NICE National Institute for Health and Care Excellence

NICE Pathways

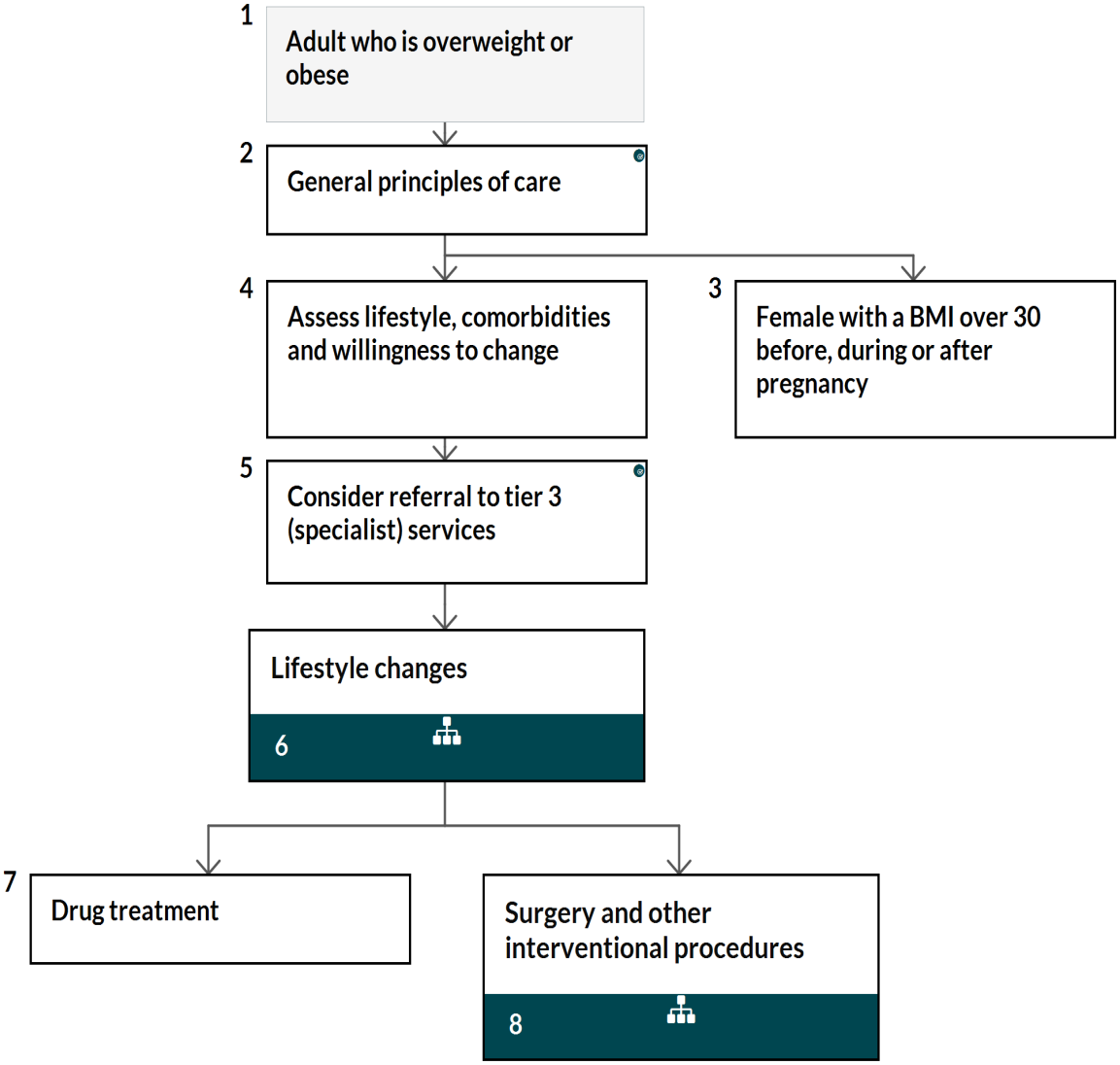
Obesity management in adults

NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

http://pathways.nice.org.uk/pathways/obesity
NICE Pathway last updated: 09 December 2020

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Adult who is overweight or obese

No additional information

2 General principles of care

Equip specialist settings for treating people who are severely obese with, for example, special seating and adequate weighing and monitoring equipment. Ensure hospitals have access to specialist equipment – such as larger scanners and beds – when providing general care for people who are severely obese.

Discuss the choice of interventions for weight management with the person. The choice of intervention should be agreed with the person.

Tailor the components of the planned weight management programme to the person's preferences, initial fitness, health status and lifestyle.

