for specific groups is given in (listed) related guidance.</p>

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			actions.	
Food and Drink Federation	General		In conclusion, FDF believes that food and soft drinks manufacturers have shown real leadership in addressing complex public health issues such as obesity. Industry has already demonstrated that much can be achieved through voluntary initiatives, which can move quicker and prove to be more flexible than regulation. We believe the food industry is already an important delivery partner and we are willing to be involved closely in any discussions about how to bring a long-term strategy for obesity prevention to life.	Thank you for this comment.
NHS England, Prevention & Early Diagnosis Programme	'General' (including Section 1 'Who should take action'; Recommendation 1; References to 'public health activities' in other recommendations)	3 3	Most recommendations in this guideline refer to 'public health activities'. There is a danger that this will be interpreted as only being of relevance to local authority public health teams and the services that they commission. Whilst 'Who should take action' mentions other organisations and sectors e.g. the NHS, the links between this list of organisations and the subsequent recommendations could be strengthened by making specific reference to the fact that these organisations have responsibility for 'public health activities'. Similarly Recommendation 1 refers to 'those with a responsibility for public health' and could be supported by further explanation of who this refers to in order to ensure that it is not interpreted too narrowly.	Thank you for this comment. The final guideline states that it is for all those who use related NICE guidance. Therefore the lists of 'who should take action' in related guidance are relevant and include NHS staff. The final guideline also states more clearly that more information on interventions, how to tailor activities and information for specific groups is given in (listed) related guidance.

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Paediatric mental health association	general		Mental health problems not mentioned as precursor to weight gain	Thank you for this comment. Mental wellbeing is referenced throughout the final guideline.
Paediatric mental health association			Emotional health problems not mentioned as precursor to weight gain	Thank you for this comment.
Paediatric mental health association			Focus is on individually modifiable behaviours – not so relevant for children	Thank you for this comment. Recommendation 4 on 'further advice for children and young people' is aimed at parents, carers and everyone in regular contact with children and young people'.
Paediatric mental health association			Children need family based approach to establish healthy feeding behaviours and satiety response from day 1 of life	Thank you for this comment. Infant feeding and weaning are covered in NICE Public Health guideline on maternal and child

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				nutrition . Parenting interventions are outside the remit of this guideline. The final guideline states more clearly that more information on interventions, how to tailor activities and information for specific groups is given in (listed) related guidance.
Paediatric mental health association			Antenatal nutrition is important and not mentioned – include midwives and prenatal care in healthy weight promotion	Thank you for this comment. Antenatal nutrition is under the remit of NICE guideline PH11 on maternal and child nutrition and PH27 weight management before, during and after pregnancy .
Paediatric mental health association			Breast feeding is mildly protective against obesity and not mentioned – health visitors	Thank you for this comment. Infant feeding and weaning are under the remit of NICE guideline PH11 on maternal and child

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				nutrition . This is noted in the 'what does this guideline cover' section of the final guideline.
Paediatric mental health association			Weaning and healthy weight for toddlers not mentioned in detail. Promotion of healthy eating at young age vital including unhelpful parenting behaviours such as using food as pacifiers / rewards -	Thank you for this comment. Infant feeding and weaning are under the remit of NICE guideline PH11 on maternal and child nutrition . This is noted in the 'what does this guideline cover' section of the final guideline.
Paediatric mental health association			Promotion of good mental health and emotional resilience is important and not mentioned. Neither are ways to reduce psychosocial stressors on children and families.	Thank you for this comment. Mental wellbeing is referenced in the final guideline.
Paediatric mental health association			Promotion of alternative forms of comfort / stress relief not mentioned and would be helpful	Thank you for this comment. No review level evidence was identified on this issue.
Paediatric mental health association			Vulnerable children need more specific thought.	Thank you for this comment. The final guideline states more clearly that

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				more information on interventions, how to tailor activities and information for specific groups (such as vulnerable groups) is given in (listed) related guidance.
Paediatric mental health association			Some children at increased risk of obesity: poverty; looked after children; special needs; disability; child protection concerns These need extra consideration re promotion healthy lifestyle and emotional resilience.	Thank you for this comment. The final guideline states more clearly that more information on interventions, how to tailor activities and information for specific groups is given in (listed) related guidance.
Paediatric mental health association			Research showed an association between child abuse and obesity as an adult. LAC and children on CP plans should have special mention in maintaining healthy weight	Thank you for this comment. The guidance only updates section 1.1.1 of CG43 on individually modifiable behaviours. Interventions are outside

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				the remit of this guidance. The final guideline states more clearly that more information on interventions, how to tailor activities and information for specific groups is given in (listed) related guidance.
Paediatric mental health association			LAC have recommendations for healthy lifestyle already NICE needs a link to this guidance	Thank you for this comment. This guideline has been added to the list of related guidance guidelines in section 5 of the final guideline
Paediatric mental health association			Access to activity for children with disability is more difficult and needs special consideration. How to achieve activity levels for children with special needs?	Thank you for this comment. The guidance only updates section 1.1.1 of CG43 on individually modifiable behaviours. Interventions are outside

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				<p>the remit of this guidance.</p> <p>The final guideline states more clearly that more information on interventions, how to tailor activities and information for specific groups is given in (listed) related guidance.</p>
Paediatric mental health association			<p>Health professionals' BMI and own attitudes are important when giving healthy weight advice. This is not mentioned in specific terms as an issue or barrier to giving effective advice.</p>	<p>Thank you for this comment. This guidance only updates section 1.1.1 of CG43. The guidance focuses on individually modifiable factors. Many of the issues raised by foresight are address in other sections of CG43 or other NICE guidance (see section 5 on related guidance). This guideline focuses on individually modifiable factors. Interventions</p>

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				and training needs of practitioners are beyond the remit of this guidance. To note that health professional attitudes are specifically addressed in guidance on lifestyle weight management in adults and lifestyle weight management in children .
Public Health England	General		<p>Public Health England (PHE) welcomes the opportunity to input into the NICE public health guideline on 'Maintaining a healthy weight and preventing excess weight gain among children and adults.'</p> <p>The committee might wish to consider the probability that individuals who are a healthy weight and already maintaining it are a very different group, possibly presenting different behaviours, to those having achieved a healthy weight and now need to maintain it. It would be useful to clarify this in the opening statement as context 3.3 states that the 'committee did not consider maintenance of weight among people who had previously lost weight'.</p> <p>The approach taken focuses on the individual. We would welcome the opportunity for the guidance to include consideration of environmental factors. We also believe that the absence of workplace and school recommendations are a constraint of this guidance and it would benefit from taking a whole</p>	<p>Thank you for this comment.</p> <p>The introductory text has been amended to clarify that it is aimed at maintaining a healthy weight and preventing excess weight gain.</p> <p>The guidance updates section 1.1.1 of CG43. Environmental factors are addressed in other sections of CG43 and</p>

