

## Public Health Guidance

### MAINTAINING A HEALTHY WEIGHT AND PREVENTING EXCESS WEIGHT GAIN AMONG CHILDREN AND ADULTS - Consultation on Draft Scope Stakeholder Comments Table

3 July – 31 July 2013

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British Medical Association	General		BMI is quoted extensively despite mentions within the document that it may give a false impression. We would like to stress that BMI may not be the best way to assess obesity.	Thank you for this comment. The assessment of overweight and obesity are outside the remit of this work. The use of BMI is in line with existing NICE guidance.
Department of Health	General		The draft scope notes that the guidance is a partial update of clinical guideline 43 on obesity, which I understand was originally developed jointly by NICE's public health and clinical practice programmes but is listed as a clinical guideline. As the update is being carried out through the public health programme, it would be very helpful if you could clarify in what form the guidance will eventually be published i.e. whether it will be listed as public health guidance or a clinical guideline and whether it will be an updated version of CG43 or a separate document.	Thank you for raising this issue. How the guidance is published is still under discussion. We will ensure consistency in approach with clinical colleagues who are also updating some of CG43. The recommendations from the guidance will appear in the integrated pathway for obesity
Department of Health	Paragraph "d"	4	The Source for the figures quoted are from the Foresight report 2011, and not DH 2011.	Thank you for this comment, the draft has been amended as suggested.
Department of Health	Paragraph "e"	4	Could this reflect that the call to action also aimed to reduce excess weight in	Thank you for this

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			children by 2020.	comment. The scope refers to the call to action in section 3 – the specific detail on children has not been pulled out as this guidance is aimed at both children and adults.
<b>domUK (Dietitians in Obesity Management UK), a specialist group of the British Dietetic Association</b>	General		We welcome the draft scope on this important topic.	Thank you
<b>domUK (Dietitians in Obesity Management UK), a specialist group of the British Dietetic Association</b>	2. Background	1	With regard to cut-off points for overweight and obesity in children, it would be helpful to clarify that the lower points are used usually for epidemiological purposes and the higher points for clinical practice.	Thank you for this comment - we will bear this issue in mind when developing the evidence review protocol and search.
<b>domUK (Dietitians in Obesity Management UK), a specialist group of the British Dietetic Association</b>	2a Background	1	We suggest that the scope also consider and highlight those groups at most risk of excessive weight gain (such as women post pregnancy, those who stop smoking etc).	Thank you for this comment. This scope is taking a population wide approach. The final guidance may flag particular at risk groups depending on the

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				evidence available.
<b>domUK (Dietitians in Obesity Management UK), a specialist group of the British Dietetic Association</b>	2b Background	2	We suggest that updated clinical recommendations should also include meal replacement approaches, which were inexplicably missed from the Obesity clinical guidelines 43. There is a large and growing existing evidence base for their efficacy and use in a variety of situations. We would like to see them added to section 2b to ensure that they are included in the clinical update.	Thank you for this comment. If there is evidence on meal replacement use among a general population or a population with a healthy weight, this may be considered depending on the evidence available. This work does not consider the management of obesity. Please note that a partial update of the clinical sections of CG43 will be undertaken in the near future
<b>domUK (Dietitians in Obesity Management UK), a specialist group of the British Dietetic Association</b>	2e Background	3	We suggest that this guidance will also be relevant to those who are or were overweight or obese and have lost weight, to help them maintain a new lower body weight.	Thank you for this comment.
<b>domUK (Dietitians in Obesity Management UK), a specialist</b>	Section 4.3 Key questions and	7	We suggest that the scope additionally consider the psychological influences on weight management, maintenance of body weight and eating habits in	Thank you for this comment. The

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group of the British Dietetic Association	outputs		different groups, particularly those identified as most at-risk of excessive weight gain.	management of obesity is outside the remit of this work. Evidence on psychological influences on behaviours among a general population or a population with a healthy weight may be considered depending on the evidence available.
Hartlepool Borough Council	4.3	7	Consider body fat percentage / body composition as another anthropometric measure. Although BMI is still the chosen measure of overweight/obesity it is not fit for purpose and does not take into account body composition and this can be misleading for many individuals.	Thank you for this comment. The assessment of overweight and obesity are outside the remit of this work..
Hartlepool Borough Council		7	May be useful to consider offering a list of recommended QOL / Self efficacy tools for services/ LA 's to use in their services possibly through NOO website	Thank you for this suggestion.
HENRY (Health, Exercise, Nutrition for the Really Young)	4.1	5	We welcome the inclusion of children under 2 as evidence is clear that lifestyle habits and food preferences are formed very early in life.	Thank you for this comment.
HENRY (Health, Exercise, Nutrition for the Really Young)	4.2.1	6	To address health inequalities, we recommend that the activities to be covered are expanded to include the support that adults and families need in order to modify lifestyle behaviour and maintain a healthy weight as well as the	Thank you for this comment. Interventions in particular settings or

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			provision of information.	led by health professionals are covered by other sections of CG43 and are outside the remit of this scope (we have clarified this in the final scope section 4.2.2).
<b>HENRY (Health, Exercise, Nutrition for the Really Young)</b>	4.3	7	Q1: What behaviours may help children to maintain a healthy weight or prevent excess weight gain? When considering diet, Section 1.1.1.2 currently provides combined guidance for adults and children together. To include all age groups, it will be necessary to also ask about young children's different nutritional requirements to maintain a healthy weight e.g. a high fibre diet is not suitable for very young children because it inhibits the absorption of essential nutrients.	Thank you for highlighting this issue. We are not able to pre-empt what may be identified in the evidence reviews. You may also be interested in existing NICE guidance on <a href="#">behaviour change</a> , which is currently being updated.
<b>HENRY (Health, Exercise, Nutrition for the Really Young)</b>	4.3	7	Q1: What behaviours may help children to maintain a healthy weight or prevent excess weight gain? At present there is no UK guidance on the recommended amount of screen time for young children. It would be helpful if the updated guidance could include this. The American Academy of Paediatrics recommends that children under 2 watch no television at all and those over 2 years have a maximum of	Thank you for highlighting this issue.

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			2 hrs screen time a day.	
<b>HENRY (Health, Exercise, Nutrition for the Really Young)</b>	4.3	7	Q1: What behaviours may help children to maintain a healthy weight or prevent excess weight gain? 1.1.1.6 helpfully includes information about what parents and carers can do to help children maintain a healthy weight. To include all age groups, this question needs to be expanded to include specific information for under 2s – providing guidance based on the research about responsive feeding, following hunger and fullness cues and the influence of parents in the development of food preferences. The question should also explicitly address guidance about activity during babyhood.	Thank you for highlighting these issues. We are not able to pre-empt what may be identified in the evidence reviews. Please note that the revised scope clarifies that infant feeding and weaning are outside the remit of this work (covered by existing NICE guidance on <a href="#">maternal and child nutrition</a> )
<b>HENRY (Health, Exercise, Nutrition for the Really Young)</b>	4.3	7	We would recommend the inclusion of an additional question about the skills parents need in order to encourage behaviour that maintains children's healthy weight. Research shows that parenting efficacy underpins a healthy family lifestyle and this is particularly relevant to overcoming health inequalities. Guidance could helpfully include: <ul style="list-style-type: none"> <li>• Authoritative parenting that combines warmth and responsiveness to the child' needs with the confidence to hold boundaries around healthy snacks, bedtime etc</li> <li>• Avoiding the use of food as reward, comfort or bribe which can set up</li> </ul>	Thank you for highlighting these issues. We are not able to pre-empt what may be identified in the evidence reviews. However, please note that evidence that is likely to be identified as health

