

Scientific Advisory Committee on Nutrition

Paper for information: Agenda Item 6

Report on Obesity “Quick Think” held on 27 September 2001

Please see attached paper for information and comment.

Report on Obesity “Quick Think” held on 27 September 2001

Background

1. The committee agreed to undertake a comprehensive review of the topic of *Metabolic Disturbances in Obesity and the Development of Chronic Disease*. As requested by the members a “Quick Think” session was held to discuss how the topic could be addressed and to develop current debate. This paper gives a report of the session chaired by Professor Alan Jackson.

Report of the meeting

2. Professor Kopelman gave a scene setting overview of the issue. There have been a large number of working groups since the Health of the Nation recommendations in 1992 to reduce the prevalence of obesity, but substantial deficiencies in knowledge persist:

- the influence of diet in childhood and adolescence
- the potential benefits of physical activity (translated into achievable population advice)
- the pathophysiology of an increase and decrease in body fatness and relationship with CHD and diabetes
- many studies/reviews have addressed energy intake but few have adequately assessed expenditure

Key issues to address:

- the ignorance of the public on the dangers to health from obesity despite there being a “culture of thinness”
- the ignorance of science (for example, the application of genetic research for therapy)
- the ignorance of clinicians (issues around identification, management and treatment)

The focus therefore should be on preventing overweight and obesity. As there is a continuation in risk, the focus should not be limited to those at high risk.

3. An overview of Government policy was given by DH. A twin approach is required - prevention combined with treatment / management. Prevention includes action to increase physical activity, improve eating habits and assess strategies for effective identification. Treatment and management of overweight and obesity will require appropriate advice on diet and physical activity and, where appropriate, use of drugs (as identified in NICE appraisal). One of challenges the is that the UK is not the only country with this problem and there is a dearth of information on what can be done to counter current trends.

Present impetus for action

- **NHS Plan** provides framework for action around obesity and physical inactivity.

- Obesity is also highlighted in the **National Service Frameworks** (CHD, older people, forthcoming diabetes) and the Cancer Plan. There is a need to raise the profile of the issue (e.g. among clinicians).
- The **National Audit Office** report *Tackling Obesity in England*, published earlier this year.
- **Public Accounts Committee** recommendations on obesity are expected in December 2001.
- Recent **NICE** guidance on orlistat and sibutramine
- Prevention is a **cross Government activity** (e.g. implications for other government departments dealing with education, sports and travel).

General discussion

Public awareness

4. The public health message hasn't been effective on the association between obesity and chronic disease, particularly for type 2 diabetes. Obesity and overweight may be viewed as a consequence of age, and diseases associated with obesity may be regarded as separate issues.

5. The non-obese population do have "cosmetic concerns" (which may result in inappropriate and/or yo-yo dieting). However, there is little awareness of the risks of being overweight, despite the burden of disease increasing in this group. Obese patients do tend to be concerned about their health but by then may have already developed problems as a consequence of their weight.

Message

6. The key issue is translating the science. The first step will be to highlight the importance / seriousness of the issue, although there are problems around the inertia of message. It will be important to address the wider social and cultural influences on food intake and highlight the importance of physical activity, and to avoid mixed messages and merely focussing on "fatness".

7. The message should be around maintaining a healthy weight rather than focusing on obesity. The importance of body fat distribution ("central obesity") should also be highlighted. The concept of BMI is difficult to communicate and waist circumference may be more accessible (though men are more likely to know their waist circumference than women). The British Dietetic Association are organising a *Weight Wise* campaign which will include information about the importance of body fat distribution.

8. Getting the message across has been a sensitive issue due to concerns that it may provoke eating disorders or lead to stigmatisation. However, the proportion of the population classified as underweight has remained fairly static despite the recent focus on obesity.

9. There is a great deal of confusion among consumers. Magazines are an important source of advice but the quality of advice may be poor. There is a need for sound, authoritative and scientifically based consumer advice.

Diet and physical activity

10. Recent research has highlighted the importance of inactivity (e.g. TV watching). In the US, there are clear messages on activity and the physical activity database is impressive. There is a concern that there is a lack of population and clinical advice on activity in the UK. Although the promotion of physical activity is a key public health message, there are concerns about policies that may foster an inactive lifestyle, such as transport policies. Some members felt that it was quite clear that current population trends in obesity have arisen as a result of a reduction in activity, as surveys have shown a fall in total energy intake and a slight fall in the percentage of energy from fat. However, it was raised that in order for weight gain to occur, energy intakes must still be above energy expenditure.

11. People may be more able to control their food intake than increase their physical activity level. Although most people are aware of the concept of a balanced diet they may not always be able to follow current guidelines, for example, when they eat out. It was noted that it will be important to address nutrient regulation in relation to physical activity and the extent to which “physical activity” reflects energy balance or metabolic regulation. There may also be issues around involuntary food consumption and macronutrient composition.

Identification and intervention

12. There is concern that front line health professionals in the UK may not be adequately addressing the problem due to a lack of clear guidance on the identification, treatment and management of overweight and obesity. The Health Development Agency are currently reviewing evidence on effective interventions. Some population interventions to date have had sustained results (e.g. it was highlighted that Finland contained an increase in BMI).

13. It will be important to separate primary and secondary prevention strategies. For example, physical activity is useful in the prevention of weight gain but less successful as a treatment.

14. Other issues raised include:

- There is a need to address families rather than individual children.
- There is not substantial evidence on overweight and the development of disease (e.g. role of genes).
- Social inequalities are important for all aspects of this topic.
- Key stages in the lifecourse, e.g. pregnancy, need to be addressed.

Conclusions

15. It will be useful to the Health Departments to carry out a review of the evidence to date, quantify the risks and assess the benefits of modest physical activity. It was suggested that information on an American consensus group on physical activity could be circulated. A report pulling the evidence together could be used by Government as a reference tool, clarify the population at risk, provide impetus for policy and highlight neglected research issues.

16. Pulling together the evidence to date could act as a lever for change. Important issues to focus on would be the emergence and development of the problem; the role of physical activity; co-morbidities; and attempts to prevent and treat overweight and obesity. The key questions are:

- the mechanism by which weight gain influences risk of chronic disease
- effective interventions and
- the ensuing public health messages.

18. It is anticipated that a SACN Expert Group will be set up to address this topic next year taking account of the available resources.

SACN Secretariat
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