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			systems and inclusive approach to maintaining a healthy weight.	related guidance (see section 5). The final guideline states more clearly that more information on interventions, how to tailor activities and information for specific groups is given in (listed) related guidance.
Public Health England	General		<p>Much of the context reflects weight loss rather than weight maintenance, for example; economic evaluation using weight management intervention guidance. If the guidance is about prevention, we suggest this is made clearer within the title to avoid confusion with weight loss guidance, and includes a definition of 'healthy weight' in the introduction.</p> <p>It would be useful to link the statements to the evidence for example Recommendation 3 'Reducing TV viewing... (see 3.17 and 3.18).</p> <p>We suggest the use of 'calories' is used in place of 'energy' throughout the guidance for lay readers.</p>	Thank you for this comment. The economic report utilised a range of existing modelling work. The considerations section notes that modelling for weight loss (from guidance on lifestyle weight management in children and adults) can be applied to the prevention of weight gain (the focus of this guidance). A discussion of the modelling is given in the

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				<p>considerations section.</p> <p>The guidance follows a standard template ; evidence links are given in section 9.</p> <p>This guideline is not intended to be used directly with the public and therefore it was considered to be important to be scientifically correct.</p>
Public Health England	Recommendation 1	3	It would be beneficial to include mental health, self-esteem etc here in addition.	Thank you for this comment. A reference to mental wellbeing is included in the final guideline
Public Health England	Recommendation 2	4	We suggest that the 'integrated with the local strategic approach' point may fit better in the section that addresses who should take action.	Thank you for this comment. The Committee considered it appropriate to include issues on an integrated approach with the recommendations.
Public Health England	Recommendation 2 Focus on	4	It would be useful to switch the link from a generic page to use the following link: http://www.nhs.uk/Livewell/Goodfood/Pages/eatwell-plate.aspx	Thank you for this comment. The

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	<i>both physical activity and dietary habits</i>			committee agreed that it is more appropriate to include a general link to the healthy eating pages, particularly due to the on-going work to update the Eatwell plate.
Public Health England	<i>Recommendation 2 Focus on both physical activity and dietary habits: "For example consuming sugar-sweetened drinks or snacks with a high energy density after being physically active."</i>	5	It would be useful to perhaps to provide positive behaviours to reinforce the eating and activity recommendations. We suggest that the wording of the statement outlined is reworded so that this cannot be misconstrued as something you should do after being active.	Thank you for this comment. The wording of this recommendation has been amended for clarity.
Public Health England	Recommendation 2	5	Evidence 3.8 states that there is not enough evidence to suggest inadequate sleep is directly linked to excess weight and therefore we query whether this should form part of the recommendation.	Thank you for this comment. We disagree. Evidence statement 1.51 states that there is

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				inadequate evidence in adults but moderate evidence in children of an inverse association. The wording of this recommendation has been amended for clarity. To note that consideration 3.8 has been amended for greater clarity.
Public Health England	Recommendation 2	5	It would be useful to signpost to Change4Life and other suitable resources for suggestions for weekend and holiday periods.	Thank you for this comment. Links are given to NHS choices as appropriate. We note that onward links to Change4life are given on the NHS choices website.
Public Health England	Recommendation 3	5	It would be useful to include some practical examples of physical activity as well as the guideline 41, for example NHS choices Couch to 5k and reference PHE Everybody Active Every Day.	Thank you for this comment. Links are given to physical activity pages on NHS choices in recommendation 1.

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				We note that onward links to the initiatives mentioned are given on NHS Choices. Related guidance is listed here and in section 5.
Public Health England	Recommendation 3	5	We suggest that the healthy eating recommendations precede physical activity as we know dietary aspects are more likely to have a greater impact on maintaining and achieving a healthy weight.	Thank you for this comment. We disagree. We are of the view that the approach should focus on both diet and physical activity. Evidence statement 2.7 states 'Evidence from 1 (+) UK study ¹ showed that when aspects of diet and physical activity are combined in the same message diet messages dominate and the activity component is ignored, regardless of the order in which they are presented.'
Public Health England	Recommendation 3	5	We suggest that use of VDU's at work be included within this recommendation.	Thank you for this

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	n 3			comment. The Committee considered that the recommendation should stress leisure time viewing, particularly in practical examples, as this is individually modifiable, whereas screen time at work or school may not be.
Public Health England	Recommendation 3	5	It would be useful to include a statement on reducing sedentary behaviour and the related health consequences.	Thank you for this comment. The review level evidence on sedentary behaviour and weight outcomes was unclear. However the committee considered that sedentary behaviour would be included in the evidence and recommendations on total leisure time activity, TV viewing and other screen viewing.
Public Health England	Recommendation 3	6	We suggest referencing building activity into daily lifestyles, such as active	Thank you for this

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	n 3		travel etc.	comment. The introduction to this recommendation has been amended to include this statement.
Public Health England	Recommendation 4	6	We suggest that examples of savoury snacks such as crisps are included in the list of energy dense foods. It would be useful to include practical and realistic alternatives as substitutes for energy dense foods in addition to 'fruit and vegetables'.	Thank you, the text has been amended to include savoury snacks as suggested.
Public Health England	<i>Recommendation 4 Encourage dietary habits that reduce the risk of excess energy intake:</i> "Follow the principles of a Mediterranean diet, which is a diet predominantly based on vegetables, fruits, beans and pulses,	6	We advise that public facing messages are kept consistent to prevent confusion, which when translated into UK advice, is that people should eat a diet depicted as the eatwell plate. We suggest that this recommendation is reworded to use the eatwell plate as the reference point. Alternatively a reference to the eatwell plate could be included as the practical application of this statement. The reference to olive oil would be more useful if referred to as 'unsaturated fats such as...' instead of other saturated fats	Thank you for this comment. Recommendation 1 emphasises the importance of adhering to existing population advice and includes links to NHS choices (where links to Eatwell plate are given). We are of the view that the guideline is not inconsistent. However, we note that that population advice is not necessarily focused on weight outcomes.