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			<p>lifelong dependence on food for emotional rather than nutritional reasons</p> <ul style="list-style-type: none"> <li>• Not forcing food on children</li> <li>• Offering young children choices between healthy foods</li> <li>• Modelling a healthy lifestyle</li> </ul>	<p>professional led or settings based interventions are outside the remit of this work (the revised scope clarifies this point). However, we can note this as a gap in the existing guidance if it is not picked up by the proposed work.</p>
<b>HENRY (Health, Exercise, Nutrition for the Really Young)</b>	4.3	7	<p>Q3 What are the most effective ways to communicate information about maintaining a healthy weight or preventing excessive weight gain to different population groups?</p> <p>To provide guidance that is relevant to and inclusive of all socio-economic backgrounds, this question will need to address barriers in communicating information and how to overcome them.</p>	<p>Thank you for highlighting this issue. Please note that general issues around behaviour change are outside the remit of this work. You may be interested in existing NICE guidance on <a href="#">behaviour change</a> which is currently being updated.</p>
<b>Lundbeck Ltd</b>	<b><u>General</u></b>		<p>Lundbeck is an ethical research-based pharmaceutical company specialising in central nervous system (CNS) disorders, such as <b>depression and anxiety, bipolar disorder, schizophrenia, Alzheimer's, Parkinson's disease, with</b></p>	<p>Thank you for these comments. Alcoholic drinks will be included</p>

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			<p>an active interest in alcohol policy.</p> <p>Lundbeck welcomes and supports the public health draft guidance on 'maintaining a healthy weight and preventing excess weight gain among children and adults'. However we recommend the consumption and misuse of alcohol is considered for inclusion in the guidance, as evidence suggests alcohol consumption is a modifiable behaviour that can impact a person's ability to maintain a healthy weight and prevent weight gain.</p>	<p>depending on the evidence available. However, the misuse of alcohol is beyond the remit of this work. You may be interested in existing NICE guidance on <a href="#">alcohol</a> use disorders.</p>
Mind	General		<p>Mind welcomes the opportunity to comment on the Draft Scope for public health guidance on maintaining a healthy weight and preventing excess weight gain among children and adults. This is a pressing issue given evidence shows people with mental health problems have higher rates of obesity and associated illnesses. A recent Mind survey of over 800 people with mental health problems also found respondents felt their current lifestyles were least healthy in the areas of maintaining a healthy weight and exercising.</p> <p>It is important that the Draft Scope reflects the circular relationship between mental health and weight. The symptoms of mental health problems can make it harder to lose weight, while weight gain can itself trigger mental ill health. In Mind's recent research, focus group participants identified factors directly linked to their mental health problems – such as symptoms, medication side effects and stigma – as key barriers to leading healthier lifestyles, including achieving and maintaining a healthy weight. The link between mental health and weight is therefore a key public health priority, which this guidance should</p>	<p>Thank you for highlighting this issue. NICE is very much aware that mental health problems influence obesity and vice versa. This has been an issue for discussion of other committees developing guidance for NICE that directly or indirectly impacts on obesity. The Public Health Advisory Group for this work is likely to consider the implications of its</p>

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			reflect.	recommendations on population sub groups, such as those with mental health problems. However, the management of mental health problems is outside the remit of this work and therefore we will not be specifically searching for evidence on this group.
Mind	3b)	4	<p>It is welcome that the scope recognises the relationship between social disadvantage and obesity. However, the prevalence of mental health problems also increases with social disadvantage and, in some cases, can make it even harder for people to achieve and maintain a healthy weight. People may be facing multiple barriers such as a low income, which makes it harder to sustain a healthier diet, coupled with mental health problems, which can undermine motivation and confidence to sustain lifestyle changes.</p> <p>Whilst it is important to consider social disadvantage in itself as a factor influencing people's ability to manage their weight, this cannot be considered effectively in isolation from mental health. The scope should reflect that poor wellbeing and mental health problems can both cause and be exacerbated by both social disadvantage and obesity.</p>	Thank you for this comment. We are of the view that the scope clearly states that there is an association between obesity and inequalities in health.

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Mind	3c)	4	<p>It is welcome that the scope notes that people who are obese may also experience mental health problems as a result of stigma and bullying. However, it is important to recognise that people may be overweight or obese as a direct result of their mental health problems.</p> <p>In Mind's recent research, focus group participants identified a number of factors linked to their mental health problem which had a direct impact on their ability to achieve or maintain a health weight. These included:</p> <ul style="list-style-type: none"> <li>• symptoms such as anxiety, panic attacks, low motivation, poor self-esteem, lack of self confidence, negative body image</li> <li>• side effects of medication which can directly cause weight gain, increase tiredness, impact on physical health or on people's lifestyle and motivation</li> <li>• stigma surrounding mental health which can make it difficult to access mainstream facilities to support weight loss such as gyms or sports clubs</li> <li>• low income (linked to their mental health problem) making it difficult to afford healthier food options or to join exercise facilities</li> </ul> <p>Poor mental health can also make it much harder to make healthy choices, to manage cooking and shopping, and to feel confident about making lifestyle changes such as dieting. In our research people spoke about eating disorders or binge eating, which for some people with mental health problems can be a coping mechanism in difficult periods. It is therefore important to ensure that people are supported to have other coping mechanisms in place in order to</p>	<p>Thank you for this comment. The scope notes that the management of conditions which increase the risk of obesity is outside the remit of this work.</p>

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			achieve a sustainable lifestyle change.	
Mind	4.2.2.b)	6	The scope states that the guidance does not intend to cover 'management of medical conditions that may increase the risk of excess weight gain, being overweight or obese.' Whilst it makes sense that this guidance does not cover treatment or support for people with mental health problems, it does need to include a comprehensive discussion of the relationship between mental health and weight in order to fully understand the factors that influence people's ability to manage their weight – particularly mental health symptoms and treatment side effects.	Thank you for this comment. The Public Health Advisory Committee are likely to consider the barriers and facilitators to the implementation of their proposed recommendations among different population groups, as well as any concerns about potential unintended effects. However, the management of mental health problems or specific issues for this group are outside the remit of the work.
Mind	4.3	7	Question two, 'what behaviours may help adults to maintain a healthy weight or prevent excess weight gain?', must consider alternative coping mechanisms for people with mental health problems who binge or 'comfort'	Thank you for this comment. This work is aimed at a general

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			<p>eat as a way of coping. Without this it is unlikely that people will be able to sustain any diet change through periods of distress or mental health crisis. It must also consider the factors outlined above that are intrinsically linked to mental health problems and impact on behaviours, such as motivation, self-esteem, confidence and body image. Any guidance to encourage positive behaviours will not be successful unless it actively supports people to overcome these barriers.</p> <p>The guidance also needs to consider the interrelated role of social care. For many people with mental health problems cooking and shopping can be difficult. Social care support to manage visiting the shops and cooking healthy meals can have a significant impact on people's ability to manage their own weight, rather than eating irregularly and unhealthily without support. Unfortunately the high eligibility threshold for social care means that many people who need support can't access it and this presents an additional barrier to maintaining a healthy weight. When considering a person's eligibility for social care, the impact of their support needs on their overall health should be considered and it is important that achieving and maintaining a healthy weight is a key part of this.</p> <p>For parents living with mental health problems this social care support can also help them to ensure that their children eat healthily and maintain a healthy weight.</p>	<p>population. We are unable to pre-empt what the evidence reviews might identify.</p>

