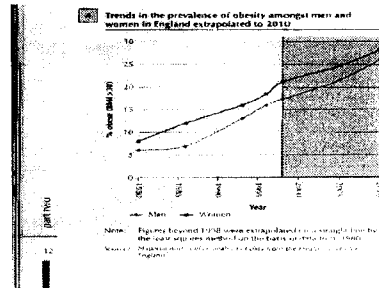


**Adult Obesity Guidelines:
A positive approach to a Healthy Weight**

I in 5 of adults obese
21% women obese & 17% men obese
Prevalence tripled over last 20 years
Over half women and two thirds men are overweight or obese)

Health Survey for England 1998

**Trends in obesity England
1980 onwards**



Definition of obesity

Body Mass Index: >30

BMI= Weight(kg)/Height(m²)

Classification:	BMI	Risk of comorbidities
Underweight:	< 18.5	Low*
Desirable:	18.5-24.9	Average
Overweight:	25.0-29.9	Increased
Obese:	30.0-39.9	Severe
Severe (morbid) obesity:	> 40	Very severe

*Low risk of other clinical problems, some serious. WHO. Obesity: preventing and managing the global epidemic (1998)

What are the health risks of obesity?

Increased risk of developing :

Disease	Relative risk Women	Relative risk Men
type 2 diabetes	12.7	5.2
hypertension	4.2	2.6
myocardial infarction	3.2	1.5
cancer of colon	2.7	3.0
angina	1.8	1.8
gall bladder disease	1.7	-
osteoarthritis	1.4	1.9
stroke	1.3	1.3

National Audit Office estimates 2000

There is a clear link between obesity and health problems. The relative risk of developing



Benefits of weight loss

10% loss on obese person:

- Fall >20% in total mortality
 - Fall of 20mmHg diastolic blood pressure
 - Fall 10% total cholesterol
 - Fall 30% triglycerides
 - 50% decrease in fasting glucose levels
- SIGN (1996) Obesity in Scotland

Why are people getting fatter?

Energy intake exceeds energy expenditure

Environmental and Behavioural changes

Changes in eating and activity

Eating patterns and Lifestyle changes

National Food Survey show increase in household food intake to 1970 but now less

However does not include alcohol, soft drinks and food eaten outside the home

Convenience foods higher fat content

People more sedentary; more car use, less walking, children-TV, computers, more supervision

25% of population is sedentary (less than 30 mins any moderate intensity activity per week)

Health Survey for England 1998

Causes of Obesity

Too little physical activity

Surplus calorie especially fat intake

Environmental factors (higher levels in lower socio-economic classes)

Genetic factors

Psychological factors

Endocrine factors-rare except hypothyroidism

Developmental factors (childhood obesity, age)

Drugs

Costs

18 million sick days p.a.

30,000 deaths p.a.

deaths linked to obesity shorten life by an average of 9 years

Estimated £0.5 billion costs to NHS

National Audit Commission 2000

Obesity Management

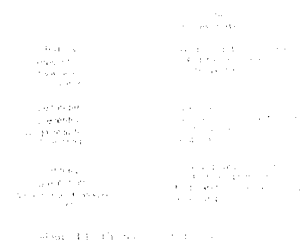
Prevention of weight gain

Promotion of weight maintenance

Management of obesity comorbidities

Promotion of weight loss

Prevention of obesity



Prevention

Multi agency approach needed:

Food industry-production,marketing esp children
Transport
Education
Social services
Health
Government (policies)

Prevention

Healthy eating campaigns; local and national
Minimise barriers to healthy eating (access/availability)
National nutrition policies e.g 5-a-day
Promote leisure facilities
Local transport policies esp walking/cycling
local authority planning to encourage activity e.g parks
Healthy infant feeding
School programmes -healthy eating and sport
Targeting children
Healthy workplace policies

How to assess obesity and relative health risk

Waist circumference and BMI

Use chart to assess relative risk (CVD, hypertension and diabetes)

Higher individual risk if existing co-morbidities or other risk factors e.g. diabetes, smoking

Use of waist circumference

Sex specific waist circumference useful adjunct

Easier to measure than Waist Hip Ratio

Significant increased risk if:

	men	women
waist \geq	102 cm	88cm
	40 inches	35 inches

Relative risk of CV risk factors estimated 2.5-4.5 in Caucasians, increased risk of type 2 diabetes, dyslipidaemia, hypertension and CVD

Relative risk for type 2 diabetes, hypertension and CVD by BMI and Waist circumference

Relative risk of type 2 diabetes, hypertension and CVD by BMI and waist circumference

Assessment

Use accurate equipment for BMI and Waist Circumference

Assess if ready to lose weight or not

If not, keep door open -advice,risks,confidence, tests if indicated

Refer if indicated e.g. eating disorder

Avoid making a person feel worse!

Assessment of readiness for change

Feelings
Previous attempts
Support
Stage of change
Confidence
Understanding health risks

If ready for change:

History,examination
BP, fasting blood glucose, cholesterol and triglyceride levels
Other tests only if clinically indicated
Stepped approach (4 levels)

Stepped Approach

Level 1 (self management)
Level 2 (health professional)
Level 3 (Pharmacotherapy)
Level 4 (Specialist services)

5 Key Principles

Promote positive non judgemental approach
Lower level interventions cost less/less risky
Ensure FIT and FAT principles are understood
Consider relative risk and individual circumstances
Consider revisiting a level and refining approach

Physical Activity: *FIT*

Frequency - 5x30 mins activity per week

Intensity- moderate pace e.g. brisk walking

Type- cardiovascular(aerobic)

Healthy Eating -*FAT*

Frequency-how often, regular meals

Amount-portion sizes

Type-healthy eating inc. 5-a- day

Effective interventions

Eat less and more active; good combination
500 calorie deficit /day=1lb loss per week
Initial target not more than 10% weight loss
Increase activity especially if sedentary
Healthy eating and no grazing!

Effective interventions

Long term realistic goals
Continued support
Active lifestyle; home based activities e.g.walking
Principles of behaviour management e.g. Cognitive behaviour therapy
Drugs if indicated and appropriate
Surgery only if extremely high risk and all else has failed

Weight maintenance

If low risk, but risk factors or is gaining weight -consider weight maintenance advice

If at plateau stage of weight loss, may be an appropriate goal for a while

Weight maintenance advice

Health risks of obesity
energy balance: in (calories) = out (activity)
Insidious nature of weight gain
FIT and FAT principles
Hard work -acknowledge success

AND FINALLY!

Avoid vicious diet cycle at all costs
"I spent the last 20 years losing 100 stone and regaining 105stone-what a waste of time that was!!"
Non judgemental approach beneficial
Active living, enjoyable healthy eating with realistic achievable goals for weight