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	wholegrains, fish and using olive oil instead of other fats.”			
Public Health England	Recommendation 4	6	It would be useful to include mobile/electronic devices as a distraction, as well as TV's.	Thank you for your comment, the recommendation has been amended in the final guideline. Recommendation 9 focuses on the importance of tailoring messages and mobile/electronic devices as distraction may be one example of tailoring for a specific group.
Public Health England	Recommendation 4	7	We suggest rewording to 'red meat and processed meat products' or removing reference to meat and leaving as just meat products. It would be useful to link this to practical guidance or portions and frequency.	Thank you for this comment. The text reflects the evidence considered (see evidence statement 1.26). The wording of the guideline has been updated to include reference to specific

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				population advice on meat intake (and links to NHS choices).
Public Health England	Recommendation 4 - Specific dietary choices	7	<p>We suggest that it would be helpful if the dietary choices were more consistent with current advice, given that the detail is not sufficiently different from that which is currently advised, to avoid potential misunderstanding and confusion. It would be useful to reference fruit juice.</p> <p>It would be useful to have the positive behaviours listed first e.g. 'everyone should be encouraged to choose...' 'everyone should be encouraged to choose water...' and 'increase the proportion of...'</p> <p>We would like to query the evidence base for the statement "such as limiting these foods to no more than once a week"</p>	Thank you for this comment. The wording reflects the evidence considered by the committee. The wording of the bullets in this recommendation have been amended for clarity. We are of the view that the recommendations are largely consistent with population advice, though we note that population advice is not necessarily focused on weight outcomes, which is the focus of this guideline.
Public Health England	Recommendation 4 - Specific dietary choices – high fibre foods	7	We would like to query the specification of wholegrain. Some higher fibre white breads also provide a useful improvement on fibre and reflect current market opportunities.	Thank you for this comment. The wording reflects the evidence considered (see evidence statement

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				1.23). The wording as it stands 'higher fibre or wholegrain....' Does not preclude higher fibre white breads.
Public Health England	Recommendation 5	7	We suggest a female example is included in addition to the male example for alcohol consumption.	Thank you, the text has been amended in line with your comment.
Public Health England	Recommendation 6	8	It would be useful to reinforce here excess weight and long term detrimental health effects. We suggest the wording for extreme behaviours is stronger to reinforce cutting out food groups is not recommended. In the list of 'healthy' food it would be useful to include nuts. We assume that the committee took into account the recent evidence from 'Consuming more of Daily Colaric Intake at Dinner Predisposes to Obesity. A 6 Year Population Based Cohort Study.'	Thank you for these comments. This recommendation has been re-worded for clarity. Nuts are included in the example as suggested. Thank you for providing this reference. The committee had not considered this paper as the evidence review was focused on systematic reviews.
Public Health England	Recommendation 7 Encourage	8	We suggest the recommendation of 'daily weighing' is removed as evidence doesn't suggest this is effective and optimal frequency nor method was	Thank you for this comment. This

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	<i>self-monitoring</i>		identified as stated in the context 3.20.	recommendation has been updated to include weekly weighing as an example of self-monitoring.
Public Health England	Recommendation 7 Encourage self-monitoring	9	We feel the use of apps need qualifying as not all use UK data sources and thus may provide unhelpful or inaccurate information and may further add to confusion around a healthy diet and being physically active. We suggest practical examples that aren't centred on technology are also added in, particularly examples that may target those who aren't already engaged.	Thank you for this comment. The updated recommendation on self-monitoring provides a range of potential options for monitoring including 'noting down' foods and checking food labels as well as apps. A link to a range of apps listed on NHS choices is included. This includes apps which are free and could be loaded onto any smart phone, including lower cost phones.
Public Health England	Context - Black African, African-Caribbean and Asian (South Asian and	10	We suggest specifying comorbidities and specific medical conditions in addition.	Thank you for this comment. The text has been amended as suggested.

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	Chinese) groups are at risk at a lower BMI than white Europeans.			
Public Health England	Context	11	We suggest PHE's 'From Evidence into action: opportunities to protect and improve the nation's health' and NHSE '5 year forward view' are included alongside DH healthy lives: a call to action on obesity.	Thank you for this comment. The text has been amended as suggested.
Public Health England	Evidence 3.10	14	We suggest that the final sentence, which refers to the committees concern about breakfast and energy intake is removed to avoid confusion on the importance of eating breakfast.	Thank you for this comment. This text has been amended for clarity. However to note that this guidance is focused on weight outcomes and the considerations reflect the evidence available in this context.
Public Health England	Evidence 3.11	14	We would like to query the research recommendations largely being randomised controlled trials when the evidence suggests the existing randomised control trials have provided 'very limited information on the strength of associations or wider applicability.'	Thank you for this comment. The research recommendations have been amended in the final guideline.
Public Health England	Communication 3.22	18	We suggest that 'different body sizes' is defined clearly so to avoid confusion.	Thank you for this comment. The text has

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				been amended for clarity.
Public Health England	Children who are overweight or obese	24	The National Obesity Observatory should be referred to as 'Public Health England Obesity Knowledge and Intelligence Team.'	Thank you, the text has been amended as suggested.
Rotherham Metropolitan Borough Council – Obesity Strategy Group	General		There are a number of references to other NICE documents throughout this draft guidance. Whilst referencing for further detail is important, practitioners reading this guidance are unlikely to spend time reading all the additional resources that are identified. There should be a consolidated attempt to have the all the relevant information appropriately summarised in this newest guidance. E.g. recommendation 1 page 4 refers to three NICE documents	Thank you for this comment. The guideline follows a standard template which is aimed to be viewed as a web document . It may also be easier to navigate the range of recommendations when this guidance is put in the NICE pathway on obesity .
Rotherham Metropolitan Borough Council – Obesity Strategy Group	General		Make a link to the Marmot life course approach for opportunities to change behaviour i.e. retirement, pregnancy etc. Many areas are adopted this approach as part of their Health and wellbeing board planning	Thank you for this comment. This guidance updates section 1.1.1 of CG43. Other sections of CG43 and related guidance (see section 5) take a lifecourse approach to effective interventions. Interventions are beyond the remit of this

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				guideline. The final guideline states more clearly that more information on interventions, how to tailor activities and information for specific groups is given in (listed) related guidance.
Rotherham Metropolitan Borough Council – Obesity Strategy Group	Recommendation 1	3	Extra benefits of improving physical activity - need to include children and young people as well as older adults	Thank you, the text has been amended in the final guideline.
Rotherham Metropolitan Borough Council – Obesity Strategy Group	Recommendation 2	4	<i>'Follow population advice on healthy eating because it will make it easier to achieve an appropriate energy intake'</i> – please clarify this as it is not clear what this statement means.	Thank you for this comment. The text has been amended for clarity.
Rotherham Metropolitan Borough Council – Obesity Strategy Group	Recommendation 2	5	Portion size is an important area that is missing	Thank you for this comment. Portion size is included in practical examples in the updated guidance.
Rotherham Metropolitan Borough Council – Obesity Strategy Group	Recommendation 2	5	<i>'Parents and carers should help children and young people to get enough sleep.....'</i> – not sure this fits into this section	Thank you for this comment. This recommended has been reworded for clarity.

