NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

PUBLIC HEALTH GUIDANCE

SCOPE

1 Guidance title

Managing overweight and obesity in adults: lifestyle weight management services

1.1 Short title

Overweight and obese adults: lifestyle weight management services

2 Background

a) The National Institute for Health and Clinical Excellence (NICE) has been asked by the Department of Health (DH) to develop public health guidance aimed at managing overweight and obesity in adults through lifestyle weight management services.

b) This guidance will support a number of related policy documents including:

- 'Change4Life' (DH 2010a)
- 'Equity and excellence: liberating the NHS' (DH 2010b)
- 'Fair society, healthy lives: strategic review of health inequalities in England post 2010' (The Marmot Review 2010)
- 'Healthy lives, healthy people: a call to action on obesity in England' (DH 2011)
- 'Healthy lives, healthy people: our strategy for public health in England' (DH 2010c)
- 'Putting prevention first. NHS health check: vascular risk assessment and management' (DH 2009).

c) This guidance will provide recommendations for good practice, based on the best available evidence of effectiveness, including cost effectiveness. It is aimed at commissioners, health professionals and providers of weight management programmes. It will also be of interest to overweight and obese adults and other members of the public.

d) The guidance will complement NICE guidance on: behaviour change; obesity; preventing type 2 diabetes; physical activity and the environment; prevention of cardiovascular disease and weight management before, during and after pregnancy. For further details, see section 6.

This guidance will be developed using the NICE public health programme process.

3 The need for guidance

a) In 2010, just over quarter of adults in England (26% of adults aged 16 or over) were classified as obese (body mass index [BMI] 30 kg/m^2 or over). A further 42% of men and 32% of women were overweight (BMI 25 to 30 kg/m^2) (The NHS Information Centre 2012). Obesity is related to social disadvantage among adults and children (The Marmot Review 2010). It is also linked to ethnicity: it is most prevalent among black African women (38%) and least prevalent among Chinese and Bangladeshi men (6%) (The NHS Information Centre 2006).

b) Being overweight or obese can lead to both chronic and severe medical conditions (Foresight 2007). It is estimated that life expectancy is reduced by an average of 2 to 4 years for those with a BMI of 30 to 35 kg/m^2, and 8 to 10 years for those with a BMI of 40 to 50 kg/m^2 (National Obesity Observatory 2010). Around 85%

of patients with hypertension have a BMI greater than 25 kg/m^2, and 90% of those with type 2 diabetes have a BMI greater than 23 kg/m^2(Foresight 2007). People who are obese may also experience mental health problems as a result of stigma and bullying.

c) The cost of overweight and obesity to society and the economy was estimated at almost £16 billion in 2007 (over 1% of GDP). It could rise to just under £50 bn in 2050, if obesity rates continue to rise unchecked (DH 2011).

d) The obesity strategy 'Healthy lives: a call to action on obesity in England' (DH 2011) aimed to reduce 'the level of excess weight averaged across all adults by 2020'. It advocated a range of local interventions that both prevent obesity and treat those who are already obese or overweight (DH 2011). Commercial, voluntary sector and self-help weight management programmes may be part of this solution. There are many such programmes, though not all, are the subject of robust research. Major commercial providers in the UK include Weight Watchers, Slimming World and Rosemary Conley. Slimming World states that 300,000 adults attend its 6000 weekly classes in the UK (Royal College of Midwives 2011). Weight Watchers says it has 2 million members in the UK (Weight Watchers 2011a). Almost two thirds of primary care trusts (PCTs) in England pay for patients to attend Weight Watchers courses (Weight Watchers 2011b).

e) It is difficult to determine which weight management programmes are effective and constitute good value for money. Existing NICE guidance on obesity (2006) advises that primary care organisations and local authorities should only recommend or endorse self-help, commercial and community weight management programmes if they follow best practice. This includes setting a realistic target for

weekly weight loss and weight, focusing on long-term lifestyle changes involving both diet and physical activity, and providing ongoing support. The guidance also states that lifestyle interventions for people actively trying to lose weight should comprise a number of different components (including strategies to reduce energy intake, increase physical activity and change behaviour). Behavioural interventions in a clinical setting should include, for example, self-monitoring, goal setting and relapse prevention. However, it remains unclear whether such strategies are as effective in a non-clinical setting. It is also unclear whether brief interventions can be effectively delivered by trained health practitioners as well as clinical psychologists to improve the reach and cost effectiveness of such programmes.

f) Since publication of the NICE guidance on obesity (2006), more evidence is available on the effectiveness of non-clinical, lifestyle-based weight management programmes. As a result, it may be possible to refine and clarify best practice for both self-help and referral schemes. New evidence may also support the development of guidance on how to commission lifestyle weight management services. This might include, for example, whether a minimum number of sessions are required to ensure cost effectiveness, or who might best provide ongoing support.