Offer regular, non-discriminatory long-term follow-up by a trained professional. Ensure continuity of care in the multidisciplinary team through good record-keeping.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

Obesity: clinical assessment and management

2. Discussion on the choice of interventions

3 Female with a BMI of more than 30 before, during or after pregnancy

See BMI more than 30 in the NICE Pathway on diet and interventions and advice for women with a BMI over 30 in the NICE Pathway on maternal and child nutrition.

See also obesity in the NICE Pathway on intrapartum care for women with existing medical conditions.

4 Assess lifestyle, comorbidities and willingness to change

Make an initial assessment, then use clinical judgement to investigate comorbidities and other factors to an appropriate level of detail, depending on the person, the timing of the assessment, the degree of overweight or obesity, and the results of previous assessments.

Manage comorbidities when they are identified; do not wait until the person has lost weight.

Offer people who are not yet ready to change the chance to return for further consultations when they are ready to discuss their weight again and willing or able to make lifestyle changes. Give them information on the benefits of losing weight, healthy eating and increased physical activity.

Recognise that surprise, anger, denial or disbelief about their health situation may diminish people's ability or willingness to change. Stress that obesity is a clinical term with specific health implications, rather than a question of how people look; this may reduce any negative feelings.

During the consultation:

- Assess the person's view of their weight and the diagnosis, and possible reasons for weight gain.
- Explore eating patterns and physical activity levels.
- Explore any beliefs about eating and physical activity and weight gain that are unhelpful if the person wants to lose weight.
- Be aware that people from certain ethnic and socioeconomic backgrounds may be at greater risk of obesity, and may have different beliefs about what is a healthy weight and different attitudes towards weight management.
- Find out what the person has already tried and how successful this has been, and what they learned from the experience.
- Assess the person's readiness to adopt changes.
- Assess the person's confidence in making changes.

Give people and their families and/or carers information on the reasons for tests, how the tests are done and their results and meaning. If necessary, offer another consultation to fully explore the options for treatment or discuss test results.

Take measurements (see identifying and assessing people who are overweight or obese) to determine degree of overweight or obesity and discuss the implications of the person's weight. Then, assess:

- any presenting symptoms
- any underlying causes of being overweight or obese
- eating behaviours
- any comorbidities (for example type 2 diabetes, hypertension, cardiovascular disease, osteoarthritis, dyslipidaemia and sleep apnoea)
- any risk factors assessed using lipid profile (preferably done when fasting), blood pressure measurement and HbA_{1c} measurement
- the person's lifestyle (diet and physical activity [See page 9])
- any psychosocial distress
- any environmental, social and family factors, including family history of overweight and obesity and comorbidities
- the person's willingness and motivation to change lifestyle
- the potential of weight loss to improve health
- any psychological problems
- any medical problems and medication
- the role of family and care workers in supporting individuals with learning disabilities to make lifestyle changes.

NICE has published a medtech innovation briefing on Lifelight First for monitoring vital signs.

5 Consider referral to tier 3 (specialist) services

Consider referral to tier 3 services if:

- the underlying causes of being overweight or obese need to be assessed
- the person has complex disease states and/or needs that cannot be managed adequately in tier 2 (for example, the additional support needs of individuals with learning disabilities)
- conventional treatment has been unsuccessful
- drug treatment is being considered for a person with a BMI more than 50 kg/m^2
- specialist interventions (such as a very low-calorie diet) may be needed or
- surgery is being considered.

For more information on tier 3 services, see NHS England's report on joined up clinical pathways for obesity.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

Obesity: clinical assessment and management

2. Discussion on the choice of interventions

6 Lifestyle changes

See Obesity / Lifestyle changes for adults who are overweight or obese

7 Drug treatment

Consider pharmacological treatment only after dietary, exercise and behavioural approaches have been started and evaluated.

Consider drug treatment for people who have not reached their target weight loss or have reached a plateau on dietary, activity and behavioural changes.

Make the decision to start drug treatments after discussing the potential benefits and limitations with the person, including the mode of action, adverse effects and monitoring requirements, and the potential impact on the person's motivation. Make arrangements for appropriate healthcare professionals to offer information, support and counselling on additional diet, physical activity [See page 9] and behavioural strategies when drug treatment is prescribed. Provide information on patient support programmes.

Orlistat

Only prescribe orlistat as part of an overall plan for managing obesity in adults who meet one of the following criteria:

- a BMI of 28 kg/m^2 or more with associated risk factors
- a BMI of 30 kg/m^2 or more.