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Rotherham Metropolitan Borough Council – Obesity Strategy Group	Recommendation 4	6	Portion sizes should be included	Thank you for this comment. Portion size is included in practical examples in the updated guidance.
Rotherham Metropolitan Borough Council – Obesity Strategy Group	Recommendation 4	6	Extra bullet required – care when choosing low-fat foods which maybe high in sugar	Thank you for this comment. The text was not amended in line with the suggestion but the final guideline includes more reference to food labels in practical examples.
Rotherham Metropolitan Borough Council – Obesity Strategy Group	Recommendation 5	7	This section is lacking on detail, other information that could be included: <ul style="list-style-type: none"> Alcohol consumption often leads to increased snacking and consumption of high fat foods Alcohol decreases metabolism therefore food metabolism is slower leading to increased weight Alcohol is classed as empty calories and has no nutritional calorific value 	Thank you for this comment. The suggestions go beyond the evidence considered by the committee. A link is given to NHS choices which includes a wider discussion of these issues.
Rotherham Metropolitan Borough Council – Obesity Strategy Group	Recommendation 5	7	<i>'Everyone should be made aware that all alcoholic drinks are a source of additional energy. For example, a man drinking the upper weekly limit of 21 units....'</i> This should say daily as weekly encourages binge drinking.	Thank you for this comment. The details of advice are given in the

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			The current alcohol recommendations are to have two free alcohol days per week with 2-3 units for females and 3-4 for males.	NHS choices link.
Rotherham Metropolitan Borough Council – Obesity Strategy Group	Recommendation 6	8	Additional misconceptions: <ul style="list-style-type: none"> Eating extra during pregnancy / eating for two 	Thank you for this comment. Advice during pregnancy is covered by guidance on maternal and child nutrition and weight management before, during and after pregnancy
Rotherham Metropolitan Borough Council – Obesity Strategy Group	Recommendation 6	8	' <i>extreme behaviours</i> ' – should this say extreme diets?	Thank you for this comment. The text in the final guideline has been amended to state physical activity or dietary behaviours and provided an example of each.
Rotherham Metropolitan Borough Council – Obesity Strategy Group	Recommendation 8	9	Include Change 4Life	Thank you for this comment. Links are given to NHS choices which includes further links to a range of national initiatives including Change4Life.

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Rotherham Metropolitan Borough Council – Obesity Strategy Group	Recommendation 8	10	National obesity observatory documents have evidence on overweight and obesity across all social groups	Thank you for this comment – these are referenced in the context section.
Rotherham Metropolitan Borough Council – Obesity Strategy Group	3.17	16	Health care professionals continually struggle with raising weight with their patients even when its for a clinical need –how likely are they to advise patients on hours of TV watching	Thank you for this comment. These issues are beyond the remit of this guidance but are covered in other sections of CG43 or related guidance (see section 5).
Royal College of General Practitioners	What is guideline about	1	Under risks – should also refer to reducing the emotional burden of obesity in childhood and adulthood.	Thank you, the introduction has been amended to include this concept.
Royal College of General Practitioners	Recommendation 1 And recommendation 3 Also would apply to recommendation 6 - misconceptions	3. 5	An additional bullet point re promoting maintenance of a healthy weight is to raise awareness of using an appropriate measure of each behaviour change and avoid unrealistic expectation from the activity chosen. There is pressing need to increase awareness that exercise on its own, whilst being very important for health and effective for weight maintenance, will not result in weight loss unless it is accompanied by some degree of calorie restriction. It would be useful to discourage use of BMI reduction as a measure of the health gain from increased exercise. The same applies to improving dietary quality – eating more fruit and veg will only result in weight loss if it is part of a calorie reduction approach. There are widespread public misconceptions on both these points so any opportunity to address them would be welcome, even	Thank you for this comment. The additional benefits of diet and activity are included in the final guideline.

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			if the aim of this document is to look at obesity prevention not weight loss.	
Royal College of General Practitioners	Recommendation 4 – general point And Section 3 – general point	6	<p>This document would be a really valuable place to convey the principles whereby children learn to accept healthy foods and broaden their food repertoire, and reduce their expectation of unhealthy foods in inappropriate settings, as this a very common barrier reported by parents “my child won’t eat.../ My child insists on...” :-</p> <ol style="list-style-type: none"> 1. Children learn to accept new foods by repeated calm exposure to new foods – which may take many (over 10) exposures to become familiar and hence accepted. 2. Seeing others enjoying eating a food generates intrigue and liking – hence eat together as a family. 3. Never force foods as this can generate a strong dislike. 4. Create positive associations with healthy foods (using healthy foods to relieve boredom) and reduce positive associations with unhealthy foods (e.g. avoid using sweets as a reward) 5. Help children to understand when different foods are appropriate – save treats for special times, or save rich foods for picnics and parties. 6. Teach children to respect their sense of fullness – hence do not use the outdated ‘clear your plate’ concept as this teaches children to ignore their sense of fullness and eat to please others. <p>The evidence based document (which I am sure you are aware of!) expanding on these themes is Tackling obesity through the Healthy Child Programme http://www.noo.org.uk/Mary_Rudolf (RP)</p>	<p>Thank you for this comment. The specifics of changing behaviour, interventions, such as parenting interventions are beyond the remit of this guidance but are under the remit of other sections in CG43 or related guidance (see section 5).</p> <p>The final guideline states more clearly that more information on interventions, how to tailor activities and information for specific groups is given in (listed) related guidance.</p>
Royal College of General Practitioners	Recommendation 3	5	If felt appropriate, it would be useful to explain that reducing TV viewing for children is valuable on 2 fronts, because it promotes both increased activity but also reduces exposure to advertising of unhealthy foods. (RP)	Thank you for this comment, this is discussed in the

