

Guidelines for Weight Management

The development of evidence-based guidelines for the management and treatment of overweight and obesity for children/youth and adults in NZ

Paul Stephenson
ANA Conference 2009

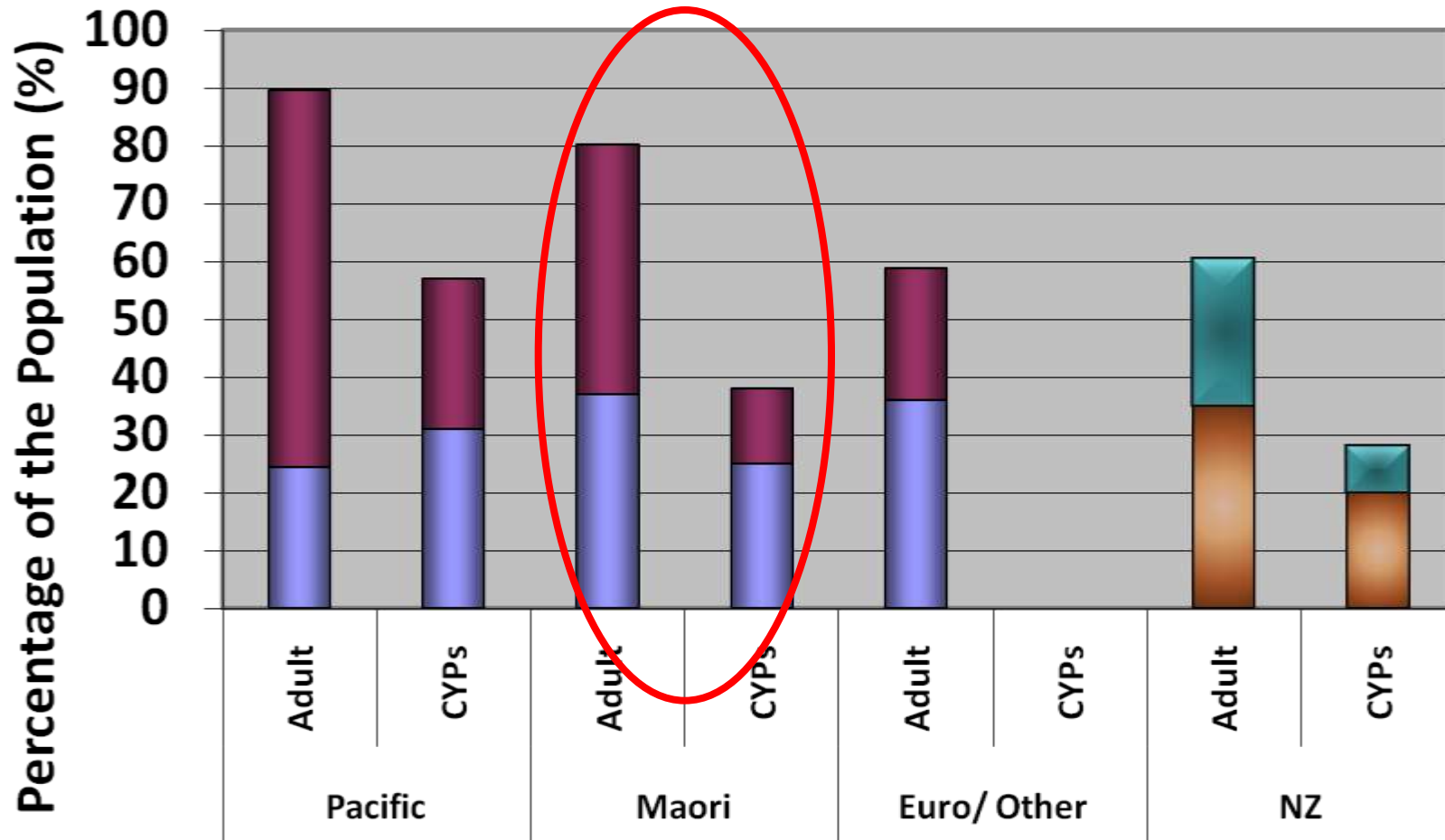


Process and focus

- Guideline and implementation being developed together
- Focus on priority populations based on risk – Maori, Pacific and South Asian
- Project team plus GTAG

