

## Management Of Obesity

### A national clinical guideline



## Obesity working group

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### Sub groups

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- **Children and young people** Dr David Wilson



## Prevention & assessment



## 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)



## 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



## 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  $\geq 27$  kg/m<sup>2</sup> (**with comorbidities**) or BMI  $\geq 30$  considered on an individual case basis following risk and benefit
- Continue therapy >3 months only if lost  $\geq 5\%$  initial body wt since starting treatment.



## 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  $\geq 35$  kg/m<sup>2</sup>, bariatric surgery considered on individual case basis following risk/benefit assessment plus fulfil following criteria:
- Presence of  $\geq 1$  severe comorbidity expected to improve significantly with wt reduction
  - severe mobility problems
  - arthritis,
  - type 2 diabetes



## 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)



## 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.
3. Aim to decrease energy intake, increase physical activity and decrease screen time (grade B)



## Recommendations – Drugs

- Anti-obesity drugs (orlistat or sibutramine) should only be prescribed for severely obese adolescents (BMI  $>99.6^{\text{th}}$  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).



## 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  $\geq 3.5$  SD above mean on UK 1990 charts) and severe co-morbidities (grade D)