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				considerations section.
Royal College of General Practitioners	Recommendation 4	6	I would also suggest that parents and carers/schools are encouraged not to use sweets or other edible treats as rewards, as this generates a stronger liking for those foods, but to use non-edible rewards where possible. (RP)	Thank you for this comment. No systematic review level evidence was identified on sweets as treats. Interventions, including parenting interventions are beyond the remit of this guidance but are under the remit of other sections in CG43 or related NICE guidance (see section 5) The final guideline states more clearly that more information on interventions, how to tailor activities and information for specific groups is given in (listed) related guidance.
Royal College of General Practitioners		6	Re comment for meals to be enjoyable occasions, it would be useful to highlight the benefit of families eating together where possible, as this is how younger children learn to develop a liking for different foods by witnessing others eating them. (RP)	Thank you for this comment. Interventions, including parenting interventions are beyond

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				<p>the remit of this guidance but are under the remit of other sections in CG43 or related NICE guidance (see section 5)</p> <p>The final guideline states more clearly that more information on interventions, how to tailor activities and information for specific groups is given in (listed) related guidance.</p>
Royal College of General Practitioners	Recommendation 6	8	A useful misconception to address would be to help people differentiate between being busy (which many people may be) and being active – where their activity contributes to good health, as recognised by resulting in an increase in heart rate or feeling breathless. (E.g people who walk their arthritic obese dogs at a very slow saunter) (RP)	Thank you for this comment. A link is given to NHS choices in recommendation 2 which outlines the population physical activity advice in detail.
Royal College of General Practitioners		8	A further common misconception is that forcing a child to clear the plate will result in the child 'consuming their greens' whereas in fact it teaches children to ignore their own appetite signals and risks generating a deep-rooted dislike of the forced food. (RP)	Thank you for this comment. Parenting interventions are beyond the remit of this guidance but are under

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				the remit of other sections of CG43 or related NICE guidance (see section 5).
Royal College of General Practitioners	Recommendation 7	9	Last bullet point – I wonder if there is evidence to recommend use of a smaller plate to help reduce portion sizes, as this is a commonly suggested simple step? (RP)	Thank you for this comment. No systematic review level evidence was identified on plate size (or portion size, as evidence statement 1.2).
Royal College of General Practitioners	Section 3.28	20	It may be useful to raise awareness of the problem that an overweight/obese girl may reach her final height earlier than a child of normal BMI for age, hence giving less time for 'growing into a healthy weight' – and meaning the weight loss may be required instead of weight maintenance. (RP)	Thank you for this comment. Links are given to NICE guidance on lifestyle weight management in children and young people which discusses these issues in more detail.
Royal College of General Practitioners	General		The draft does contain the essential points such as if calorie intake (food) exceeds calorie output (exercise) children or adults will gain weight. However it is long, repeats points and is not very specific in its advice. Rather than referring to NICE reports I would prefer to see them added. I would recommend that everyone on the committee watch the BBC Horizon program 'Sugar vs fat' Jan 2014. It can be seen on the internet or you tube. One identical twin has a high carbohydrate plant based diet and the other one has a high fat -meat, dairy animal based diet. After one month both have lost	Thank you for this comment. The guidance follows a standard template. It may be easier to navigate the guidance and links to other guidance once it is placed within the NICE

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			weight. Tests show that the one on the high carbohydrate performs better mentally and physically and is less likely to develop diabetes. Professor Paul Kenny based in New York carried out experiments in rats. He confirmed that rats on a high fat diet or a high carbohydrate/sugar diet do not gain weight however if given a 50/50 mixture of fat and sugar they gain weight rapidly. If given cheesecake which is a 50/50 mixture they become addicted and refuse other types of food. The 50/50 mixture of fat and sugar does not occur in nature but only in processed foods such as cheesecake, cakes, biscuits and ice cream. In the USA the average diet contains about 70% processed food. (contd)	pathway on obesity . The wording of recommendations reflects the evidence considered by the committee.
Royal College of General Practitioners			(contd) To increase the shelf life this processed food such as refined sugar and white bread has almost all of the essential vitamins, minerals, phytonutrients and essential fatty acids removed. Some such as chromium, magnesium and zinc are essential for carbohydrate metabolism and insulin production. Some such as essential fatty acids are required for efficient brain function. It may be that deficiency of these nutrients somehow increases the person's appetite in the hope that it will acquire these essential nutrients. The main message for parents is to reduce their children's processed food and increase their intake of wholefoods such as fruit, vegetables, fish and meat. Have more plant based food and avoid an excess of animal products such as meat, eggs and dairy. Avoid large portions and encourage exercise. A simple message is more likely to be effective. (JP)	Thank you for this comment. To note that the guidance is not intended to be used directly with individuals but by practitioners – see who should take action section.
Royal College of General Practitioners	Recommendation 2	4	NHS Choices also has a very helpful healthy weight calculator for children as well as adults – in a pictorial form. Needs child's date of birth and height. (JA)	Thank you for this comment.
Royal College of General Practitioners	Recommendation 4	6	Eating behaviour should include treats and snacks; enlisting help of whole family (including grandparents); making food fun; eating together as family at	Thank you for this comment. The

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			table where possible. (JA)	<p>recommendation makes reference to confectionery and snacks. Parenting interventions are beyond the remit of this guidance but are under the remit of other sections of CG43 or related NICE guidance (see section 5).</p> <p>The updated version of the guidance states more clearly that more information on interventions, how to tailor activities and information for specific groups is given in (listed) related guidance.</p>
Royal College of General Practitioners	Recommendation 6	8	Movement and exercises help even those with arthritis or other medical conditions. It is a myth that says it is bad to do any exercise when having stiffness or pain. Special groups may need more targeted help. (JA)	Thank you for this comment.
Royal College of General Practitioners	3.5	14	The best engagement has been obtained with activities involving several members of the family. (JA)	Thank you for this comment. Parenting interventions are beyond

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				<p>the remit of this guidance but are under the remit of other sections of CG43 or related NICE guidance (see section 5).</p> <p>The updated version of the guidance states more clearly that more information on interventions, how to tailor activities and information for specific groups is given in (listed) related guidance.</p>
Royal College of General Practitioners	3.27	19	"A healthy BMI for one's age and gender" (according to 1990 UK charts). GPs need to use special calculator or chart as none of systems do children's BMI yet! (JA)	Thank you for this comment. Links are given to guidance on lifestyle weight management in children which addresses these issues in more detail.
Royal College of Nursing	General		The RCN feel that overall this a sensible guideline with achievable and realistic recommendations	Thank you for this comment.
Royal College of Physicians and Surgeons of Glasgow	General		The Royal College of Physicians and Surgeons of Glasgow offers its full support to this consultation.	Thank you for this comment.