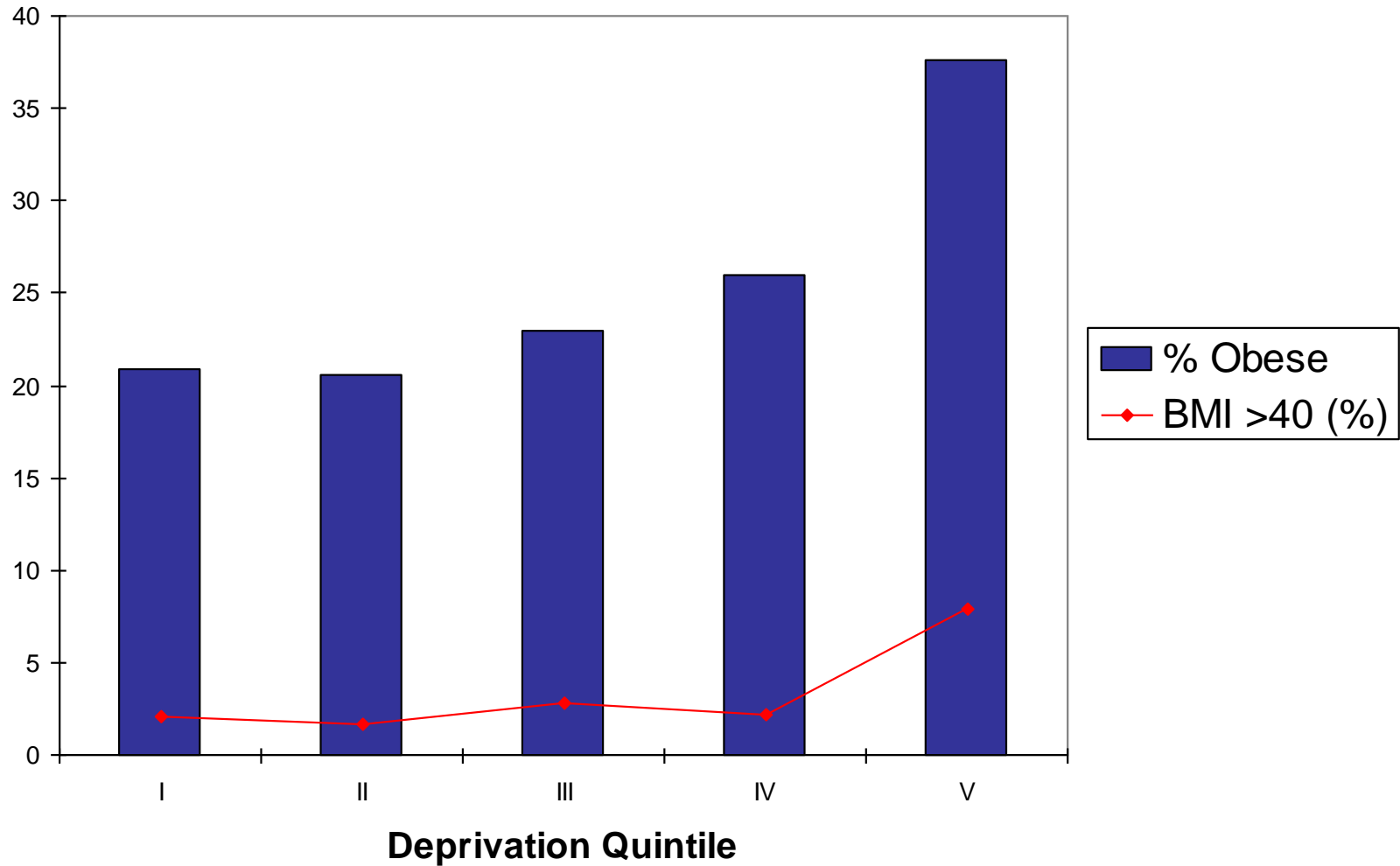
What's the issue?