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Mind	4.3)	7	<p>In answer to question three, it is essential to ensure that information about managing weight is not stigmatising or blaming, particularly as the barriers people face can often be linked to a mental health problem rather than to lifestyle choices. People experiencing low self-esteem will often lack the confidence to believe they can achieve a lifestyle change like maintaining a healthy weight. It is important that communications on this topic are careful not to stigmatise and reinforce these concerns, and are also ambitious about the outcomes that people can achieve.</p> <p>The inequalities in life expectancy for people living with mental health problems are unacceptable – the Department of Health has called the fact that people with schizophrenia or bipolar disorder die on average 16-25 years sooner than the general population a “shameful inequality in outcomes”. It is crucial to be ambitious about everyone’s ability to achieve and maintain a healthy weight, regardless of whether they have a mental health problem. However, appropriate, tailored support will be needed for some people living with mental health problems to overcome the barriers outlined above. Further research would be helpful to establish how this can be most effective.</p>	Thank you for raising this issue. The Public Health Advisory Committee are likely to consider the barriers and facilitators to the implementation of their proposed recommendations among different population groups, as well as any concerns about potential unintended effects.
Mind	4.3)	7	<p>It is welcome that the psychological outcomes of achieving and maintaining a healthy weight are considered in the scope. However, it is important not only to consider psychological impacts <i>as a result of</i> a change in weight but also how improvements in mental health can lead to positive weight changes. For a person who finds it difficult to manage their weight while they are living with depression, supporting that person to manage the symptoms of their</p>	Thank you for raising this issue. The management of conditions that may increase risk of obesity is outside the remit of this work. However,

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			depression will, in turn, help them to manage their weight. Psychological changes can therefore be a cause as well as an outcome of changes in weight.	psychological outcomes are listed as a potential outcome that may be identified in the evidence considered.
<b>Pennine Care NHS Foundation Trust</b>	4.3	7	Healthy School status is fragmented across the Pennine footprint according to which local authority the school sits in. Healthy School status should be consistent locally, regionally and nationally for continuity of health messages and good practice.	Thank you for this comment. Specific interventions within schools are outside the remit of this work
<b>Pennine Care NHS Foundation Trust</b>	4.3		Advice available to all parents regarding packed lunches and what a packed lunch should consist according to the advice around the eatwell plate and 'me size meals' (visual aids) through schools.	Thank you for raising this issue. Please not that health care professional led and settings based interventions are outside the remit of this work.
<b>Pennine Care NHS Foundation Trust</b>	4.3		Universal free school meals to all primary school children.	Thank you for this comment. Specific interventions within schools are outside the remit of this work.
<b>Pennine Care NHS Foundation</b>			Regionally / Nationally introduction to school awards for healthy eating.	Thank you for this comment. Specific

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Trust				interventions within schools are outside the remit of this work.
Pennine Care NHS Foundation Trust	4.3		Cashless systems in all secondary schools to help reduce stigma for those on free school meals. Systems to include opportunities for parents to view what food their child has bought.	Thank you for this comment. Specific interventions within schools are outside the remit of this work.
Pennine Care NHS Foundation Trust	4.3		Planners: Restrictions on fast food take aways in deprived communities and near schools, restrictions on 24hr fast food takeaways premises. Dedicated cycle lanes (especially near schools) and dedicated walk to school routes. Ensure new workplace premises have adequate facilities to accommodate bike racks and showering facilities for staff. To ensure neighborhood environments can support physical activity opportunities and healthy diet.	Thank you for this comment. To note that some of these issues are covered in existing NICE guidance – you may be interested in public health guidance on the <a href="#">prevention of CVD</a> , <a href="#">walking and cycling</a> and <a href="#">physical activity and the environment</a> .
Pennine Care NHS Foundation Trust	4.3		A proportion of the pupil premium (via free school meals) to be used to help influence parents on healthy behaviours and education around healthy eating	Thank you for this comment. Health professional led and settings based interventions are outside the remit of this work.

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Pennine Care NHS Foundation Trust	4.3		Ban vending machines in all secondary schools.	Thank you for this comment. Health professional led and settings based interventions are outside the remit of this work.
Pennine Care NHS Foundation Trust	4.3		Secondary school policy to ensure pupils don't leave the school premises during lunch time therefore limiting opportunities to purchase high fat / high sugared foods.	Thank you for this comment. Health professional led and settings based interventions are outside the remit of this work.
Pennine Care NHS Foundation Trust	4.3		Fat tax: Increase the cost of foods high in fat, sugar and salt and subsidise the cost of healthier foods. Limit portions available (no super size) to help with portion control and reduce additional calorie intake.	Thank you for raising this issue. We are unable to pre-empt the results of the evidence reviews in the scope.
Pennine Care NHS Foundation Trust	4.3		Change4life to continue to raise awareness of healthy behaviours but include more family and adult focus programmes and / or initiatives.	Thank you for this comment.
Pennine Care NHS Foundation Trust	4.3		Nationally and regionally standardise programmes within schools to support behaviour change. Programmes to also include where food comes from, growing your own food, home economics, and the introduction of lifelong skills such as food label reading	Thank you for this comment. Health professional led and settings based

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				interventions are outside the remit of this work.
Pennine Care NHS Foundation Trust	4.3		To standardise the oral health screening in secondary schools as an 'opt out' rather than an 'opt in' to help support positive health behaviour.	Thank you for this comment. Health professional led and settings based interventions are outside the remit of this work.
Pennine Care NHS Foundation Trust	4.3		Traffic light system good as a population approach to help people maintain a healthy weight, however traffic lights are only promoted when people want to lose weight Traffic lights the range for sugar and fat is too high in the amber section and should be brought down to help people maintain a healthy weight.	Thank you for raising this issue. Please note that NICE has already issued recommendations on food labelling in guidance on the <a href="#">prevention of cardiovascular disease</a> .
Pennine Care NHS Foundation Trust	4.3		NCMP to continue to help inform future commissioning priorities across private, voluntary and statutory organisations.	Thank you for this comment.
Pennine Care NHS Foundation Trust	4.3		Supermarket responsibilities: restrict access to convenience high fat/sugar foods at check out, food labelling guide available in stores, healthy recipes available as you walk through the door, not at checkout, change4life recipes to widely available in supermarkets, bring ingredients to make a healthy meal together in one aisle / section	Thank you for this comment. Please note that NICE has already issued recommendations on many of these issues

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				in guidance on the <a href="#">prevention of cardiovascular disease</a> .
Pennine Care NHS Foundation Trust	4.3		Universal <b>free</b> milk / fluoride milk to all primary school children	Thank you for this comment. Environmental factors beyond the individuals control (for example, the provision of cycle paths or content of school meals) is beyond the remit of this work..
Pennine Care NHS Foundation Trust	4.3		Healthy start: universal <b>free</b> service Make the forms easier to complete Distribution points for vitamins to be more widely available to help increase update.	Thank you for this comment. Environmental factors beyond the individual's control (for example, the provision of cycle paths or content of school meals) are outside the remit of this work.
Pennine Care NHS Foundation Trust	4.3		To provide training to all health professionals around behaviour change and ensure this is included in job descriptions and is part of annual mandatory training.	Thank you for this comment. Please note that NICE is currently updating its existing

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				guidance on <a href="#">behaviour change</a> .
Pennine Care NHS Foundation Trust	4.3		To ensure that Change4life materials are widely available in GP surgeries and waiting rooms.	Thank you for this comment. We are unable to pre-empt what the evidence reviews might identify.
Pennine Care NHS Foundation Trust	4.3		Standardise front of pack labelling / per 100g	Thank you for this comment. Please note that NICE has already issued recommendations on food labelling in guidance on the <a href="#">prevention of cardiovascular disease</a> .
Pennine Care NHS Foundation Trust	4.3		Workplace health to be embedded in to all public, private and charitable organisations.	Thank you for this comment. Health professional led and settings based interventions are outside the remit of this work..
Pennine Care NHS Foundation Trust	4.3		Ban advertisements of unhealthy foods before 9PM	Thank you for this comment. Environmental factors beyond people's control (for example, the