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Royal College of Physicians (RCP)	General		<p>The recommendations seem to focus on making the public aware of the benefits of physical activity and healthy diet, and the risks associated with overweight and obesity. However, it is recognised that information-giving is rarely enough to change behaviour. Awareness-raising is not necessarily enough to have an impact. Therefore, the guidance could be strengthened by offering its users advice and support on how to help people change their behaviour. For example, how can public health professionals or medical professionals deliver information in a way which reflects the motivations and values of their intended audience? How can they motivate people to act on the information they give on healthy weight and physical activity?</p> <p>Methods to encourage behavioural change are the key to success in preventing and managing weight gain. Recommendation 1 mentions this but perhaps it needs to be emphasised more.</p> <p>If there is insufficient data on the above aspect for it to be included in the main recommendations of the guidance, then it should be included in the recommendations for research (section 4).</p>	<p>Thank you for this comment. Interventions, including the most effective ways to change behaviour are beyond the remit of this guidance but are under the remit of other sections of CG43 or related NICE guidance (see section 5).</p> <p>The updated version of the guidance states more clearly that more information on interventions, how to tailor activities and information for specific groups is given in related guidance (section 5). The final guideline also include more practical examples.</p>
Royal College of Physicians	General		The recommendations could support public health and healthcare	Thank you for this

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(RCP)			professionals to target their support by highlighting those groups of the population most at risk from excess weight, and most amenable to behaviour change. This should include greater emphasis on the social gradient in excess weight, and how this gradient is different for children, adult women, and adult men.	comment. The guidance takes a population approach and considers the behaviours that are potentially modifiable. Effective interventions which may focus on these behaviours are beyond the remit of this guidance but are under the remit of other sections of CG43 or related guidance (see section 5). The updated version of the guidance states more clearly that more information on interventions, how to tailor activities and information for specific groups is given in (listed) related guidance.
Royal College of Physicians (RCP)	Recommendation 3		Recommendation 3 should also mention that instead of a meeting between two people taking place in an office the possibility of doing walking meetings at work could be an active alternative.	Thank you for this comment. The guidance takes a population

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				<p>approach and considers the behaviours that are potentially modifiable. Effective interventions which may focus on these behaviours are beyond the remit of this guidance but are under the remit of other sections of CG43 or related guidance (see section 5).</p> <p>The updated version of the guidance states more clearly that more information on interventions, how to tailor activities and information for specific groups is given in (listed) related guidance.</p>
Royal College of Physicians (RCP)	Recommendation 4		Recommendation 4 – Specific dietary choices – bullet point 3 is confusing as under “reduce total fat intake” it appears to advise having pizzas and biscuits. We feel it needs to be re-written.	Thank you for this comment, the text has been amended.

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Royal College of Physicians (RCP)	General		Behavioural change in children – How can this be achieved. What is the evidence and what works?	Thank you for this comment. The guidance takes a population approach and considers the behaviours that are potentially modifiable. Effective interventions which may focus on these behaviours are beyond the remit of this guidance but are under the remit of other sections of CG43 or related guidance (see section 5).
Royal College of Physicians (RCP)	General		Encouraging/ advising more physical activity and more health education in schools may be an effective way of getting a behavioural shift in children.	Thank you for this comment. This issue is covered by related guidance on promoting physical activity for children and young people .
Royal College of Physicians (RCP)	General		Alcohol consumption (page 24) – Whiskey is Irish or American; Whisky is Scottish	Thank you for this comment.
Royal College of Physicians (RCP)	General		The guideline should stress that it is easier to prevent the development of obesity than to treat it.	Thank you for this comment.

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Royal College of Physicians (RCP)	General		We believe that NICE should specifically seek a Sport and Exercise Medicine (SEM) specialist on guideline groups advising on physical activity. We believe that the inclusion of this medical specialty within the membership would greatly strengthen the guidance produced.	Thank you for this comment. Nick Cavill, adviser to PHE on physical activity was co-opted to the PHAC. The evidence review team contracted to undertake the evidence reviews for this guidance also included a physical activity specialist.
Royal Pharmaceutical Society	Recommendation 8	9	<p>The Royal Pharmaceutical Society welcomes the following guidelines on maintaining a healthy weight and preventing excess weight gain among children and adults.</p> <p>Community pharmacies with their informal settings, longer opening hours, often central location and easy access continue to offer a viable and convenient option for those patients who are seeking information and support on maintaining a healthy weight and reducing weight gain and we suggest that they should be included in the list of relevant services that can be consulted for this.</p> <p>The Royal Pharmaceutical Society as the dedicated professional body for pharmacists in Great Britain has also published Professional Standards for Public Health Practice for Pharmacy (England and Wales) to help lead, support and develop pharmacists and pharmacy teams to enable delivery of high quality public health services.</p>	Thank you for this comment.