% Overweight & Obese in New Zealand



What's the issue? Inequalities

Obesity levels by deprivation



Impacts of Obesity

- **Linked to:**
 - CVD/Stroke
 - Type II Diabetes
 - Some cancers
 - Osteoarthritis
 - Reproductive disorders & complications in pregnancy
 - ... and many more
- **Plus**
 - Personal, social and professional difficulties

The Benefits are Significant!

- For every 1.0kg drop in weight:
 - ↓ in BP by 0.3mmHg
 - ↓ in LDL by 1%
 - ↓ in diabetes risk by 16%
- A 5-10% weight loss = a 10% ↑ health related quality of life score

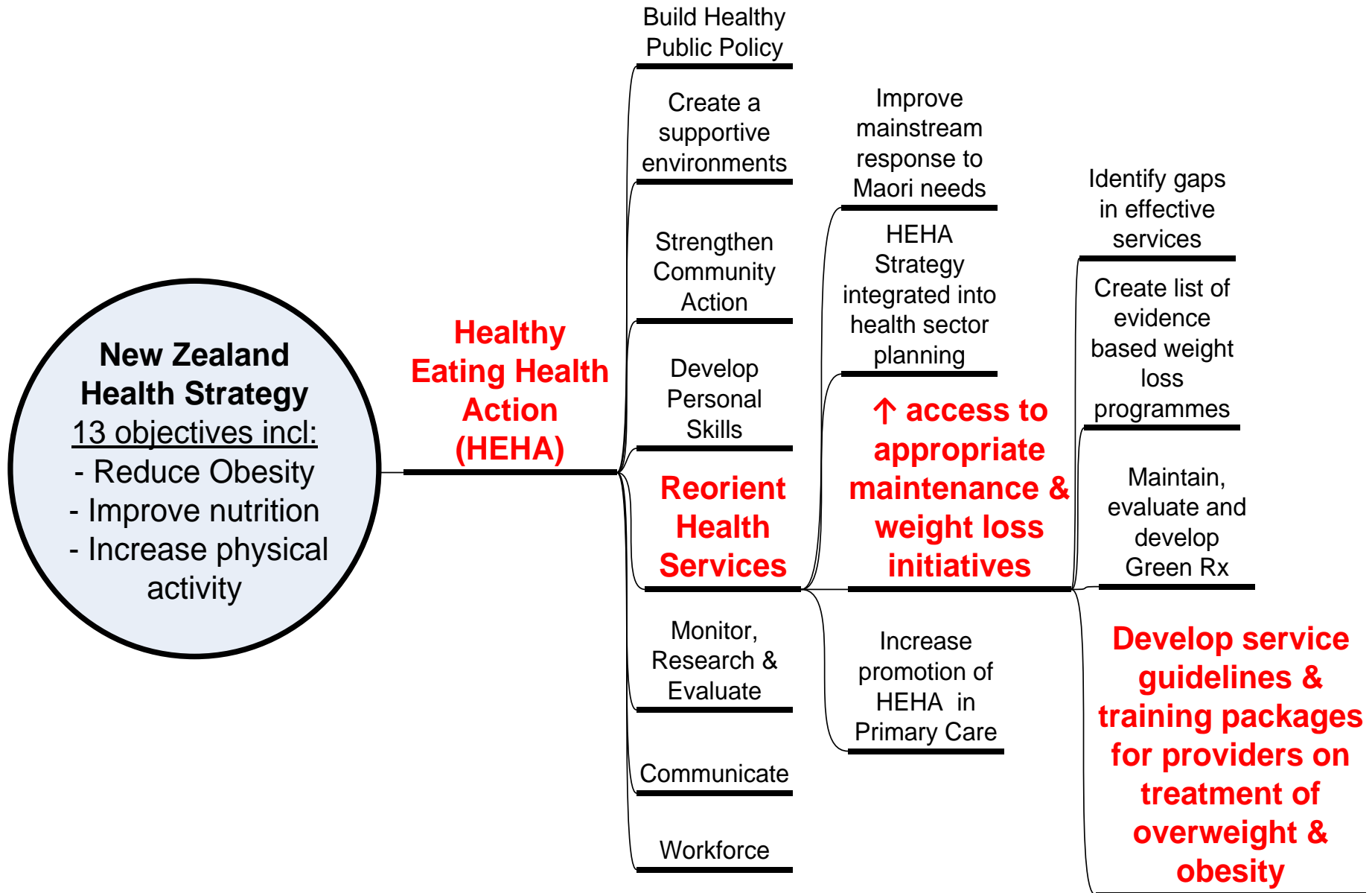
Source: Hamman R, Wing R, Edelstein S, Lachin J, Bray G, Delahanty L, et al. Effect of weight loss with lifestyle intervention on risk of diabetes. *Diabetes Care* 1996;29(9):2102
- Samsa GP, Kolotkin RL, Williams R, Nguyen MH, Mendel CM. Effect of moderate weight loss on health-related quality of life: an analysis of combined data from 4 randomized trials of sibutramine vs placebo. *Am J Managed Care* 2001;7(9):875-883