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				provision of cycle paths or content of school meals) are outside the remit of this work.
Pennine Care NHS Foundation Trust	4.3		To identify role models to help communities aspire to adopting positive health behaviour; young, old, religious leaders, sports personalities in places such as school, using the legacy as the Olympics as a platform to positive health behaviour.	Thank you for this comment. Issues around local communities are covered in existing NICE guidance on <a href="#">obesity – working with local communities</a> .
Pennine Care NHS Foundation Trust	4.3		To ensure NHS providers and Primary Care staff make every contact count to offer brief advice on behaviour change.	Thank you for this comment. Please note that the existing NICE guidance on <a href="#">behaviour change is being updated</a> .
Pennine Care NHS Foundation Trust	4.3		Advice and support more widely available for NHS staff on positive health behaviour to encourage 'leading by example'	Thank you for this comment.
Pennine Care NHS Foundation Trust	4.3		Use role models to lead on national campaigns, visit schools to help promote wellness.	Thank you for this comment.
	4.3		Breast feeding facilities more widely available.	Thank you. Please note

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Pennine Care NHS Foundation Trust			Use media to help promote positive imagery of breast feeding and where possible use role models.	that guidance on breastfeeding is covered in <a href="#">maternal and child nutrition</a> .
Pennine Care NHS Foundation Trust	4.3		Local areas to introduce Children's Forums (Health ambassadors) to provide a network to collect the voices of young people around activity	Thank you for this comment. We are unable to pre-empt what the evidence reviews might identify in the scope.
Pennine Care NHS Foundation Trust	4.3		Modern schools to have adequate cooking facilities to cook on the premises to provide fresh school meals.	Thank you for this comment. Health professional led and settings based interventions are outside the remit of this work..
Pennine Care NHS Foundation Trust	4.3		Opportunities to share good practice by making conferences more affordable	Thank you for this comment.
Pennine Care NHS Foundation Trust			To explore opportunities for using commercial cooking facilities such as those in local schools / supermarkets to provide local learn to cook programmes.	Thank you for this comment. We are unable to pre-empt what the evidence reviews might identify in the scope
			To provide evidence based multi component behaviour change programmes	Thank you for this

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Pennine Care NHS Foundation Trust			<p>(for adults) which offer advice, support and information which give clients the practical skills and tools to implement the strategies recommended maintaining and achieving a healthy weight long-term.</p> <p>Information should include eatwell plate, food labelling, portion sizes, how to become more active, stress and self esteem, and identifying potential barriers and how to overcome them which also cater for different population groups.</p>	comment.
Public Health England	General comments		<ul style="list-style-type: none"> <li>Public Health England (PHE) welcomes the opportunity to input into the NICE draft scope on 'Maintaining a healthy weight and preventing excess weight gain among children and adults'.</li> <li>It would be useful to add a section clearly defining terms such as 'healthy weight' and 'healthier weight' and how these will be used in the document. These terms should then be used consistently throughout.</li> <li>NICE might wish to consider the probability that individuals who are a healthy weight and already maintaining it are a very different group from those who have had weight issues and having achieved a healthy weight, now need to maintain it. 'Yo-yo' dieters may need to be considered separately as this group are likely to present different behaviours to the other two groups.</li> <li>NICE might wish to consider the wider aspects related to maintaining a healthy weight, including mental health and wellbeing. We would</li> </ul>	<p>Thank you for this comment. Definition of healthy weight is given on page 1 (section 2) of the scope.</p> <p>The evidence reviews will not restrict the search by population group and therefore if there is any evidence available on yoyo dieters compared to the general population this would not be excluded. However, we will not be actively searching for specific</p>

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			anticipate that this would also include consideration of inequalities and the impact of issues such as disability and sexual orientation explicitly, as weight issues have different dimensions in this area.	issues relating to maintenance of a healthy weight among individuals who were previously obese as this is outside the remit of the work.  NICE considers inequalities and the impact of potential recommendations on population subgroups in the development of all guidance and if there is any evidence available on eg disabilities and individual modifiable behaviours these will not be excluded from the evidence reviews.
Public Health England	2	1	The NCMP does not have official guidance on the underweight threshold for population monitoring in children. The Health Survey for England does not publish underweight, but for analysis of the NCMP, the HSCIC and PHE use the 2nd centile as the cut-off for clinical and population monitoring definitions. It might be useful to include these thresholds in the NICE guidance.	Thank you for this comment. The cut offs for underweight, healthy weight, overweight and obesity is outside the

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			Therefore, the UK90 healthy weight thresholds for child BMI are:  <b>Population monitoring:</b> 2 <sup>nd</sup> to <85 <sup>th</sup> centile <b>Clinical:</b> 2 <sup>nd</sup> to <91 <sup>st</sup> centile	remit of this guidance. However we will consider the impact of this issue in relation to the evidence review protocol and search. To note that management of underweight is outside the remit of this work.
Public Health England	2 (c)	2	This list could refer to PHE Priorities for 2013/14:  <a href="http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/192676/Our_priorities_final.pdf">http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/192676/Our_priorities_final.pdf</a>	Thank you for this reference – this has been added to the final scope.
Public Health England	3 (b)	2	Findings from Global Burden of Disease Study 2010 (Lancet, 2013 <sup>1</sup> ) relating to UK health performance could be included.  <sup>1</sup> <a href="http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)60355-4/abstract">http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)60355-4/abstract</a>	Thank you for highlighting this reference
Public Health England	3 (g)	5	We welcome the inclusion of advice on 'sugar-sweetened drinks' and the potential to consider new evidence in this area. However, it is important to continue to consider the wider context and the broad range of factors	Thank you for this comment.

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			<p>contributing to excess energy intake and weight gain.</p> <p>The eatwell plate should continue to be used as the basis for consistent advice on diet and consideration should also be given to eating behaviours including 'pro-healthy weight' behaviour (e.g. eating breakfast or eating less).</p>	<p>The reference to sugar sweetened drinks is only one of a number of examples given in the scope . We anticipate that the evidence reviews will identify a broad range of individually modifiable behaviours. We would not want to pre-empt the evidence on the broad range on the factors that might be included.</p>
Public Health England	4.1.2 (b)	5	<p>In their 2011 report on Energy Requirements, the Scientific Advisory Committee on Nutrition (SACN) noted the lack of evidence to establish energy requirements for overweight and obese women during pregnancy and further identified the need to clarify the effectiveness and safety of maternal weight management during pregnancy in order to inform advice.</p> <p>Given the lack of published UK guidance, it is therefore difficult to develop the NICE guidance around healthy weight management during pregnancy.</p> <p>We believe that there may be emerging evidence, from for example the United States, investigating interventions aimed at limiting weight gain during pregnancy, early results from which may be useful. It may therefore be pertinent to reconsider whether guidance to pregnant women should be covered in the scope, while recognizing the limitations of the evidence base and lack of UK guidance in this area.</p>	<p>Thank you for this comment. Pregnancy is outside the remit of this guidance and is covered in existing NICE guidance on <a href="#">weight management before, during and after pregnancy</a>.</p>

