Practice implications of NICE guidance on healthy weight

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Overweight and obesity continue to grow and increasingly dominate the nation’s health. Two thirds of adults, a quarter of 2–10 year olds and one third of 11–15-year-olds are overweight or obese and adult prevalence is predicted to reach 70 per cent by 2034.¹ The reasons for this increase are manifold, but primarily reflect the changes in the availability and intake of high-energy food as well as changes in occupational and leisure time activities.²

Overweight (BMI ≥25–29.9 kg/m²) and obesity (BMI >30 kg/m²) increase the risks of many chronic conditions such as diabetes and cardiovascular disease,³ a result of the detrimental effects of increasing body weight on cardiovascular risk factors such as blood pressure, cholesterol, and fasting blood glucose.⁴ These effects are amplified by factors associated with obesity, such as poor socio-economic status, psychosocial stress, poor nutritional quality diet and reduced physical activity. The annual costs to the NHS are estimated at £5.1 billion with total costs to the wider community at £27 billion.⁵ The effects of overweight and obesity not only pose a significant burden to the health of the individual, but also threaten to overwhelm healthcare systems.⁶

Key areas for action

In March 2015 NICE published its guidelines to address these issues: Maintaining a healthy weight and preventing excess weight gain among adults and children⁷ which makes recommendations on behaviours that may help people to maintain a healthy weight or prevent excess weight gain. As such they complement NICE guidelines on obesity management and apply to all practitioners (including GPs) caring for children and adults in primary care and community-based settings. As such they will need to overcome a well-established reluctance of adults in primary care and community-based settings. As such people

Evidence base

So do these guidelines merely replicate the myriad well-intentioned, good advice that abounds in the media? The report followed the rigid evidence appraisal that is inherent to NICE assessments by evaluating high quality systematic reviews, while recognising that the evidence on which these are based was often below the highest standards relying on cohort rather than interventional trial studies, so undermining the determination of causality. Thus the strong association between inadequate sleep and weight gain in children could result from lack of sleep merely being a marker for other risk factors for obesity (such as TV viewing). Likewise the risk from meals eaten outside the home probably reflects the high energy density of such foods and drinks. Another confounder with the evidence base is the potential of reverse-causality eg the association of higher consumption of artificially sweetened drinks with obesity is not causal but because heavier people are more likely to choose such low calorie drinks.

What about the cost efficacy of such general advice? It is known that interventions that produce a 1kg loss maintained for life is worthwhile if it costs less than £100 to deliver.
Conclusion
The guideline should be essential reading for healthcare professionals; there is no branch in which they will not encounter at risk individuals or those already overweight. The authority and practical nature of the advice will allow all to play their part in addressing the obesity epidemic and its health risks and costs.

References
7. NICE. Maintaining a healthy weight and preventing excess weight gain among adults and children. NG7 March 2015.

Declaration of interests
Professor Finer was a member of the NICE Public Health Advisory Committee that developed the guideline.

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