

Scientific Advisory Committee on Nutrition

**Paper For information: Government Update on Nutrition Related Activities:
Health Development Agency**

Agenda Item 10

Please see attached tabled document.

New Chief Executive

Paul Streets OBE has recently been appointed as the Health Development Agency's new Chief Executive. Paul Streets was formerly Chief Executive of Diabetes UK where he was in post for five years. A key focus of his work at diabetes UK was in contributing to the development of the National Service Framework for Diabetes.

Paul Streets was a founding member of the NHS Modernisation Board and was a signatory to the NHS Plan. He was recently appointed as one of the founding commissioners of the Commission for Healthcare Audit and Inspection (CHAI) and was the first lay Council member of the Royal College of Physicians, until September 2003. He was previously the Deputy Director of Amnesty International and Field Director for Africa for Sight Savers International, based in Kenya. He was awarded an OBE in HM Birthday Honours List this year for his services to people with diabetes.

Management of obesity and overweight evidence briefing

- The HDA has recently published their evidence briefing on the management of obesity and overweight. This consists of an analysis of reviews of diet, physical activity and behavioural approaches (copies have been circulated to SACN members).
- This evidence briefing is a 'review of reviews', that is, a synthesis of high quality systematic reviews, meta-analyses and other syntheses of lifestyle interventions to prevent and treat obesity and overweight and maintain weight loss.
- *Summary findings of the evidence briefing*
 - Prevention of obesity and overweight in adults and children
Considering the increasing prevalence of obesity and the associated health, economic and social consequences, the development of effective strategies to prevent obesity is a priority. For both children and adults there is an urgent need for further research, particularly research among vulnerable groups.
 - However, there is evidence to support the use of multi-faceted school based interventions to reduce the rates of obesity in schoolchildren, particularly girls. These multi-faceted interventions included elements such as: nutrition education; physical activity promotion; reductions in sedentary behaviour; behavioural therapy; teacher training; the use of curricular material; the modification of school meals; and the development of tuck shops. There is also limited evidence to support school-based health promotion programmes, including the use of the classroom curriculum to reduce television, videotape and video game usage, for the prevention of obesity in children.

Treatment of obesity and overweight in children.

- There is evidence that targeting parents and children together, through family based interventions, involving at least one parent and including

physical activity and health promotion, is effective in treating obesity in children.

- There is evidence to support the use of multi-faceted family-based behaviour modification programmes, where parents take primary responsibility for behaviour change for the treatment of obesity in primary schoolchildren. The programmes consisted of diet, exercise, reducing sedentary behaviour and lifestyle counselling with child management, parenting and communication skills training.

Treatment of obesity in adults

The most common interventions identified for the treatment of obesity are low calorie diets, very low calorie diets and low fat diets. There is a large amount of evidence on the effectiveness of dietary interventions for the treatment of obesity in adults.

- There is evidence to support the effectiveness of low calorie diet (1000-1500 kilocalories per day) for the treatment of obesity. There is evidence to suggest that clinically prescribed very low calorie diets (400 – 500 kilocalories per day) are more effective for acute weight loss than low calorie diets, however there is conflicting evidence regarding the relative effectiveness of very low calorie diets versus low calorie diets over the long term, (of greater than one year).
- There is evidence that low fat diets combined with energy restriction, and low fat diets alone (where thirty per cent or less of total daily energy is derived from fat) are effective in treating obesity in adults. There is evidence that increased physical activity is effective in producing a modest total weight loss. However, diet alone was more effective than exercise alone. Physical activity and diet combined is an effective intervention for the treatment of adult obesity.
- There is evidence that a combination of behavioural therapy techniques in conjunction with other weight loss approaches is effective for the treatment of adult obesity over a one-year period.
- Maintenance of weight loss
- Obese individuals who have successfully lost weight are prone to relapse. The NIH report (1998) describes the maintenance of a lower body weight as a ‘major challenge’, therefore all weight loss approaches should be followed by a weight maintenance phase, to reduce the possibility of weight regain. The evidence in this important area is limited or conflicting.
- Worksite settings
- There is evidence to support the use of worksite health promotion programmes for the treatment of obesity in adults. Positive factors within the programmes include: regularity of participation; intensity of the intervention; associated dieting; supervision of exercise and supplementation of the exercise programme with outreach work, personal counselling and worksite reorganisation.
- Health professionals
- There is evidence to support the improved role of health professionals in the management of obesity and overweight, in particular: General Practitioners using reminders to prescribe diets; the use of brief

educational training intervention on obesity management delivered by behavioural psychologists to GP's; encouraging shared care between GP's and a hospital service; the use of in-patient obesity treatment services; and training provision for both health professionals and leaders of self- help weight loss clinics.

Obesity guidance with the National Institute of Clinical Excellence

- The National Institute for Clinical Excellence (NICE) and the HDA have been tasked by the Department of Health to work collaboratively to develop guidance on the identification, prevention and management of obesity and maintenance of weight reduction.
- This guidance will be prepared jointly by NICE, the HDA and the National Collaborating Centre for Primary Care. The draft scope of this guidance is currently in preparation and in accordance with the standard procedures of NICE will be made available for consultation, in January 2004.

Maternal and Child Nutrition Collaborating Centres

- The HDA are currently in the process of appointing two collaborating centres for Maternal and Child Nutrition: the first of these will focus on the development of evidence and guidance and the second on practice development.
- These centres will be based externally to the HDA and may be situated in an organisation, institution, academic department or may consist as a consortium of such organisations.
- The functions of the Evidence and Guidance collaborating centre will include:
 - Maintenance of the HDA evidence briefings;
 - Synthesis of evidence drawn from other scientific literature and learning derived from practice;
 - Production of guidance and toolkits on relevant topic areas, developed in accordance with HDA protocols and methods.
- The functions of the Practice Development collaborating centre will include:
 - The development of capacity building programme for institutions, systems, communities and practitioners with the greatest effort given to engagement with practitioners;
 - Production of resources for training, distance learning and curriculum development.
 - Effective knowledge management and transfer of evidence of best practice.
 - Production of organisational development resources for PCTs and public health networks.

Other related HDA evidence base topic areas

- Physical activity - The HDA is also currently building the evidence base of effective interventions to increase physical activity, as well as translating this evidence into practice guidelines. An Evidence and Guidance collaborating centre for physical activity will also be appointed in the near future.

Supporting 5 A DAY Co-ordinators

- The HDA is currently supporting the NOF funded 5 A DAY co-ordinators with a training programme. This will focus on various topics such as: working in partnership; evaluation skills; facilitation skills; and the evidence base for the effective promotion of fruit and vegetables in various settings.