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Public Health England	4		The approach taken focuses on the individual. We would welcome the opportunity to expand this to include consideration of environmental obesogenicity. Maintaining a healthy weight and preventing excess weight gain need to be part of an environmental and planning approach; with community and family understanding and involvement.	Thank you for this comment. We have to keep the scope focused to ensure that we are able to address the key questions within the time and resource allocated. Wider environmental issues are considered in a range of existing public health guidance including <a href="#">prevention of type 2 diabetes</a> , <a href="#">prevention of CVD</a> , <a href="#">walking an cycling</a> and <a href="#">physical activity and the environment</a> . Please note that NICE is currently developing an overarching obesity pathway.
Public Health England	4.3. Question 3	7	With regards to the most effective ways to 'communicate information', this could be broader. Suggest amending to: 'marketing and support to establish	Thank you for this comment. We will explore the terms

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			<p>healthy eating habits to help maintain a healthy weight '.</p> <p>The question might better be 'what are the most effective ways to influence behaviours that help maintain a healthy weight or prevent excess weight gain to different population groups?'</p>	<p>suggested in relation to the evidence reviews that will be undertaken. We believe that marketing is covered by the wording in the draft scope and so have not included it as a specific point. . To note that we are particularly interested in communication and language around obesity and related modifiable behaviours as this has been raised in previous guidance (eg obesity working with local communities) as a particular concern.</p>
<b>Public Health England</b>	4.3 Expected outcomes	7	<ul style="list-style-type: none"> <li>• We believe it may be useful for local government if the guidance could give an illustration of, for example, a population of 100K of adults and children:               <ul style="list-style-type: none"> <li>○ How many would be a healthy weight? And;</li> <li>○ Of those who are overweight or obese, how many want to avoid further</li> </ul> </li> </ul>	<p>Thank you for this comment. NICE publishes local audit tools to support the implementation of all</p>

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			<p>weight gain?</p> <ul style="list-style-type: none"> <li>○ This would be useful in giving LA public health colleagues an approach on the 'numbers needed to treat' and the scale of the expected outcomes detailed on page 7.</li> </ul>	guidance.
<b>Royal College of General Practitioners</b>	general		<p>The scoping document recognises the epidemic in this non-communicable disease that has significant costs to both individuals and the UK as a whole. As this is a public health guidance the scope of this consultation is too narrow and will have an insignificant impact. There has been a recent Cochrane Reviews<sup>1</sup> (2011) as well as a recent JAMA publication<sup>2</sup> (June 2013) showing there are several effective interventions in children in preventing obesity. This includes multimedia campaigns and educational interventions particularly for 6-12 year olds.</p> <p>The latest Department for Environment, Foods and Rural Affairs (DEFRA) food consumption data from 2011<sup>3</sup> shows there has been major nutrition transition in the consumption of energy dense food that is low in fibre, a decrease in physical activity, and a non sedentary lifestyle, with increasing use</p>	Thank you for this comment. This scope is focused on only one section of the existing public health recommendations in CG43. In addition, NICE has published a suite of recommendations that directly or indirectly impact on obesity and tackle many of the

<sup>1</sup> Fernandes MAP, Atallah AN, Soares B, Saconato H, Guimarães SM, Matos D, Monteiro LRC and Richter, B. Interventions for preventing obesity in children. 2011. *Cochrane Database of Systematic Reviews* 2011, DOI: 10.1002/14651858.CD001871.pub3

<sup>2</sup> Childhood Obesity: Is There Effective Treatment? ONLINE FIRST. Tessa L. Crume, PhD, MSPH; Curtis S. Harrod, MPH. *JAMA Pediatr.* 2013;():1-2. doi:10.1001/jamapediatrics.2013.102.

<sup>3</sup> Family Food 2011. Department for Environment, Food and Rural Affairs. 2012. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/193804/familyfood-2011report.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/193804/familyfood-2011report.pdf)  
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			<p>of computing devices. There is a clear need to consider this a major national economic and health threat and needs to involve DEFRA, Public Health England, the food industry and all major political parties. There needs to be a sustained national campaign integrated with local communities with clear outcomes. Certain food stuffs need to be treated like tobacco products e.g. consideration of use of tax system or banning certain food substances including high sugar breakfast cereals, crisps, ready meals and high sugar drinks.</p> <p>An examination is required of the use of rewards and benefits to individuals to maintain a normal body weight including looking at taxation and benefits system. The scope needs to be expanded to include the wider environment as well as tackling individual behaviours, otherwise the problem of obesity will just continue to increase.</p>	<p>issues you mention. You may be interested in looking at <a href="#">NICE pathways</a> on obesity – working with local communities, diet and physical activity. An overarching pathway on obesity will be published in the Autumn which pulls together all NICE guidance on this topic.</p>
<b>Royal College of General Practitioners</b>	4.1.2 b)	5	<p>Whilst I appreciate that the scope will not be covering pregnant women, it is likely that these general approaches will apply to pregnancy as well as non pregnant women and it would be beneficial if this could be mentioned to avoid perceptions that the advice is not recommended in pregnancy.</p>	<p>Thank you for this comment. Whether the guidance is also relevant for groups excluded from the scope (and therefore evidence reviews) may be a topic for consideration by the PHAC. However, NICE has also published public health guidance on <a href="#">weight management</a>.</p>

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				<a href="#">before, during and after pregnancy</a> (which is being reviewed this year – you may wish to register as a stakeholder).
Royal College of General Practitioners	4.2.2. a)	6	Would it be worth clarifying that the guidance is intended to cover helping people who are overweight or obese to avoid further weight gain, as I think this is the intention?	Thank you for this comment. This work is taking a population wide approach. A BMI cut of has not be set as the mean population BMI among adults is 27 kg/m <sup>2</sup> . However, the guidance is not specifically aimed at overweight and obese and we will not be specifically searching for evidence among this group or making specific recommendations for this group (recognising that they may have different needs).

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Royal College of General Practitioners	4.2.2. d) And 4.3 Key questions	6, 7	Again, whilst I appreciate that complementary therapies are not part of this scope, the document may influence research agendas and so I wonder if consideration will be given to micronutrient modification as part of obesity prevention? There is an emerging evidence base on this and I am not sure where it would fit in. The key questions otherwise look to have an entirely behavioural theme, which is not really broad enough.	Thank you for this comment. The search for the evidence will be as broad as possible in the time and resources available and so if there is substantial evidence on this issue it may be identified in the evidence review search.
Royal College of Nursing	General	General	The Royal College of Nursing welcomes proposals to develop this guidance. It is timely. The draft scope seems comprehensive.	Thank you for this comment.
Royal College of Nursing	General	General	The 'Scope' is clear and unambiguous. It seems supported by up current and up to date Public Health evidence.	Thank you for this comment.
Royal College of Nursing	4.3	7	It is not clear how the expected outcomes will be measured/audited. The considerations are lengthy. Could they be amalgamated?	Thank you for this comment. The outcomes are what we may identify in the evidence reviews. The considerations are the sorts of issues that NICE Public Health Committee's consider for all pieces of guidance.
Royal College of Nursing	General	General	Consideration of adults with Learning disabilities: Messages should be delivered to them differently based on their level of understanding and	Thank you for this comment. We will

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			retaining information.	consider this issue depending on the evidence available. To note that NICE always considers the impact of potential recommendations on inequalities and for different population sub groups.
Royal College of Paediatrics and Child Health	General		<p>We are disappointed to see that factors which may support or make less likely the desired behaviour changes such as environmental and cultural / societal changes are explicitly excluded (4.2.2 c) despite being in appendix A as likely to be considered "...factors that prevent – or support effective implementation." This suggests that the onus is again being passed to the individual to prevent obesity, without the necessary support of local and central policy, planning etc. <b>This is likely to increase inequalities.</b></p> <p>This also means that the guidance is likely to be of limited value. However it may prove possible and would be useful to have clarity of recommendations for parents and carers about a range of behaviours and habits.</p>	<p>Thank you for this comment. This scope is focused on only one section of the existing public health recommendations in CG43. In addition, NICE has published a suite of recommendations that directly or indirectly impact on obesity and tackle many of the issues you mention. You may be interested in looking at <a href="#">NICE</a></p>

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				<a href="#">pathways</a> on obesity – working with local communities, diet and physical activity. An overarching obesity pathway will be available in the Autumn which pulls together all NICE guidance on this topic.
Royal College of Paediatrics and Child Health	General		We assume that sleep pattern and quantity will be considered when considering behaviours that may help prevent obesity. It is not specifically mentioned and is not in previous guidance because the evidence is recent.	Thank you for this comment. Sleep is included as an example of a behaviour likely to be considered in section 4.3
Royal College of Paediatrics and Child Health	General		We would recommend that NICE make use of work done on early life and obesity using the parenting evidence base as in Professor Rudolf's work for the Healthy Child Programme and HENRY programme.	Thank you for highlighting this research. This piece of work is only updating section 1.1.1 of the original guidance and is not considering health professional led interventions or settings based interventions.

