



European guidelines on obesity

From a dietetic perspective

Ellen Govers, RD, ESDN Obesity EFAD

Amsterdam, October 24 2015

Design

- Aims and objectives
- Methods
- Outcomes
- What do these outcomes mean in general
- What do the outcomes mean for dietitians
- Conclusions
- Future plans



Aims and objectives

Motive: guidelines on obesity may improve the quality of prevention and management

Objective: to map guidelines on obesity in Europe with the aims:

1. to make the first step in comparing guidelines across Europe (use and quality)
2. To stimulate working according to guidelines to improve quality and evidence based care



Methods

Collection of data

- Request to members of ESDN obesity
- Request to EFAD members (Ass of Dietitians)
- Search Pubmed
- Search Google

Analysis



Outcomes

- 8 European guidelines identified
- 7 through ESDN/EFAD
- 1 through Pubmed
- Google: only USA, Australia, Canada, India
- Countries: 7
- Languages: 6

- 2 guidelines adults only
- 6 guidelines adults + children
- 4 countries guidelines specific for dietitians (Ger, Gr, It,NL)

Specific outcomes

- Belgium: (Flemish) Consensus concerning balanced nutrition and exercise, for health professionals. Brussels: Ministry of Wellbeing, Health and Families, 2012; on prevention. Expected: Script on management in adults
- Germany: Leitlinien zur Adipositas-Chirurgie (2010) (Chirurgische Arbeitsgemeinschaft für Adipositaschirurgie); Leitlinien zur Prävention und Therapie der Adipositas (Deutsche Adipositasgesellschaft) 2014
- Great Britain: NICE Obesity, identification, assessment and management of overweight and obesity in children, young people and adults, 2014
- Greece: Expert Group on Weight Management of Hellenic Dietetic Association: Position Paper on Weight Management, 2012
- Italy: Linee Guida Italiane Obesità, LiGIO 1999: prevention & management
- Netherlands: Diagnosis and management of obesity in adults and children, 2008; Bariatric surgery guideline, 2010
- Sweden: Dietary treatment of obesity; a Systematic Review, 2013

Content

Subject	Present
1) Epidemiology/aetiology	1) Be, Ger, GB, Gr, It, NL, Swe
2) Evidence based, level evidence	2) Be, Ger, GB, Gr, It, NL, Swe
3) Treatment	3) Be, Ger, GB, Gr, It, NL, Swe
4) Diet	4) Be, Ger, GB, Gr, It, NL, Swe
5) Exercise	5) Be, Ger, GB, It, NL, Swe
6) Behavioral/Psychological	6) Be, Ger, Gr, NL
7) Combined therapy	7) Ger, NL, Swe
8) Medication	8) Ger, NL
9) Surgery	9) Ger, NL
10) Weight Maintenance	10) Ger, NL, Swe

Supplementary subjects

Subject	Country
• HPs, criteria PC treatment	• Ger
• Eating disorders	• Gr
• Obesity global org	• It
• Effect of the crisis	• Gr
• The “Diet Industry”	• It
• Diagnostic flow chart	• NL
• Knowledge gaps	• Gr, Swe
• Compliance	• Gr, Swe
• HP – patient relationship	• Ger

Diet

Nutrients	Country
1. Macronutrients based on general dietary guidelines	1. Be, NL
2. 500-600 (800) kcal deficit	2. (Ger), NL, GB
3. Fat reduction	3. Be, Ger, NL, Swe
4. Low carbohydrate diets	4. NL, Swe
5. GI	5. Swe
6. Mediterranean diet	6. Swe
7. High protein	7. NL, Swe
8. Fiber	8. Be, NL, Swe
9. Fat quality	9. Swe
10. Individual diet	10. Ger, NL, Swe
11. Sweetened Beverages	11. Be, NL, Swe

Other diet outcomes

Nutrients

- Dairy products
- Meal replacements
- Micronutrients
- Water
- Alcohol
- Meal structure
- No snacks
- Caffeine
- Epigallocatechin 3- gallate
- Energy expenditure

Country

- Be, Gr, Swe
- Ger, NL, Swe
- Be
- Be
- Be, NL
- Be
- Be
- NL, Swe
- NL
- NL

Treatment goals

Subject

- 5-15% weight loss
- 10% weight loss
- BMI 25 - 35 kg/m² > 5 %
- BMI >35 kg/m² >10%
- 5 years weight maintenance

Country

- NL
- It
- Ger
- Ger
- GB, It

Meaning of outcomes for patients

- In most guidelines it is not clear which treatment the patient can expect in which stage of obesity (except Ger)
- Emphasis has been laid on quality of the evidence



Meaning of outcomes for dietitians

- Role of dietitian is not explicit in most guidelines
- A few countries have specialized guidelines for dietitians (Be, Ger, Gr, It, NL)