Why Guidelines?

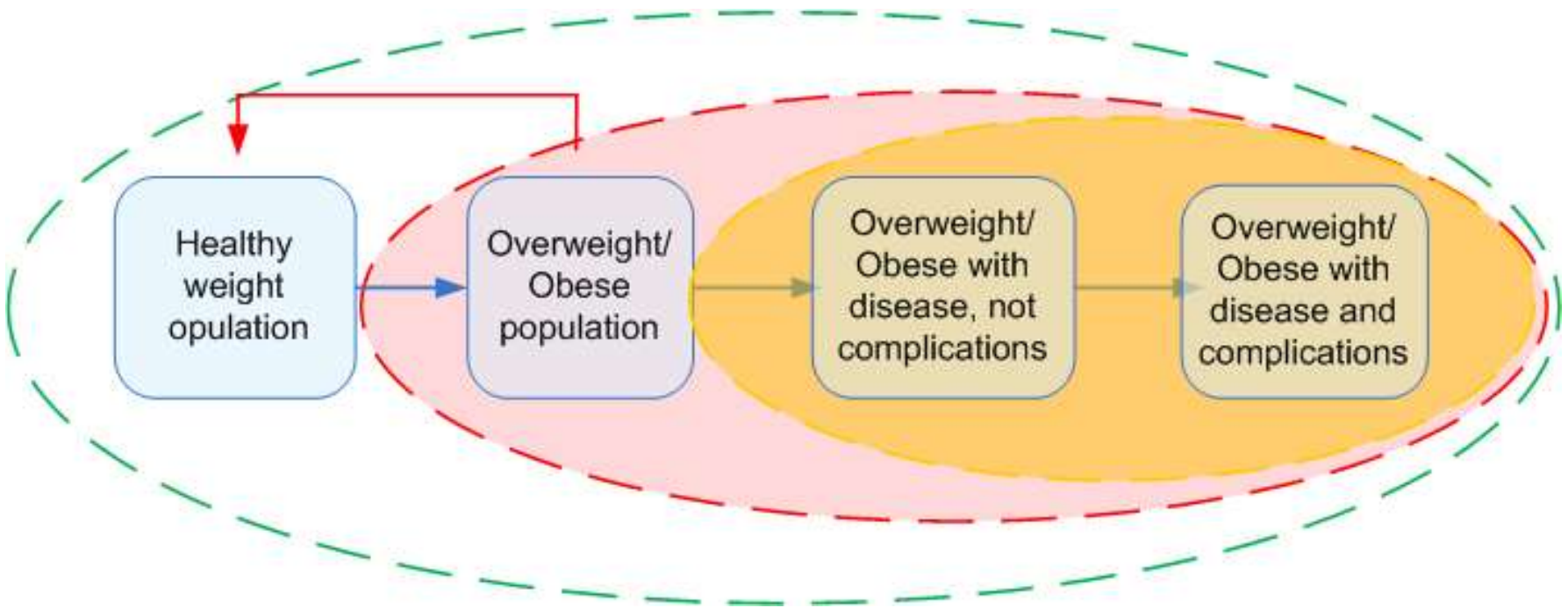
- Inequalities
- Access
- Shared understanding (incl patients) in a complex area
- Clinical quality/consistency

- Guidelines are not a cost/benefit analysis

Where it fits ...



