Management Of Obesity

A national clinical guideline



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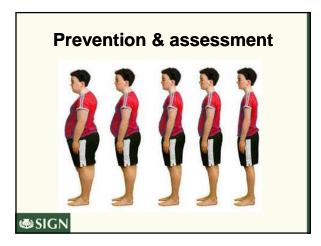
Obesity working group

- Chair Joyce Thompson
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Sub groups

- Prevention and assessment Dr Finn Romanes
- Treatment in adulthood Professor Naveed Sattar
- Children and young people Dr David Wilson





Aims of Weight Management

- Primary prevention of excess weight gain
- Weight loss (usually completed within 3-6 months)
- Prevention of weight regain (from 3-6 months onwards)
- Optimising health and reducing risk of disease (whether or not weight loss is achieved)

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Treatment guidelines -1

Dietary interventions for wt loss

- 600 Kcal/day energy deficit. Programmes tailored to the individual dietary preferences
- ~5kg benefit over usual care at 12 months

Physical activity

- Overweight /obese individuals supported to undertake increased physical activity to help lose wt.
- For long term wt loss ~225-300 min/week moderate inten. activity ~5 *45-60mins per week

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Treatment guidelines - 2

Drug therapy

- Orlistat or sibutramine adjunct to lifestyle
- ~2-4 kg benefit over placebo (on top of lifestyle) at 12 months
- Patients with BMI ≥27 kg/m2 (with comorbidities) or BMI ≥30 considered on an individual case basis following risk and benefit
- Continue therapy >3 months only if lost≥5% initial body wt since starting treatment.

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Treatment guidelines - 3

Obesity surgery

- 50-70% excess wt loss at 10 years, and 40-60% lower CVD, cancer risk, reversal 70% diabetes
- If BMI ≥35 kg/m2, bariatric surgery considered on individual case basis following risk/benefit assessment plus fulfil following criteria:
- Presence of ≥1 severe comorbidity expected to improve significantly with wt reduction
 - severe mobility problems
 - arthritis,
 - type 2 diabetes

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Clinical Guidelines for Paediatric Obesity



Prevention of obesity in children and young people: recommendation

- This comprised a systematic review of diet, physical activity and sedentary behaviour, and parental involvement
- Sustainable school-based interventions to prevent overweight and obesity should be considered by and across agencies. Parental/family involvement should be actively facilitated (Grade C)

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Treatment of paediatric obesity

- 1. Incorporate behaviour change components,
- 2. Involve at least one parent/carer, and aim to change the whole family's lifestyle.
- Aim to decrease energy intake, increase physical activity and decrease screen time (grade B)

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Recommendations – Drugs

 Anti-obesity drugs (orlistat or sibutramine) should only be prescribed for severely obese adolescents (BMI >99.6th percentile) with comorbidities attending a specialist clinic. There should be regular reviews throughout the period of use, including careful monitoring for side effects (grade D).

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Surgery - recommendation

- Systematic reviews case series evidence only
- Recommendation: Bariatric surgery can be considered for post-pubertal adolescents with very severe to extreme obesity (BMI <u>></u>3.5 SD above mean on UK 1990 charts) and severe co-morbidities (grade D)

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