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				However, if issues around parenting are not identified in the evidence reviews for this work we can identify this as a gap for consideration for potential future work.
<b>Royal College of Paediatrics and Child Health</b>	General		<p>For better understanding of the weight issues, it is crucial that the metabolic pathway and hormones involved are explored. This is particularly so with regard to the role of Insulin. It is also important to consider that children, particularly, the young, need a high content of fat in their diet because their metabolic needs are different and change with age.</p> <p>Generally speaking, the guidance is sound, for example, the emphasis on balanced diet, regular meals, importance of exercise and others. However, there remains emphasis on the theoretical aspect of the problem being related to the absolute number of calories only. For example, the point about avoiding fried food.</p> <p>It is crucial to explore the reactions of hormones, such as insulin, to food intake and how this is related to entry of nutrients inside cells, and how this in turn impact on weight gain. Any physiology book will have this basic information.</p> <p>Conclusion: The main culprit in weight gain is the carbohydrate, and not fat, particularly the type that provides immediate glucose, which leads to immediate and sharp rise in the level of insulin. This leads to entry into the cells of other nutritional material including amino-acids and fatty acids, which</p>	Thank you for highlighting this issue. The specific factors / behaviours considered will depend on the evidence available – we cannot pre-empt the evidence reviews in the scope.

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			lead to weight gain.	
Royal College of Paediatrics and Child Health	4.1.1. Groups to be covered	5	<p>It is good to see that this public health guidance will cover all children and adults who are not already being managed for overweight or obesity. Hopefully, this means that particular attention will be paid to the needs of disabled children and adults, some of whom are especially at risk of becoming overweight or obese due to reduced mobility and difficulty accessing various weight control programmes.</p> <p>There would be a marked failure of equality of opportunity if the particular needs of disabled people were not addressed. The challenge of including disabled adults and children in various public health interventions had been acknowledged and work is being commissioned to explore this problem: <a href="http://www.phr.nihr.ac.uk/fundingopportunities/pdfs/12_182cb.pdf">http://www.phr.nihr.ac.uk/fundingopportunities/pdfs/12_182cb.pdf</a></p>	Thank you for highlighting the specific needs of this group. Whether particular recommendations are made will depend on the evidence available. To note that NICE always considers the impact of potential recommendations on inequalities and for different population sub groups.
Royal College of Paediatrics and Child Health	4.1.1. Groups to be covered	5	Although this guidance is aimed at supporting people to maintain a healthy weight, the emphasis seems to be on avoiding overweight and obesity (which is understandable since this is a major public health concern). However, will this guidance also consider the issue of underweight since this is a problem for some disabled children and adults due to restricted diets and difficulty feeding?	Thank you for this comment. Underweight is outside the remit of this guidance as this work is a partial update of an <a href="#">Obesity guideline</a> – a note clarifying this has been added to the final scope.
Royal College of Paediatrics and	4.3 Expected	7	The expected outcomes include monitoring weight, BMI and waist	Thank you for this

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Child Health	outcomes		<p>circumference. To ensure equality of opportunity, efforts should be made to include disabled children (and adults), in this monitoring.</p> <p>Several members of BACD report experiences in their local areas where the routine monitoring of growth parameters in reception and year 6 or 7 is undertaken for children in mainstream school whereas those in special schools are excluded. Even children in mainstream school may sometimes be excluded from the growth measurements undertaken in their non-disabled peers because of lack of appropriate measuring devices.</p> <p>This guidance should stress that disabled children and adults also need to be offered information and programmes to help maintain a healthy weight, and special effort should be made to include them in any physical measurement programmes.</p>	comment. The outcomes given are examples of outcomes likely to be identified in the literature and the examples are not intended to be exhaustive lists.
Royal College of Paediatrics and Child Health	4.1.1 a)	5	<p>It would be better to state from what age the guidance will apply. Is it really from birth?</p>	Thank you for this comment. The final scope has removed the reference to age 2 (which was perhaps rather confusing for those not familiar with the original guidance) and has clarified that the guidance will cover all children but infant

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				feeding and weaning are excluded.
Royal College of Paediatrics and Child Health	4.2.1	6	The provision of information alone is insufficient. The psychological factors behind why people, who mostly know about healthy eating, the dangers of obesity etc., choose not to follow advice. Also the psychological factors (frequently found in families) that lead to over- and/or inappropriate eating are significant and need to be included in guidance.	Thank you for raising this issue.
Royal College of Paediatrics and Child Health	4. 3 Q 1.	7	This will need to be broken down into several age groups. Special advice specifically for adolescents will also be needed as they become increasingly independent of their parents control and influence.	Thank you for this comment. We recognise the need to consider different ages and will consider this issue when developing the evidence review protocol and search.
Royal College of Paediatrics and Child Health	General		The persistent focus on diet and activity alone is failing. A thorough review of psychological factors in all aspects of weight management needs to be undertaken. Looking at psychological outcomes is welcome but insufficient.	Thank you for this comment. Please note that this piece of work only updates one section of CG43. We will note this as a potential gap in the currently available guidance.
Slimming World	4.1.1	5	We feel it would be beneficial to identify that a group this guidance will be relevant to is those who have previously been part of a weight management programme who	Thank you for this comment. This guidance

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			have successfully lost and are now maintaining this weight.	may be of relevance to this group but is not specifically directed at this group (and we will not be actively looking at interventions undertaken among this group). We recognise that maintenance of weight following weight loss is a large topic in its own right and we would not be in a position to consider in detail given the time and resources available. To note that this issue has been considered to some extent by guidance in development on lifestyle weight management in adults.
<b>Slimming World</b>	4.1.2	5	We are unsure as to the reason why pregnant women have been listed as not being included. The remit of this guidance is to help people to maintain a healthy weight and prevent excess weight gain and this is clearly relevant to this group. Also with	Thank you for this comment. NICE has published public health

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			the emphasis being on a life course approach it would seem appropriate to include them and the behaviours/support required are not likely to be that much different.	guidance on <a href="#">weight management before, during and after pregnancy</a> (which will be reviewed later this year – you may wish to register as a stakeholder).
<b>Slimming World</b>	4.3 key questions	7	A section which seems to be missing in here is a question around what are the most effective ways to <b>support</b> adults/children to maintain a healthy weight/prevent excess weight gain. It seems the behaviours needed and methods of communication are being considered but the support someone might need has not been addressed.	Thank you for this comment. This guidance only updates one section of CG43. Issues around support are covered in other sections of the obesity guideline.
<b>Slimming World</b>	4.3 Expected outcomes	7	The expected outcomes listed here don't all appear to be outcomes, some are actually measures. It would be useful for this to be clearer.	Thank you for this comment. The examples of outcomes are those that may be available in the published literature. We cannot pre-empt what the review may find.
<b>Stockport Council</b>	4.2.1 (a)	6	Reinforcement of current healthy behaviours should be included as well as modifying behaviour	Thank you for this comment. The question focused on modifiable