Continue orlistat therapy beyond 3 months only if the person has lost at least 5% of their initial body weight since starting drug treatment. Also see below for advice on targets for people with type 2 diabetes.

Make the decision to use drug treatment for longer than 12 months (usually for weight maintenance) after discussing potential benefits and limitations with the person.

The co-prescribing of orlistat with other drugs aimed at weight reduction **is not recommended**.

Liraglutide

The following recommendations are from NICE technology appraisal guidance on liraglutide for managing overweight and obesity.

Liraglutide is recommended as an option for managing overweight and obesity alongside a reduced-calorie diet and increased physical activity in adults, only if:

- they have a BMI of at least 35 kg/m^2 (or at least 32.5 kg/m^2 for members of minority ethnic groups known to be at equivalent risk of the consequences of obesity at a lower BMI than the white population) and
- they have non-diabetic hyperglycaemia (defined as a haemoglobin A1c level of 42 mmol/mol to 47 mmol/mol [6.0% to 6.4%] or a fasting plasma glucose level of 5.5 mmol/litre to 6.9 mmol/litre) and
- they have a high risk of cardiovascular disease based on risk factors such as hypertension and dyslipidaemia and
- it is prescribed in secondary care by a specialist multidisciplinary tier 3 weight management service and
- the company provides it according to the commercial arrangement.

This recommendation is not intended to affect treatment with liraglutide that was started in the NHS before this guidance was published. Adults having treatment outside this recommendation may continue without changes to the funding arrangements in place for them before this guidance was published, until they and their NHS clinician consider it appropriate to stop.

See why we made the recommendations on liraglutide.

NICE has written information for the public on liraglutide.

Naltrexone–bupropion

The following recommendations are from NICE technology appraisal guidance on naltrexone–bupropion for managing overweight and obesity.

Naltrexone–bupropion is not recommended within its marketing authorisation for managing overweight and obesity in adults alongside a reduced-calorie diet and increased physical

activity.

This recommendation is not intended to affect treatment with naltrexone–bupropion that was started in the NHS before this guidance was published. Adults having treatment outside this recommendation may continue without change to the funding arrangements in place for them before this guidance was published, until they and their NHS clinician consider it appropriate to stop.

See why we made these recommendations on naltrexone–bupropion [See page 9].

NICE has written information for the public on naltrexone–bupropion.

Continued prescribing and withdrawal

Pharmacological treatment may be used to maintain weight loss, rather than to continue to lose weight.

If there is concern about micronutrient intake adequacy, a supplement providing the reference nutrient intake for all vitamins and minerals should be considered, particularly for vulnerable groups such as older people (who may be at risk of malnutrition) and young people (who need vitamins and minerals for growth and development).

Offer support to help maintain weight loss to people whose drug treatment is being withdrawn; if they did not reach their target weight, their self-confidence and belief in their ability to make changes may be low.

Monitor the effect of drug treatment and reinforce lifestyle advice and adherence through regular review.

Consider withdrawing drug treatment in people who have not reached weight loss targets (see above for details).

Rates of weight loss may be slower in people with type 2 diabetes, so less strict goals than those for people without diabetes may be appropriate. Agree the goals with the person and review them regularly.

8 Surgery and other interventional procedures

See Obesity / Surgery and other interventional procedures for obese adults

The full range of human movement, from active hobbies, walking, cycling and the other physical activities involved in daily living, such as walking up stairs, gardening and housework to competitive sport and exercise.

Why we made these recommendations on naltrexone–bupropion

Obesity is very common in England, affecting about 30% of the population. Current management for overweight and obesity is lifestyle measures alone, lifestyle measures with orlistat or bariatric surgery.

Clinical trial evidence shows that naltrexone–bupropion with lifestyle measures is more effective than lifestyle measures alone, but its long-term effectiveness is unknown.

The estimate of cost effectiveness for naltrexone–bupropion with lifestyle measures, compared with lifestyle measures alone, is highly uncertain because of uncertainties in the modelling assumptions. Large numbers of people could be eligible for treatment which could potentially be long-term, leading to high overall costs for naltrexone–bupropion. Therefore, in these circumstances more certainty is needed that naltrexone–bupropion will provide value for the NHS.

For more information see the committee discussion in the NICE technology appraisal on naltrexone–bupropion for managing overweight and obesity.

Glossary

BMI

body mass index

Sources

Obesity: identification, assessment and management (2014) NICE guideline CG189

Liraglutide for managing overweight and obesity (2020) NICE technology appraisal guidance 664

Naltrexone–bupropion for managing overweight and obesity (2017) NICE technology appraisal guidance 494

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to

have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.