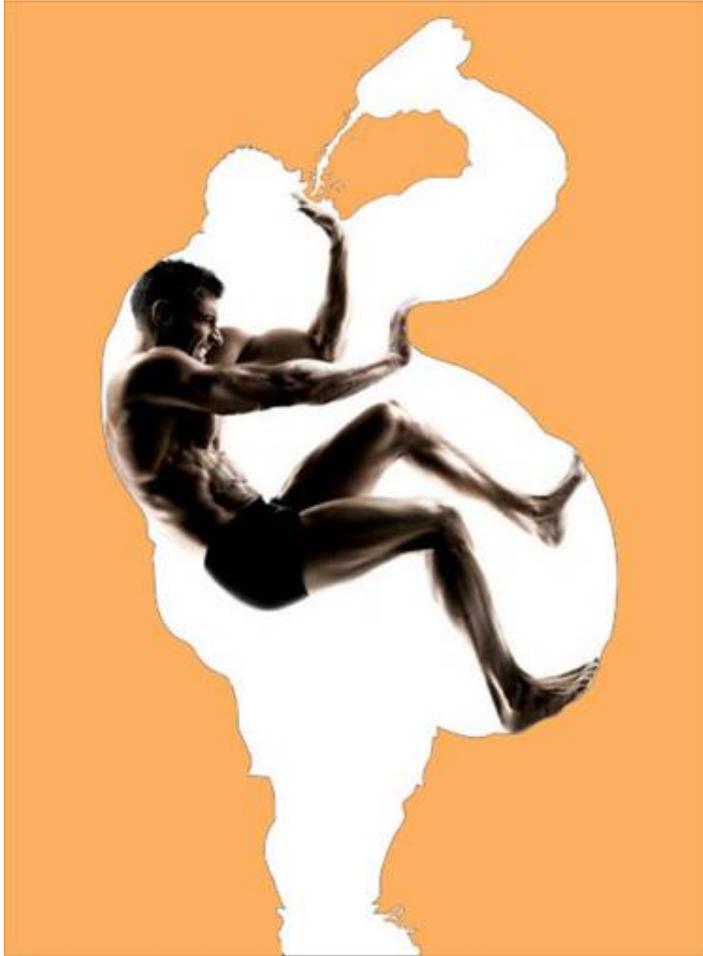
Conclusions

- Guidelines are thorough in research and weighing of data
- The emphasis lies on different parts, depending on the committee that wrote it (physicians and scientists only, or including other health professionals, e.g. dietitians)
- Diet is not always specifically analysed in terms of nutrients, guidelines are mostly general

Why do dietitians need guidelines?

- To be able to work evidence based
- To create uniformity: which patient is treated best in a certain way?
- To compare results in different settings and countries
- To profile dietitians as high quality professionals in the field of obesity
- To make clear the complexity of obesity management

Present situation



Guideline for the management of insulin resistance.

Deals with:

Dietary treatment of insulin resistance, overweight, obesity and their comorbidities. To improve metabolic and vascular health.

- Govers et al, Int J Endocrin & Metab. Disord. 10/2015

Future plans

- A European guideline on (prevention and) management of obesity is necessary
- ECO-EFAD Nutrition working group (NWG) is being established
- **Submit a Commitment to the European Platform of Diet, Physical Activity and Health 2015-2018**
- Within this Commitment the NWG will work on:
 - Track I dietary guidelines on obesity for adults
 - Track II dietary guidelines on obesity for children and their families

Overall objective

1. To evaluate existing European resources
2. To identify knowledge gaps and unmet needs
3. To prepare, consult and develop evidence based European dietary recommendations and guidelines for the management of obesity in adults.
4. To prepare, consult and develop evidence based European dietary recommendations and guidelines for the management of obesity in children.
5. To disseminate standardised evidence based European dietary recommendations and guidelines for obese adults and obese children and their families.
6. To develop teaching materials and tools to support the development and implementation of national guidelines based on these joint European best practice recommendations and guidelines

Adults

The adult recommendations will be developed in two distinct categories:

1. Nutrient and food based recommendations for obese adults and those with obesity-related NCD on a nutrient level
2. Nutrient based recommendations for health professionals. Guidance on how to execute food recommendations, and translate them into different food patterns. Additionally formulate approaches to therapy recommendations for the treatment of obese adults.

Children

The child recommendations will be developed in two distinct categories:

1. Nutrient and food based recommendations for obese children and their families, adjusted for level of obesity and of obese children and those with obesity-related NCD.
2. Nutrient based recommendations for health professionals. Guidance on how to execute food recommendations, and be able to translate them into different food patterns. Additionally formulate food, nutrient and approaches to therapy recommendations for the treatment of obese children and their families.

Food based examples

- As part of the recommendations, the NWG will provide three food based examples to help national and regional understanding and implementation, e.g. Nordic, Mediterranean and Central European examples.



Dissemination strategy

- The NWG will identify key target users of both categories and develop a dissemination strategy to ensure that they are made available to as many end users as possible. A dissemination strategy will be developed.





**Thank you.
Questions?**

**For information, please contact ESDN Obesity EFAD
e.govers112@upcmail.nl**