4 The guidance

Public health guidance will be developed according to NICE processes and methods. For details see section 5.

This document defines exactly what this guidance will (and will not) examine, and what the guidance developers will consider. The scope is based on a referral from the DH (see appendix A).

4.1 Who is the focus?

4.1.1 Groups that will be covered

Adults who are overweight or obese[1].

4.1.2 Groups that will not be covered

- Children and young people aged under 18.
- Adults with a BMI less than 25 kg/m^2.
- Adults who are undergoing clinical treatment for obesity (for example, pharmacological or surgical treatment).
- Pregnant women.

4.2 Activities

4.2.1 Activities/measures that will be covered

Multi-component lifestyle weight management approaches which focus on adults who are overweight or obese and aim to change someone's behaviour to reduce their energy intake and make them more physically active. It may include weight management programmes, courses or clubs that:

- accept adults through self-referral or referral from a health practitioner
- are provided by the public, private or voluntary sector
- are based in the community, workplaces, primary care or online.

The Programme Development Group (PDG) will take reasonable steps to identify ineffective measures and approaches.

[1] Overweight is classified as a body mass index [BMI] of 25 to 30 kg/m^2 and obese is a BMI of 30 kg/m^2 or over.

4.2.2 Activities/measures that will not be covered

- Weight management services and primary prevention programmes for children and young people.
- Clinical management of overweight or obese adults (for example, pharmacological or surgical treatment).
- Management of medical conditions associated with being overweight or obese (such as cardiovascular disease).
- Complementary therapies to reduce or manage overweight or obesity (for example, acupuncture or hypnotherapy).
- Assessment of the definitions of ‘overweight’ and ‘obese’ in adults.

4.3 Key questions and outcomes

Below is the overarching question and subsidiary questions that will be addressed, along with some of the outcomes that would be considered as evidence of effectiveness:

How effective and cost effective are multi-component lifestyle weight management programmes for adults?

Subsidiary questions

- How does effectiveness and cost effectiveness vary for different population groups (for example, men, black and minority ethnic or low-income groups)?
- What are the best practice principles for multi-component lifestyle weight management programmes for adults?
- What are the most effective and cost effective behavioural or psychological components of a lifestyle weight management programme for adults – and who might best deliver them?

- What are the views, perceptions and beliefs of adults in relation to lifestyle weight management programmes (whether or not they use such programmes)? How can overweight and obese adults from a diverse range of backgrounds be encouraged to join, and adhere to, these programmes?
- How can lifestyle changes and weight loss be sustained once the weight management programme has ended?
- What barriers and facilitators affect the delivery of effective weight-management programmes for adults and how do they vary for different population groups?
- What are the best practice principles for primary care when referring people to commercial, voluntary or community sector or self-help lifestyle weight management programmes?
- What are the best practice principles for commissioners of lifestyle weight management services for adults?
- What training is needed for professionals involved directly or indirectly with lifestyle weight management programmes for adults?
- How should lifestyle weight management programmes be monitored and evaluated locally?

Expected outcomes

- Anthropometric measures, such as percentage weight loss, or changes in weight, BMI or waist circumference.
- Maintenance of weight loss in the short, medium and long term.
- Intermediate measures such as changes in diet or physical activity level.
- Psychological outcomes such as self-efficacy, motivation or mental wellbeing.

- Process measures such as participant satisfaction with weight management services, adherence (for example, percentage drop out rates), and measures of service reach and sustainability.

A systematic review will be undertaken to address the overarching question. The subsidiary questions will be addressed by evidence identified in the systematic review, focused searches and expert testimony. (A call for evidence will be issued once development of the guidance has commenced.)

Economic outcomes:

For economic modelling, estimates of length and quality of life, with and without an intervention, will be needed to estimate quality-adjusted life years (QALYs) gained.

An economic analysis will be conducted first, from the perspective of the NHS and second, taking a broader perspective, because many people pay for private weight management services.