Gap in system response

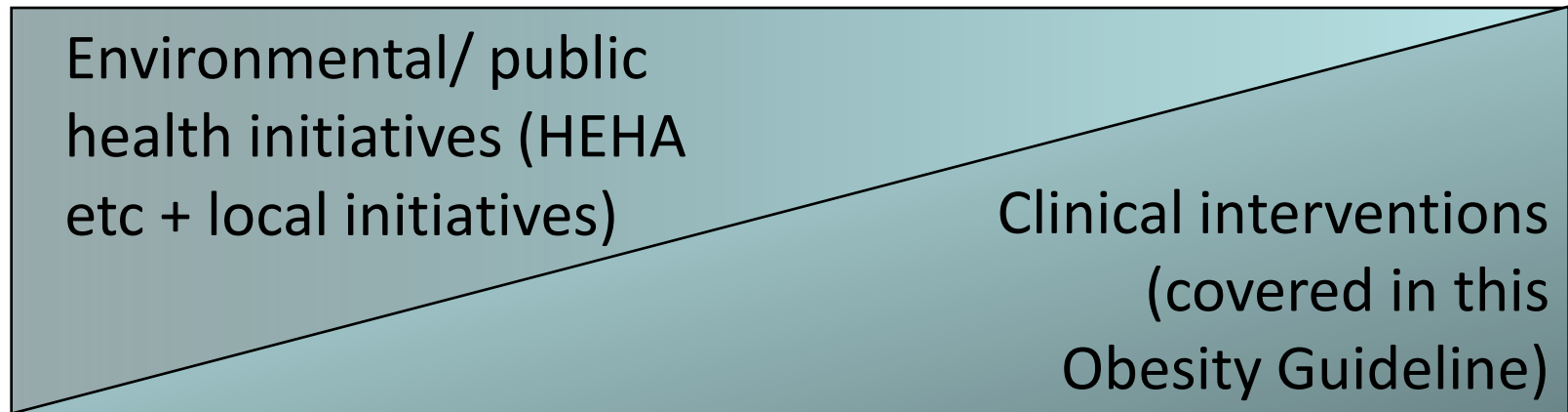


Scope

Eg Nutritional
social marketing

Food Industry
Initiatives

Urban
Design



21

25

30

35

40+

BMI

Lifestyle Pharmaceuticals Surgery
← Behavioural Support →

