

Lifestyle changes for adults who are overweight or obese

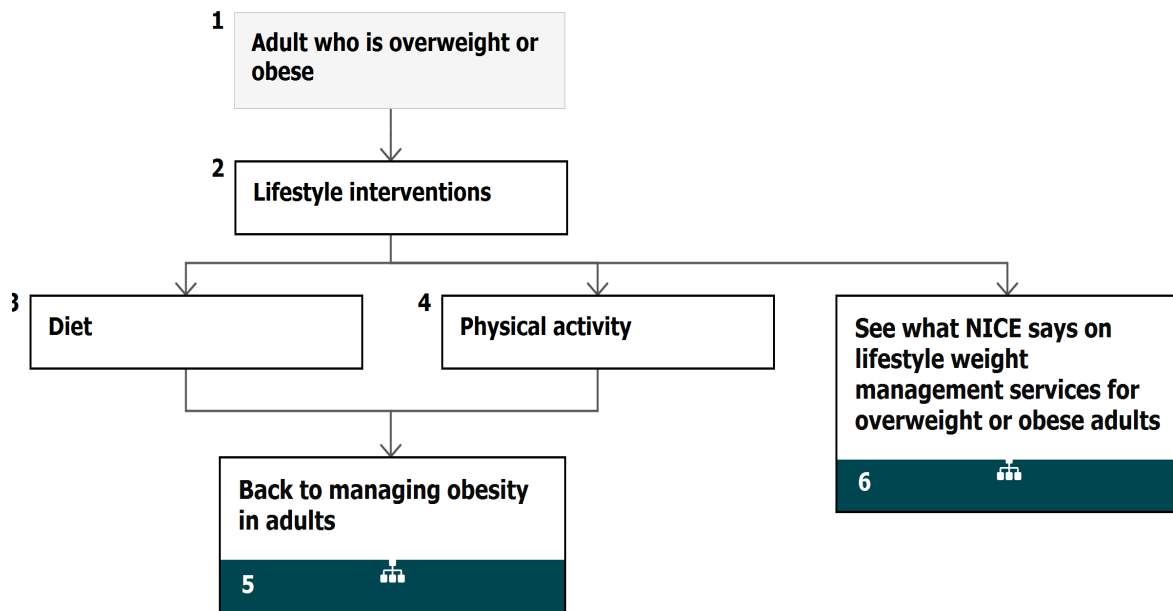
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

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: 03 March 2019

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 Lifestyle interventions

Multicomponent interventions are the treatment of choice. Ensure weight management programmes include behaviour change strategies to increase people's physical activity levels or decrease inactivity, improve eating behaviour and the quality of the person's diet and reduce energy intake.

When choosing treatments, take into account:

- the person's individual preference and social circumstance and the experience and outcome of previous treatments (including whether there were any barriers)
- the person's level of risk, based on BMI and, where appropriate, waist circumference (see [identifying people who are overweight or obese](#)).
- any comorbidities.

Document the results of any discussion. Keep a copy of the agreed goals and actions (ensure the person also does this), or put this in the person's notes.

Offer support depending on the person's needs, and be responsive to changes over time.

Ensure any healthcare professionals who deliver interventions for weight management have relevant competencies and have had specific training.

Provide information in formats and languages that are suited to the person. Use everyday, jargon-free language and explain any technical terms when talking to the person and their family or carers. Take into account the person's:

- age and stage of life
- gender
- cultural needs and sensitivities
- ethnicity
- social and economic circumstances
- specific communication needs (for example because of learning disabilities, physical disabilities or cognitive impairments due to neurological conditions).

Praise successes – however small – at every opportunity, to encourage the person through the difficult process of changing established behaviour.

Give people who are overweight or obese, and their families and/or carers, relevant information on:

- being overweight and obesity in general, including related health risks
- realistic targets for weight loss
- the distinction between losing weight and maintaining weight loss, and the importance of developing skills for both; advise them that the change from losing weight to maintenance typically happens after 6–9 months of treatment
- realistic targets for outcomes other than weight loss, such as increased physical activity and healthier eating
- diagnosis and treatment options
- healthy eating in general (more information on healthy eating can be found at [NHS Choices](#))
- medication and side effects
- surgical treatments
- self-care
- voluntary organisations and support groups and how to contact them.

Ensure there is adequate time in the consultation to provide information and answer questions.

If a person (or their family or carers) do not feel this is the right time for them to take action, explain that advice and support will be available in the future whenever they need it. Provide contact details so that the person can get in touch when they are ready.

Encourage the person's partner or spouse to support any weight management programme.

Base the level of intensity of the intervention on the level of risk and the potential to gain health benefits (see [identifying people who are overweight or obese](#)).