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SkillsActive / Register of Exercise Professionals	1	3	<p>Exercise professionals and the fitness industry should be included and acknowledged as deliverers of interventions to promote weight maintenance or limit weight gain.</p> <p>The adult public - whether rightly or wrongly - perceive exercise professionals as being accessible and expert in this field, although it is admitted that the advice given by exercise professionals is often questionable.</p>	<p>Thank you for this comment. Exercise professionals would most likely be covered by 'who should take action'. To note that The guidance takes a population approach and considers the behaviours that are potentially modifiable. Effective interventions which may focus on these behaviours are beyond the remit of this guidance but are under the remit of other sections of CG43 or related guidance (see section 5).</p> <p>The updated version of the guidance states more clearly that more information on interventions, how to tailor activities and</p>

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				information for specific groups is given in (listed) related guidance.
SkillsActive / Register of Exercise Professionals	1	8	A consistent and collaborative approach needs to be taken to address misconceptions. This should include strong rebuttals to misleading advice and articles in the popular press. The Register of Exercise Professionals is happy to communicate such messaging to its 31,000 members and encourage these members to communicate an evidence based approach to weight maintenance.	Thank you for this comment.
Slimming World	Recommendation 4	6	As highlighted in the evidence section 3.10, evidence from research trials regarding the effect of breakfast consumption on weight control is not clear and advising those who do not habitually eat breakfast to start eating it may not be beneficial to energy balance and weight control. Given this, we would suggest that the recommendation on page 6 is reworded to make this clearer and the initial statement 'Eat breakfast' omitted. Otherwise this may imply everyone should be advised to start eating breakfast. The final sentence could also be made clearer to recommend that those who eat energy dense snacks during the morning are recommended to instead consume a health breakfast.	Thank you for this comment. The wording of this recommendation has been amended for clarity. The updated recommendation makes it clear that total daily energy intake should not be increased.
Slimming World	Recommendation 4	7	We would question the general statement to limit all meat rather than fatty meat and meat products. Evidence shows a benefit of lean protein in promoting satiety which is beneficial to weight control and therefore we question why the recommendation should imply limiting intake of lean meat sources if the recommendation is made on a weight control basis.	Thank you for this comment. The recommendation has been amended for clarity. However, the inclusion of the recommendation reflects the evidence considered by PHAC.

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Slimming World	Recommendation 6	8	We suggest changing the phrase 'All foods and drinks contain energy...' to 'most' foods and drinks, as some drinks do not contain significant energy.	Thank you for this comment. The wording has been amended in line with your comment.
South Gloucestershire Council	General		The explicit statements are generally helpful in this guidance - however the language feels somewhat patronising in places	Thank you for this comment. The guidance is written in line with the NICE style guide and is written in plain English where ever possible.
South Gloucestershire Council	General	3 onwards	The document should be explicit about the age of children the guidance is aimed at, it is not stated anywhere	Thank you for this comment. The guidance has been updated to be clearer on this point.
South Gloucestershire Council	General		Would like to see acknowledgement that the guidance is not applicable to all individuals/groups e.g. underweight, medically compromised	Thank you for this comment. The guidance has been updated to be clearer on who it does and does not cover.
South Gloucestershire Council	Rec 3	p3	Many people don't watch TV but spend lots of leisure time in front of a screen so the '2 hour limit on TV' time is misleading Disagree about support 'them to be active at every opportunity'!!	Thank you for this comment.
South Gloucestershire Council	4: Encourage dietary habits	6	Picking between meals / grazing is not specifically addressed. There are several points where reducing consumption of energy dense or high	Thank you for this comment. No systematic

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	that reduce the risk of excess energy intake		fat foods is mentioned but nothing that says avoid between meal snacks or late night grazing.	review level data was identified on grazing (see evidence statement 1.2).
South Gloucestershire Council	Rec 4	p6	Not sure how moderate amounts of wine in the Mediterranean diet will be interpreted? Assumption here that people who don't eat breakfast eat pastries and biscuits Does evidence suggest social aspects of eating are important? Does evidence suggest regular meal patterns are important? If so would be good to include	Thank you for this comment. No systematic review level evidence was identified on meals patterns.
South Gloucestershire Council	Rec 7	p8	Is there evidence that daily weighing is helpful?	Thank you for this comment. This recommendation has been updated to include weekly weighing as an example of self-monitoring. Alternative approaches to self-monitoring are also included in the final guideline.
South Gloucestershire Council	Context	p9	People who are obese may also experience mental health problems, stigmatisation and discrimination: Should reference this statement. No mention of people with learning difficulties where obesity is relatively high. This group of people generally experience poorer health.	Thank you for this comment. Mental wellbeing is reference in final guideline.
South Gloucestershire Council	Evidence, 3.8	p14	Assumed that observed associations between TV viewing and weight outcomes may be because of snacking while watching TV, being prompted to eat by TV programmes or adverts, or eating more while being distracted by TV.	Thank you for this comment – as discussed in the

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			Evidence for this?	considerations, the reasons for the observed associations are unclear and may be multiple.
South Gloucestershire Council	General		No mention of addressing expectations of weight loss. People are often unrealistic in their expectations of the effect of a particular dietary change and give up when the results are apparently 'disappointing'.	Thank you for this comment. Weight loss is outside the remit of this work. You may be interested in related guidance on lifestyle weight management in children and lifestyle weight management in adults.
The Royal College of Paediatrics and Child Health	General		Difficult piece of guidance given breadth of the problem of overweight/obesity within our population – multifactorial, cultural, embedded within in society – and lack of systematic reviews to support advice. Recommendations are clear, simple and give sensible thresholds.	Thank you for this comment.
The Royal College of Paediatrics and Child Health	Page 5 – Recommendation 2		'Parents and carers should help children and young people to get enough sleep. Parents and carers should be advised of age-specific recommendations on sleep' We would justify this with an example e.g. – reference importance of sleep on behaviour, routines/and enabling energy for regular physical exercise.	Thank you for this comment. This recommendation has been updated for clarity and includes an explanation of the association between sleep and weight outcomes in children.

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The Royal College of Paediatrics and Child Health	General		The needs of disabled children, young people and adults have been overlooked. These individuals are prone to becoming overweight and need specially adapted prevention programmes.	Thank you for this comment. The updated version of the guidance states more clearly that more information on interventions, how to tailor activities and information for specific groups is given in (listed) related guidance.
The Royal College of Paediatrics and Child Health	General		The school weight monitoring programme does not involve special schools. Children in wheelchairs are not usually weighed at school. When a child is noted to be overweight, recommendations for attending weight management (including dieting) programmes tend to be offered which may be highly inappropriate for children with special dietary needs or challenging eating disorders. In short – the needs of children with physical and learning disabilities are either not addressed or inappropriately addressed. This has to improve and this guidance should offer a lead on this issue.	Thank you for this comment. Interventions are beyond the remit of this guidance. You may be interested in NICE guidance on lifestyle weight management in children and young people. The updated version of the guidance states more clearly that more information on interventions, how to