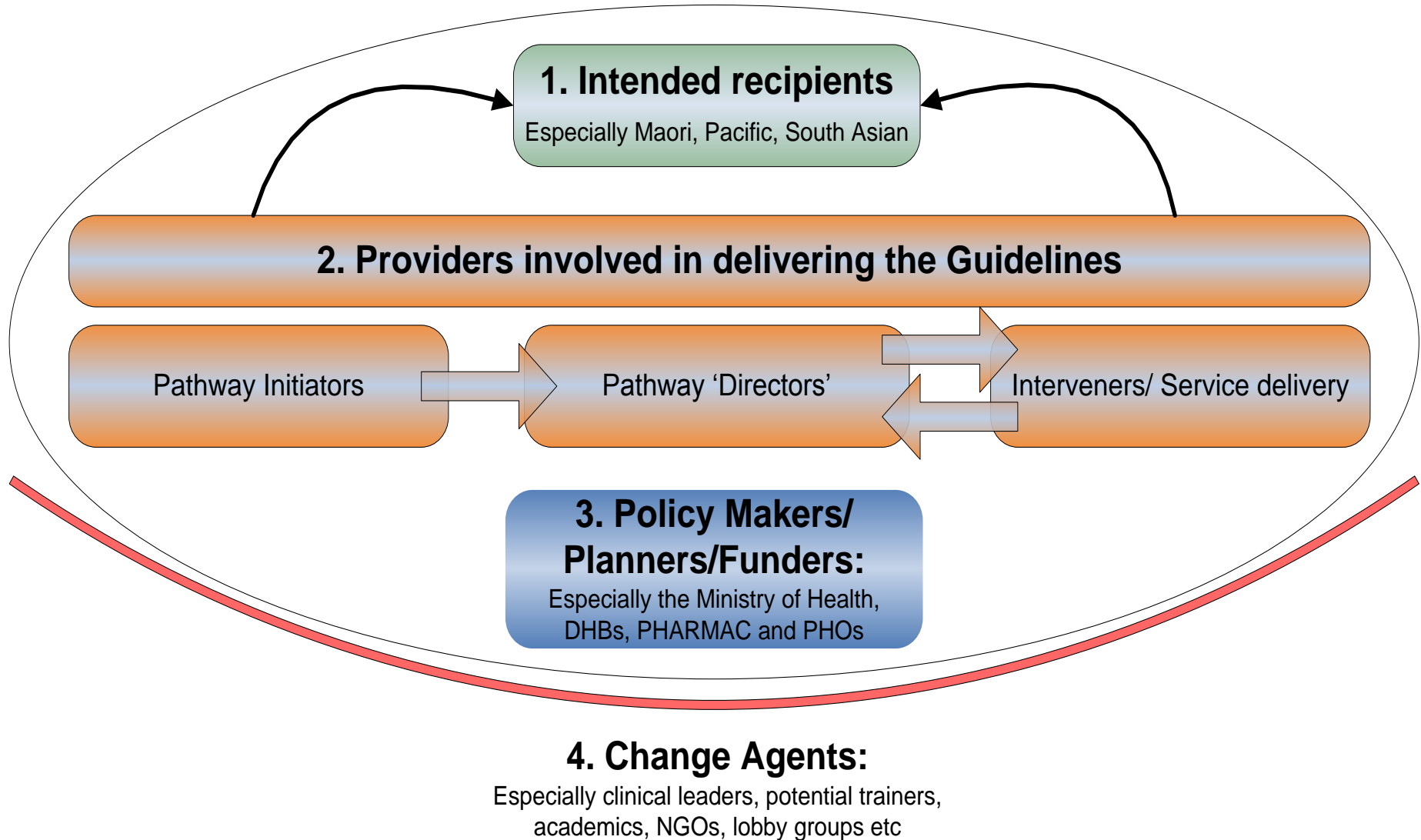
Current Context

- Clinical front line services
- Quality
- Responsive services
- Vulnerable populations
- Targeting
- Primary Care
- Value for money
- Public and private sector response