Deliver any behavioural intervention with the support of an appropriately trained professional.

Include the following strategies in behavioural interventions for adults, as appropriate:

- self-monitoring of behaviour and progress
- stimulus control
- goal setting
- slowing rate of eating

- ensuring social support
- problem solving
- assertiveness
- cognitive restructuring (modifying thoughts)
- reinforcement of changes
- relapse prevention
- strategies for dealing with weight regain.

3 Diet

Tailor dietary changes to food preferences and allow for a flexible and individual approach to reducing calorie intake.

Do not use unduly restrictive and nutritionally unbalanced diets, because they are ineffective in the long term and can be harmful.

Encourage people to improve their diet even if they do not lose weight, because there can be other health benefits.

The main requirement of a dietary approach to weight loss is that total energy intake [See page 8] should be less than energy expenditure.

Diets that have a 600 kcal/day deficit (that is, they contain 600 kcal less than the person needs to stay the same weight) or that reduce calories by lowering the fat content (low-fat diets), in combination with expert support and intensive follow-up, are recommended for sustainable weight loss.

Consider low-calorie diets (800–1600 kcal/day), but be aware these are less likely to be nutritionally complete.

Do not routinely use very-low-calorie diets (800 kcal/day or less) to manage obesity (defined as BMI over 30).

Only consider very-low-calorie diets, as part of a multicomponent weight management strategy, for people who are obese and who have a clinically assessed need to rapidly lose weight (for example, people who need joint replacement surgery or who are seeking fertility services).

Ensure that:

- the diet is nutritionally complete

- the diet is followed for a maximum of 12 weeks (continuously or intermittently)
- the person following the diet is given ongoing clinical support.

Before starting someone on a very-low-calorie diet as part of a multicomponent weight management strategy:

- Consider counselling and assess for eating disorders or other psychopathology to make sure the diet is appropriate for them.
- Discuss the risks and benefits with them.
- Tell them that this is not a long-term weight management strategy, and that regaining weight may happen and is not because of their own or their clinician's failure.
- Discuss the reintroduction of food following a liquid diet with them.

Provide a long-term multicomponent strategy to help the person maintain their weight after the use of a very-low-calorie diet.

Encourage people to eat a balanced diet in the long term, consistent with other healthy eating advice. Further information on healthy eating can be found at the [NHS Choices](#) website.

4 Physical activity

Encourage adults to increase their [physical activity](#) [See page 8] even if they do not lose weight as a result, because of the other health benefits physical activity can bring (for example, reduced risk of type 2 diabetes and cardiovascular disease). Encourage adults to do at least 30 minutes of moderate or greater intensity physical activity on 5 or more days a week. The activity can be in 1 session or several sessions lasting 10 minutes or more.

Advise that to prevent obesity, most people may need to do 45–60 minutes of moderate-intensity activity a day, particularly if they do not reduce their [energy intake](#) [See page 8]. Advise people who have been obese and have lost weight that they may need to do 60–90 minutes of activity a day to avoid regaining weight.

Encourage adults to build up to the recommended activity levels for weight maintenance, using a managed approach with agreed goals.

Recommend types of physical activity, including:

- activities that can be incorporated into everyday life, such as brisk walking, gardening or cycling (see what NICE says on [walking and cycling](#))
- supervised exercise programmes

- other activities, such as swimming, aiming to walk a certain number of steps each day, or stair climbing.

Take into account the person's current physical fitness and ability for all activities. Encourage people to also reduce the amount of time they spend inactive, such as watching television, using a computer or playing video games.

5 Back to managing obesity in adults

[See Obesity / Obesity management in adults](#)

6 See what NICE says on lifestyle weight management services for overweight or obese adults

[See Lifestyle weight management services for overweight or obese adults](#)

Daily energy intake is the total amount of energy consumed from foods and drinks. Estimated average requirements for energy per day are recommended by the Scientific Advisory Committee on Nutrition (2011) as 10.9 MJ per day (2605 kcals per day) for adult men and 8.7 MJ per day (2079 kcals per day) for adult women. Daily estimated average requirements for children varies by age and gender.

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.

BIS

Bispectral Index

CPCM

childhood and puberty close monitoring

EEG

electroencephalography

Monitoring

routine collection, analysis and reporting of a set of data to assess the performance of a weight management programme according to the service specification and intended health outcomes

National Child Measurement Programme

measures the weight and height of children in reception class (aged 4 to 5) and Year 6 (aged 10 to 11). The aim is to assess the prevalence of obesity and overweight among children of primary school age, by local authority area. These data can be used at a national level to support local public health initiatives and inform local services for children

Recent-onset type 2 diabetes

considered to include those people whose diagnosis has been made within a 10-year timeframe

Sources

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

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.