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				behaviours at an individual level rather than modifying behaviour per se.
Stockport Council	4.2.1 (a)	6	Include modifiable community behaviours (ie resetting the 'norm') as well as individual behaviour	Thank you – NICE has published a range of guidance that focused on community wide action. You may be interested in <a href="#">obesity – working with local communities</a> in particular.
Stockport Council	4.2.1 (b)	6	Will this relate to identification that behaviour requires modification?	Thank you for this comment. The question focused on modifiable behaviours at an individual level rather than modifying behaviour per se.
Stockport Council	4.2.2 (c)	6	Although 'environmental factors beyond people's control' will not be covered, consideration should be given to how population groups can modify their behaviour within 'fixed' environments effectively & safely	Thank you for this comment. This guidance only updates one section of CG43. The issues you mention may be covered in other sections of by

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				NICE guidance on <a href="#">behaviour change</a> .
Stockport Council	4.3 Question 1	7	Should consider positive parenting/role modelling/parental training courses eg HENRY	Thank you for highlighting this issue. This piece of work is only updating section 1.1.1 of the original guidance and is not considering health professional led interventions or settings based interventions. However, if issues around parenting are not identified in the evidence reviews for this work we can identify this as a gap for potential future work.
Stockport Council	4.3 Question 3	7	Ensure the following population groups are considered: <ul style="list-style-type: none"> <li>- Special educational needs (with particular consideration of reading age)</li> <li>- Disability (sensory impairment)</li> <li>- English as a second language</li> <li>- Computer/IT illiterate (education/age/socio-economic)</li> </ul> Effective communication requires the issues relating to weight to be raised & accepted beforehand	Thank you for this comment. The guidance is taking a population wide approach. Evidence on any of these groups would be included as available and the committee will consider

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			Should include technological workplace interventions & monitors as a means of communication	the impact of potential recommendations on inequalities and for different population sub groups.
<b>Stockport Council</b>	4.3 Question 1&2	7	Will these also consider whole family behaviour?	Thank you for raising this issue – it may be included depending on the evidence available. However, family based interventions are outside the remit of the work and are addressed in other sections of the guidance).
<b>Stockport Council</b>	4.3 Expected outcomes (1 <sup>st</sup> bullet point)	7	Should read; 'Maintenance of <u>healthy</u> weight or avoidance of <u>unhealthy</u> weight gain ..... ' This will take account of the fact that children will gain weight naturally but still remain a healthy weight as they grow	Thank you for this comment. We are of the view that the current wording reflects your point about child growth by stating 'excess weight gain'
<b>Stockport Council</b>	4.3 Expected outcomes (3 <sup>rd</sup> bullet point)	7	Include physical inactivity/sedentary behaviour	Thank you for this comment. Section 4.3 states: All questions will address <a href="#">section 1.1.1</a> of

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				NICE clinical guideline 43 by considering a range of individually modifiable behaviours that may affect weight such as: diet, eating and drinking patterns, physical activity, sedentary behaviours, sleep and weight monitoring.
<b>The Relationships Alliance</b>	4.3	7	<p>The Relationships Alliance does not believe that the three overarching questions are sufficient and would like to see a further one added, namely: "What behaviours undertaken by parents and families may help children to maintain a healthy weight or prevent excess weight gain?"</p> <p>We believe this to be an important omission from the current scope because of evidence which shows links between parental relationship quality/parenting style and child overweight/child obesity; as well as links between parental relationship quality and attachment security, and attachment security and disinhibited eating/poor diet.</p> <p>At present, it would appear that the guidance will overlook this crucial area since it will focus simply on children's behaviour vis-a-vis child obesity and adult behaviour vis-a-vis adult obesity. This is despite the strong associations that exist between parental obesity patterns and those of their children - likely</p>	<p>Thank you for highlighting this issue. This piece of work is only updating section 1.1.1 of the original guidance and is not considering health professional led interventions or settings based interventions. However, if issues around parenting are not identified in the evidence reviews for this work we can identify this as a gap for potential future work.</p>

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			<p>to reflect a set of complex interactions between genetic and lifestyle factors including the family and parenting environment set around food, diets and mealtimes.</p> <p>We strongly urge NICE to consider adding the question we suggest above in order that specific and modifiable adult behaviours will be explored as NICE updates this guidance. Such behaviours – all of which are linked to the quality of the parental couple relationship – include:</p> <ul style="list-style-type: none"> <li>• the emotional climate parents create around mealtimes (which can significantly impact the eating behaviours of the developing child in a positive or a negative way depending upon the feeding style of the parent);</li> <li>• the particular kind of behavioural feeding practices parents adopt (research shows this to be linked to children's ability to self-regulate food intake; for example children aged 7 who failed to eat breakfast regularly were almost twice as likely to be obese as those who did eat breakfast daily);</li> <li>• the degree of psychological distress, family conflict, and mealtime challenges (shown to be linked to levels of childhood overweight/obesity);</li> <li>• the parenting style of a child's parents (i.e. authoritarian, authoritative, permissive/indulgent, uninvolved/neglectful) which are reflected in specific and modifiable adult behaviours. For example, the expression of warmth is a key element of what is termed 'authoritative' parenting, while lack of warmth is a significant factor in</li> </ul>	

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			'authoritarian' parenting. Research indicates that 'parenting practices expressing warmth are associated with lower likelihood of being or becoming overweight and that rejecting parenting, characterised by high psychological control, low support and low behavioural control, is associated with higher child weight.	
<b>The Royal College of Psychiatrists</b>	General		<p>The scope says that the guidance will focus on the maintenance of a healthy weight. Yet there is no recognition whatsoever, at any point in the draft scope, of the fact that it is a problem to be significantly underweight, as well as overweight or obese.</p> <p>Eating disorders are a significant cause of psychiatric morbidity, and anorexia nervosa has the highest mortality of any mental illness, yet there is no acknowledgement of their existence in this draft scope. We feel it is important to have a guideline that speaks to everyone about the need to maintain a healthy weight. We realise that obesity is a greater public health problem than eating disorders, but one of the difficulties in treating them is the constant barrage of anti-obesity messages which our patients misinterpret. A guideline which promoted healthy weight and eating would be so valuable to us, and yet the opportunity to develop one that truly achieves this will be missed if this draft scope is followed.</p>	Thank you for highlighting this issue. Management of underweight is excluded from this guidance (as it updates one section of an obesity guideline) - the final scope clarifies this point. However, the issue you raise may have a bearing on how recommendations are worded to ensure that they are not considered stigmatising or harmful for any group and to ensure there are no unhelpful unintended consequences.
<b>The Royal College of</b>	General		The Title is 'Maintaining a Healthy Weight and Preventing Excess Weight Gain	Thank you for this