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				tailor activities and information for specific groups is given in (listed) related guidance.
Unilever	General		We welcome the development of the draft guidelines in addressing the public health issue of maintaining a healthy weight and preventing excess weight gain among children and adults by NICE.	Thank you for this comment.
Unilever	Draft recommendations – Recommendation 4	Page 6	<p>We would like to see further clarification on the evidence for the explicit recommendation below:</p> <p><i>'Follow the principles of a Mediterranean diet, which is predominantly based on vegetables, fruits, beans and pulses, wholegrains, fish and using olive oil instead of other fats'.</i></p> <p>The recently published paper "Role of Dietary Fats in the Prevention and Treatment of the Metabolic Syndrome" (Annals of Nutrition & Metabolism - http://www.ncbi.nlm.nih.gov/pubmed/25139638), summarizes the outcomes of last year's IEM symposium held at ICN 2013.</p> <p>In summary there is a broad consensus that diet and lifestyle changes can help to reduce the risk and slow progression of the Metabolic Syndrome or Diabetes. Beyond sugar and carbohydrates, the role of dietary fats in the metabolic syndrome is now more and more investigated and debated. During the IEM symposium four nutrition experts (Prof. Susan Jebb (UK), Dr. Ulf Risérus (SE), Prof. Berthold Koletzko (DE), and Dr. Jennifer Fleming (US)), addressed a variety of topics around the role of dietary fat in obesity/MetS. Key outcomes highlighted in the paper are:</p>	Thank you for this comment and references. Reference to Mediterranean diets has been removed from the final guideline.

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			<ul style="list-style-type: none"> Both low-fat and low-carbohydrate diets are associated with weight loss, but adherence to the diet is the most important factor in achieving success. Avoidance of high saturated fats contributes to lower health risks among obese, MetS and diabetic patients. The precise role of dietary fats in the development of obesity, diabetes and the MetS remains an exciting question of ongoing research. 	
Weight Watchers UK	Recommendation 8	9	We believe the word 'effective' needs to be added following relevant services. Effectiveness of services is essential in weight management; patients should always be advised of the availability of proven effective services available for them to access.	<p>Thank you for this comment.</p> <p>The updated version of the guidance states more clearly that more information on interventions, how to tailor activities and information for specific groups is given in (listed) related guidance.</p>
Weight Watchers UK	General	12	The evidence for effective weight loss maintenance (WLM) is variable in quality and often poor and further studies are urgently required to establish which programmes are most effective in weight loss maintenance. However, we do	Thank you for this comment. Maintenance of weight following

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			know that certain strategies must be put in place to support WLM. Interventions with outcomes of 12 months and beyond such as Weight Watchers, can demonstrate a level of WLM. These providers should be named clearly in order to support decision makers and commissioners.	weight loss is beyond the remit of this guidance. You may be interested in existing NICE guidance on lifestyle weight management in adults .
Weight Watchers UK	General		<p>Weight Watchers is concerned that no differentiation between maintaining a healthy weight in individuals who have always been a healthy weight and maintaining a healthy weight for people who have managed to lose weight. The advice and support offered to these two different groups clearly needs to also be different. Generally, adults who have always been a healthy weight need to be encouraged to continue to do what they are already doing, with regular self monitoring to alert them to the need to make changes, and making sure they are following the population level advice on what on a healthy lifestyle, as outlined in the current guidance.</p> <p>For people who have lost weight we know the biggest challenge is not necessarily losing weight but keeping it off, as the results of every long term behavioural study demonstrate. Therefore, we would recommend separating this to encourage Public Health teams to provide specific, long term, higher intensity support and psychoeducation to help people maintain the changes they have made. Weight Watchers is very aware of the importance of this and has built up a comprehensive weight maintenance service to support members that reach their goal, the Weight Watchers Gold Membership. This is a vital strategy in helping maintaining success, offering free life long membership, access to etools and achievement awards. We are constantly monitoring and making improvements to this service to support members to keep hold of their</p>	<p>Thank you for this comment. Maintenance of weight following weight loss is beyond the remit of this guidance. You may be interested in existing NICE guidance on lifestyle weight management in adults.</p> <p>The final guideline states more clearly that more information on interventions, how to tailor activities and information for specific groups is given in (listed) related guidance.</p>

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			weight loss and healthy weight.	
Weight Watchers UK	Recommendation 1	3	On bullet point two we would suggest adding 'reducing the risk of developing certain cancers, reducing the risk of type 2 diabetes'. We recognise these have been mentioned in the previous point but they are not only linked to healthy weight but also specifically linked physical activity, independent of weight. On bullet point four we would suggest adding 'improved mental health'.	Thank you for this comment. Mental wellbeing is referenced in final guideline.
Weight Watchers UK	Recommendation 1	4	It would also be useful if this recommendation included commissioner ensured that activities were evidence based. We would like to see examples from the DH document: 'Developing a specification for lifestyle weight management services: Best practice guidance for tier 2 services'	Thank you for this comment. This issue is addressed in linked guidance.
Weight Watchers UK	Recommendation 4	7	Weight Watchers are delighted to see that eating out was mentioned under "dietary" but were unclear as to why takeaways and fast food were specifically mentioned to the exclusion of other eating out options in restaurants. Given that many options that are presented as healthy in restaurants are far from this, with many items on chain restaurant menus having in excess of 1000 Kilocalories in a single course, it seems vital to raise awareness that all eating out opportunities need to be limited and treated with caution. Therefore we would recommend that this bullet replaced 'fast or take away foods' with 'food eaten outside of the home including at restaurants and takeaways'. We are also concerned that the use of 'takeaways and fast food' conforms to a certain demographic stereotype about who makes the choice to eat this type of food and their lifestyle.	Thank you for this comment. The wording of this recommendation reflects the evidence considered (see evidence statement 1.45). The recommendation has been amended to flag energy dense foods, with fast and takeaways foods as examples.
Weight Watchers UK	Recommendation 4	7	Please can the reference to green tea be removed? Specific inclusion of green tea as opposed to any other drinks suggests that green tea is helpful for weight maintenance/weight loss, thus perpetuating the 'superfood' myths. A recent Cochrane Review (Jurgens et al 2012) clearly demonstrated that this there is	Thank you for this comment. The reference to green tea has been removed in final

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			no link between green tea and weight maintenance/loss.	
Weight Watchers UK	Recommendation 7	General	Weight Watchers were delighted to read the excellent clear advice about the importance of self-monitoring.	Thank you for this comment.
Weight Watchers UK	Context Considerations	9 11	Again, we found both these sections extremely helpful in answering many of the questions raised for us in the recommendations, and also highlighting/summarising a number of important developments in the field.	Thank you for this comment.