Adult Obesity Guidelines:
A positive approach to a Healthy Weight

I in 5 of adults obese

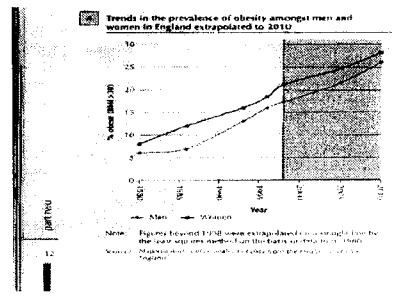
21% women obese & 17% men obese

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(m^2)

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

* but risk of other clinical problems, some serious

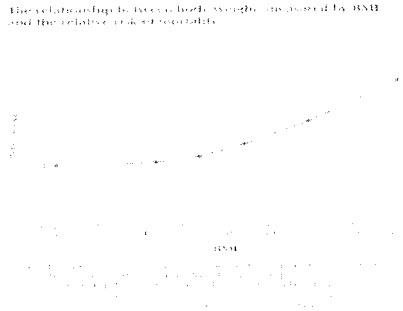
WHO: Obesity preventing and managing the global epidemic (1998)

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



Benefits of weight loss

10% loss on obese person:

Fall >20% in total mortality
Fall of 20mHg 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

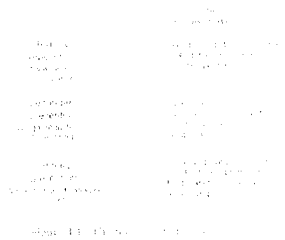
Prevention of weight gain

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/availabilty)
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 exisiting 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 >/=	102 cm	88cm
	40 inches	35 inches

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

Relative risk for 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 clinicIly 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