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Psychiatrists			Among Children and Adults'. Why is the second part of the title needed, as it immediately excludes people who are underweight? Surely 'Maintaining a Healthy Weight in Children and Adults' would be sufficient, and would be more inclusive?	comment. The title has been revised to clarify that this is a partial update of CG43 (Obesity). Management of underweight is outside the remit of the work.
The Royal College of Psychiatrists	General		There is already a NICE guideline on the management of obesity, and there are guidelines in development on weight management services for both children and adults. If this guideline is about <i>maintenance</i> of a <i>healthy</i> weight, it should look at measures to prevent the development of eating disorders such as anorexia nervosa and its variants as well, and not just repeat measures that are already in other guidelines.	Thank you for this comment. The title has been revised to clarify that this is a partial update of CG43 (Obesity). To note that NICE has published guidance on <a href="#">eating disorders</a> .
The Royal College of Psychiatrists	Section 4.1	5	Section 4.1 says that the 'focus is all adults and children not undergoing management or treatment for being overweight or obese'. By this definition both normal weight and underweight people with eating disorders should be included, and yet the language, tone and scope excludes them throughout.	Thank you for this comment. The final scope clarifies that underweight is excluded (as this is a partial update of CG43).
The Royal College of Psychiatrists	Section 4.3	7	Section 4.3 Questions 1 and 2 refer to 'what behaviours may help children/adults to maintain a healthy weight <i>or prevent excess weight gain</i> '. Again, if the portion in italics is removed, this could be an inclusive statement.	Thank you for this comment. The final scope clarifies that

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				underweight is excluded (as this is a partial update of the Obesity guideline).
<b>The Royal College of Psychiatrists</b>	General		There is insufficient detail in the draft scope to envisage how the guideline will be constructed, but the language throughout suggests that it risks ending up being not just not helpful, but potentially detrimental, for patients with eating disorders. We believe it is possible to construct a guideline which can speak to everyone about the importance of maintaining a healthy weight, but that great care needs to be taken in constructing it in order to achieve this. It is a more complex task to construct than a straightforward obesity message. Our eating disorders psychiatrists, working with both adults and children, would be happy to be involved in the further development of a guideline that could then strike the right balance.	Thank you for this comment. This guidance is for a general population, not specifically for groups with eating disorders. To note that NICE has published guidance on <a href="#">eating disorders</a> .
<b>Weight Watchers UK</b>	General		<b>Accessing weight loss support and services should be a part of this scope</b> - Weight Watchers welcomes NICE's intention to develop public health guidance to help people maintain a healthy weight and prevent excess weight gain in children and adults. We have studied the scope document carefully and reflected this against our knowledge from the significant amount of research and evaluation (both qualitative and quantitative) we have commissioned around weight control. We have one significant comment:  We suggest that if a person's BMI creeps over 25 kg /m <sup>2</sup> , then guidance on where and how to access help and services to manage their weight should be	Thank you for this comment. Lifestyle weight management in children and adults is covered by guidance under development. However, it should be noted that we have not stated an upper BMI for inclusion in the guidance

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## Public Health Guidance

### MAINTAINING A HEALTHY WEIGHT AND PREVENTING EXCESS WEIGHT GAIN AMONG CHILDREN AND ADULTS - Consultation on Draft Scope Stakeholder Comments Table

3 July – 31 July 2013

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			<p>within the scope of the proposed guidance. Let us explain why:</p> <p>All too often patients are referred to Weight Watchers by GP practices or people self refer when their body weight situation is acute. In other words they are severely overweight or obese. In many cases people have been aware that their body weight has been slowly increasing over time and have either failed to recognise the extent of their weight gain or evaluate the health implications. Others know they are overweight or obese – but have not been motivated to do anything about it. Some may have tried several ‘diets’ which have failed to provide the holy grail of long term, sustained weight loss. Many people do not seek professional help for their weight until their weight has severely impacted on their health. Even then, many consult their doctor about the resultant conditions of their weight gain (i.e. knee pain, early signs of type 2 diabetes) rather than tackling the core issue which is their weight. From all our experience of helping people control their weight, plus evidence from the literature indicates that:</p> <ul style="list-style-type: none"> <li>- for many people weight control is a lifelong battle</li> <li>- many need help and support to do this through structured programmes including behavioural change techniques</li> <li>- many adults ignore their weight gain until middle age</li> <li>- Amongst those whose BMI creeps over 25 kg/m<sup>2</sup>, there is often a specific need for some sort of structured support to learn and rehearse healthier behaviours until these become habitual.</li> </ul> <p>As a consequence:</p>	<p>– we have stated that it covers all adults and children who are not undergoing management or treatment for being overweight or obese</p>

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			<ul style="list-style-type: none"> <li>- self monitoring body weight and evaluating this against BMI cut offs</li> <li>- assessing when to get help</li> <li>- identifying which are the effective programmes/services/interventions to help them adopt healthy behaviours which will manage their weight</li> <li>- knowing how to access these services/support</li> </ul> <p>should all be included within the scope of NICE's proposed guidance on preventing weight gain and excess weight in children and adults.</p>	
Weight Watchers UK	4.1.1	Page 5	<p>Groups that will be covered – At present this statement is ambiguous. We are not sure whether this means all healthy weight adults and children or whether it means all adults and children who are not receiving any treatment for their weight. If it is the latter then this will include 2 segments:</p> <ul style="list-style-type: none"> <li>- those who are a healthy weight (eg for adults below a BMI of 25kg/m<sup>2</sup>)</li> <li>- those who are overweight or obese but have not sought treatment or participating in a structured programme to help control their weight.</li> </ul> <p>Weight Watchers would recommend that the proposed guidance cover healthy weight and overweight/obese individuals (not following a weight management programme) but also recognises that the potential recommendations/messages will be very different for these 2 segments and need to be tailored accordingly.</p>	<p>Thank you for this comment. This work is only updating section 1.1.1 of CG43. This work is taking a population wide approach. A BMI cut of has not be set as the mean population BMI among adults is 27 kg/m<sup>2</sup>. However, the guidance is not specifically aimed at overweight and obese and we will not be specifically searching among this group.</p>

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Weight Watchers UK	4.1.2	Page 5	Groups that will not be covered – At present the proposed guidance does not cover overweight/obese adults and children who are undergoing management or treatment for being overweight or obese. This is really clear. However, this leaves a huge tranche of individuals (the majority of the British population) who are overweight or obese and are not taking part in a formal programme to lose weight. Weight Watchers suggests that this huge segment of the population should be included within the current scope of this guidance(see above point).	Thank you for this comment. This work is likely to be of relevance to people who are already overweight or obese. However, this work is only updating section 1.1.1 of <a href="#">CG43</a> . This work is taking a population wide approach. A BMI cut of has not be set as the mean population BMI among adults is 27 kg/m <sup>2</sup> . However, the guidance is not specifically aimed at overweight and obese and we will not be specifically searching among this group or making specific recommendations for this group (recognising that their needs may be different).

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Weight Watchers UK	4.3	Page 7	<p>Weight Watchers suggests adding two further key questions:</p> <p>Key question 4 – What are the most appropriate ways to help adults monitor their own weight and evaluate this against BMI cut off's. What are the most appropriate ways to help parents assess the weight of their child and evaluate whether their child is overweight or obese?</p> <p>Key question 5 – What are the most effective ways to help different groups covered by the guidance access the most appropriate and effective support/services should the need arise (i.e. if their weight creeps into the overweight/obese band)?.</p>	<p>Thank you for this comment. Weight monitoring is included as an example in section 4.3</p> <p>This work is only updating section 1.1.1 of the <a href="#">CG43</a>; issues around support are covered elsewhere in the guidance.</p>
Weight Watchers UK	4.1.1	Page 4	<p>We suggest that messages and recommendations for adults and children are dealt with separately within the proposed guidance. Whilst there is commonality in the issues together with messages about healthy eating and physical activity for both age groups – the control processes for these different age groups are very different. For children the target for the proposed guidance should be parents. Parents are the change agents for their children's habits and facilitate access to services/interventions for their children.</p>	<p>Thank you for this suggestion, we agree that it would be sensible to consider messages for the different age groups but would not want to pre-empt the evidence.</p>

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