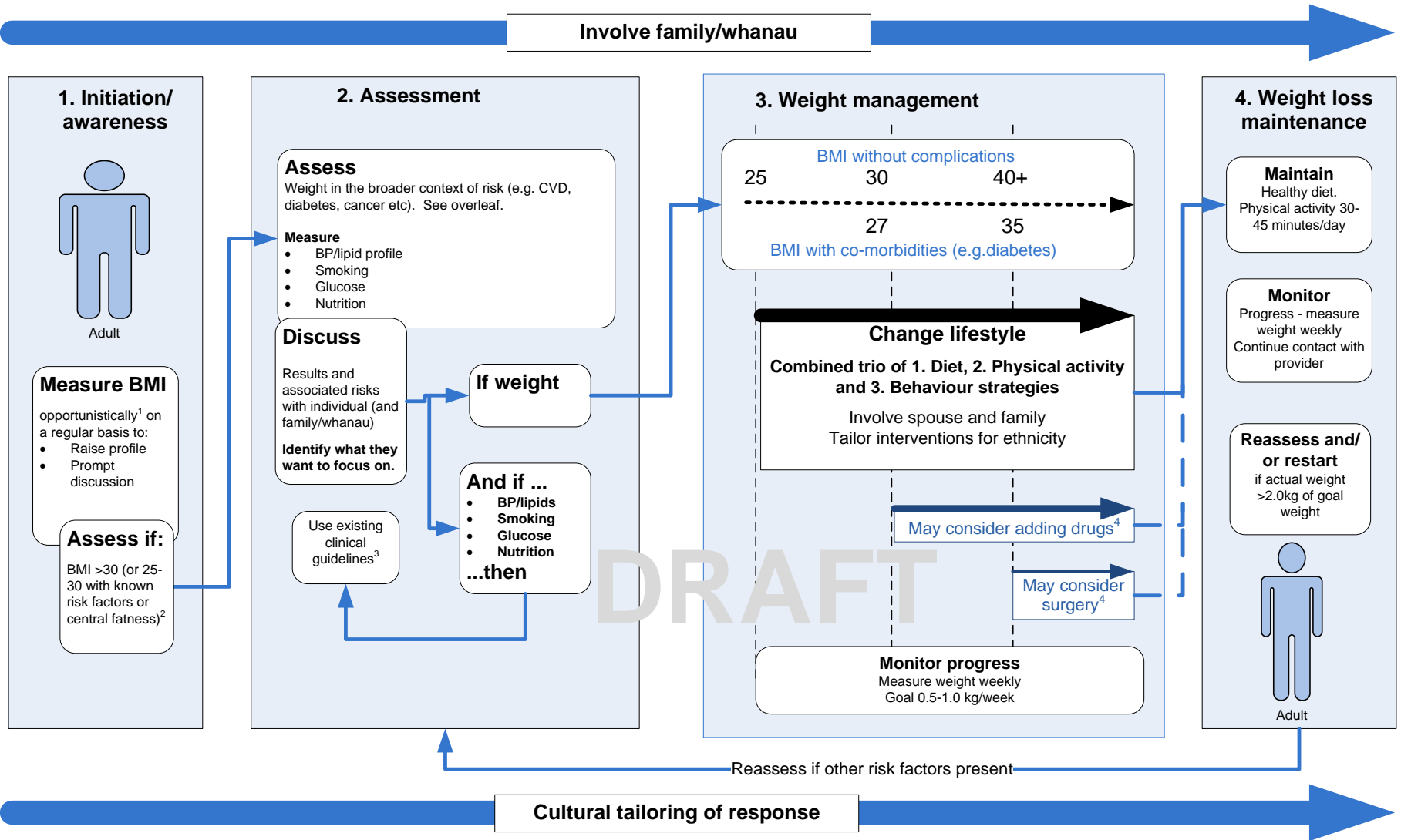
Timeline

- Evidence summaries – Sept 2008
 - Classification, drug, surgery
- Evidence summaries - Nov 2008
 - Diet, physical activity, behavioural change, family interventions, priority populations, algorithm
- Summary draft of evidence – Dec 2008
- Stakeholder input – May-July 2009
 - Guideline/implementation face-to-face ‘road testing’ with Maori, Pacific, South Asian and mainstream frontline providers
 - Wider sector consultation/ focus groups
- Peer review & final draft – August 2009
 - Including implementation and training plans

Input: Who to involve?



Draft Algorithm



1. Primary health care
Community health workers,
secondary care, through marae,
via places of worship, adults/
whanau measuring their own

2. Use BMI to classify overweight
and obesity with a BMI of 25-29.9
kg/m² for overweight and ≥ 30
kg/m² for obesity

3. If BP/Lipids – Guidelines for Assessment and Management of CVD Risk
• If Smoking – Smoking Cessation Guidelines ABC
• If Glucose – Management of Type II Diabetes Guidelines
• If Nutrition – Food and Nutrition Guidelines for Healthy Adults

4. Drugs and surgery only used in
addition to lifestyle changes when
other attempts have failed. Not a
substitute for lifestyle change.

Draft Algorithm

Involve Family/whanau

1. Initiate:

Normalise
BMI

2. Assess:

Assess &
discuss in
broader
context of
risk

Focus on
patient
goals

3. Manage:

FAB Trio!

Children – must
involve family!

Only consider
adding drugs and
surgery if
unsuccessful

4. Monitor/ Follow up:

Cultural tailoring

Draft Implementation Framework

- Priority population focus
- Individual and collective ownership amongst the public and communities
 - Leadership
 - Information and Communication
- Responsive Health Sector
 - Leadership
 - Information, research and Communication
 - Capacity and Capability
 - Prioritisation, Quality, IT, Performance, Workforce, Cultural competence, Integration, Incentives, Tools

FAB message

- Best outcomes if food, activity and behaviour strategies are combined
- FAB messages in management/prevention - across algorithm
- Opportunities to influence service providers – public and private
- Influence wider health literacy and health promotion strategies

Input opportunities

- Wider sector consultation on guideline and implementation approach July-August
- Post news of details of consultation on HEHA website – with links to consultation documents

Questions

- Thank you