Disaggregated information on health and non-health related costs and benefits may be captured in a cost-consequence analysis. Return on investment will also be considered. An existing economic model may be used, as appropriate.

More information about these terms is available at www.nice.org.uk/website/glossary

4.4 Status of this document

This is the final scope, incorporating comments from a 4-week consultation.

5 Further information

The public health guidance development process and methods are described in 'The NICE public health guidance development process: An overview for stakeholders including public health practitioners, policy makers and the

public (second edition, 2009)' and 'Methods for development of NICE public health guidance (second edition, 2009)'.

6 Related NICE guidance

Published

Preventing type 2 diabetes: population and community interventions. NICE public health guidance 35 (2011).

Weight management before, during and after pregnancy. NICE public health guidance 27 (2010).

Prevention of cardiovascular disease. NICE public health guidance 25 (2010).

Physical activity and the environment. NICE public health guidance 9 (2008).

Behaviour change. NICE public health guidance 6 (2007).

Obesity. NICE clinical guideline 43 (2006).

Under development

Preventing type 2 diabetes: risk identification and interventions for individuals at high risk. NICE public health guidance (publication expected May 2012).

Obesity: working with local communities. NICE public health guidance (publication expected November 2012).

Assessing thresholds for body mass index (BMI) and waist circumference in black and minority ethnic groups. NICE public health guidance (publication expected February 2013).

Overweight and obese children and young people: lifestyle weight management services. NICE public health guidance (publication expected October 2013).

Appendix A Referral from the Department of Health

The Department of Health asked NICE to:

‘produce guidance on managing overweight and obesity in adults: lifestyle weight management services’.

Appendix B Potential considerations

It is anticipated that the Programme Development Group (PDG) will consider the following issues:

- Target audience, actions taken and by whom, context, frequency and duration.
- Whether programmes are based on an underlying theory or conceptual model.
- Current practice.
- Availability and accessibility for different groups.
- The range of local opportunities available to those involved in managing obesity.
- Critical elements of lifestyle weight management programmes. For example, whether effectiveness and cost effectiveness varies according to:
    - diversity of the population (for example, in terms of people's age, gender, socioeconomic status or ethnicity) and stage in the lifecourse
    - status or characteristics of the person (or organisation) delivering packages of interventions – and the way they are delivered
    - setting and whether packages of interventions are transferrable to other settings
    - scale of implementation
    - local area characteristics.
- Any factors that hinder or support effectiveness. This may include factors that influence adherence to lifestyle management programmes or the training needs of the health professionals involved.

- Cost effectiveness of behavioural approaches in various settings, including brief interventions, and whether the scale of such interventions can be increased.
- Any barriers and facilitators to commissioning weight management services for adults. This may include the availability of local or national toolkits.
- Synergies between commissioned weight management services and other locally commissioned services that may influence weight.
- Any trade-offs between equity and efficiency.
- Any adverse or unintended effects.

Appendix C References

Department of Health (2009) Putting prevention first. NHS health check: vascular risk assessment and management. Best practice guidance. London: Department of Health

Department of Health (2010a) Change4Life [online].

Department of Health (2010b) Equity and excellence: liberating the NHS. London: The Stationery Office

Department of Health (2010c) Healthy lives, healthy people our strategy for public health in England. London: Department of Health

Department of Health (2011) Healthy lives, healthy people: a call to action on obesity in England. London: HM Government

Foresight (2007) Tackling obesities: future choices – project report. London: Government Office for Science

National Obesity Observatory (2010) Briefing note: obesity and life expectancy. Oxford: National Obesity Observatory

Royal College of Midwives (2011) Cardiff Midwives win top UK midwifery award: notes to editors [online]. Accessed 24/10/2011

The Marmot Review (2010) Fair society, healthy lives: strategic review of health inequalities in England post-2010. London: The Marmot Review

The NHS Information Centre (2006) Statistics on obesity, physical activity and diet: England. Leeds: The Information Centre, Lifestyles Statistics

The NHS Information Centre (2012) Statistics on obesity, physical activity and diet : England, 2012. Leeds: The Health and Social Care Information Centre

Weight Watchers (2011a) The WeightWatchers referral scheme – information for health professionals [online]. Accessed 24/10/2011

Weight Watchers (2011b) WeightWatchers – facts and figures [online]. Accessed 24/10/2011