Management of Obesity in Adults¹

Treatment of obesity should offer multi-component interventions to encourage:

- increased physical activity
- improved eating behaviour

Physical activity²

- ✓ Physical activity can include supervised exercise programmes which incorporate non-pharmacological interventions such as evidence-based behavioural changes, nutrition and healthy lifestyle advice. See below for referral pathway to local services
- ✓ Encourage incorporating activities into normal life; encourage more activity and incorporating this into normal life even if not leading to weight loss.
- ✓ Each week, adults should accumulate at least 150 minutes of moderate intensity activity; or 75 minutes of vigorous intensity activity; or even shorter durations of very vigorous intensity activity; or a combination of all.
- ✓ Take the person's current physical fitness and ability into account.

Classification: overweight or obese?³ Waist circumference Comorbidities BMI (kg/m²) Low Hiah Verv high classification M <94cm M 94-102cm M >102cm F 80-88cm F >88cm F <80cm Overweight 25- 29.9 Obesity I 30-34.9 Obesity II 35-39.9 Obesity III 40 or more M= Male F= Female ☐ General advice on healthy weight and lifestyle Diet and physical activity Diet and physical activity, consider drugs Diet and physical activity, consider drugs, consider surgery

Different types of diet

- For sustainable weight loss, recommend diets that have a 600 kcal/day deficit or reduce calories by lowering the fat in diet, in combination with expert support and intensive follow-up.
- Low-calorie diets (1000–1600 kcal/day) may also be considered but may not be nutritionally complete.
- Very-low-calorie diets (less than 1000 kcal/day) may be used for a maximum of 12 weeks continuously, or intermittently with a low-calorie diet (for example for 2–4 days a week), if the person is obese and has reached a plateau in weight loss.
- Any diet of less than 600kcal/day should be used only under clinical supervision.

Drug treatment

- Consider drug treatment only after dietary, exercise and behavioural approaches have been started and evaluated.
- > Orlistat has a GREEN status on the <u>SURREY PAD</u> and can be considered for managing overweight and obesity.
- > Liraglutide (Saxenda®) 6 mg/mL solution for injection in a pre-filled pen is only prescribed in tier 3 services NOT PRIMARY-CARE (see p3 below)
- > Methylcellulose has little evidence to support its use in the management of obesity.
- The Area Prescribing Committee **does NOT recommend** the use of Naltrexone-bupropion (Mysimba®) 8 mg/90 mg prolonged-release tablets for managing overweight and obesity in line with NICE technology appraisal guidance TA494⁴
- > The use of other medications which are not licensed for weight loss such as some Glucagon-like peptide 1 drugs (GLP-1s) should not be used.

Weight Management Enhanced Services for Primary Care: refer to the NHS Digital weight management programme those who have diabetes or hypertension (form on EMIS). For others, refer to the local commissioned public health programme, via One You Surrey referral form. (See below) For those with non-diabetic hyperglycaemia, please refer via One You Surrey or refer to Tier 3 services (see Liraglutide section below) https://oneyousurrey.org.uk/lose-weight/

Practice assessment and patient willing to engage in process YES Patients with a BMI >30 or 27.5 for Patients with BMI >30 AND diabetes or hypertension. Please those of non-caucasian ethnic https://www.england.nhs.uk/digitalgroups weight-management/ Referral to **Thrive Tribe** (locally Referral to the National Digital commissioned Public Health programme): Weight Management Programme: Physical activity Mixture of Digital Nutrition experts F2F and Behavioural psychologists Coaching Healthy Lifestyle advice Programme is designed to meet Patients with diabetes or hypertension can the patient's needs attend if they prefer https://onevousurrev.org.uk/lose-weight/

Orlistat⁵

This is a lipase inhibitor that reduces the absorption of dietary fat. It is used in conjunction with a mildly hypocaloric diet. Only use in conjunction with lifestyle measures to manage obesity. (Not licensed for use in children). On stopping orlistat, there may be gradual reversal of weight loss. Patients with BMI > 30kg/m2 or BMI > 28kg/m2 with associated risk factors*.

Continue orlistat only if at least 5% of initial body weight lost since starting drug treatment (less strict goals may be appropriate for patients with type 2 diabetes).

Vitamin supplementation may be considered if there is concern about deficiency of fat-soluble vitamins. **Side-effects** include: oily leakage from rectum, faecal incontinence, abdominal distension and pain

(reduce fat intake to minimise side-effects)

Drug Interactions of Orlistat

<u>Ciclosporin</u> – decrease in ciclosporin plasma levels. <u>Oral anticoagulants</u> (including warfarin) – international normalised ratio (INR) affected. <u>Oral contraceptives</u> – orlistat may indirectly reduce the availability of oral contraceptives in some cases. Patients may need additional contraception if they experience severe diarrhoea. <u>Fat soluble vitamins</u> (A, D, E and K) - treatment with orlistat may impair the absorption of fat-soluble vitamins.

Please see the product specific characteristics of orlistat for further information.

Surgery could be considered in severe obesity if patients meet the following criteria:

- Have a BMI of 40 kg/m2 or more, or between 35 kg/m² and 40 kg/m² and other significant disease (e.g. type 2 diabetes, high blood pressure) that could be improved if they lost weight.
- > Have tried and failed to maintain weight loss over a recent, continuous, 12 month period using weight reduction programmes (evidence of this should be provided).
- > The person has been receiving or will receive intensive management in a tier 3 service.
- > Are fit for anaesthesia and surgery and commit to the need for long-term follow-up.

Consider surgery as a first-line option for adults with BMI > 50 kg/m² in whom surgical intervention is considered appropriate. Or listat can be used before surgery if the waiting time is long.

<u>Liraglutide (Saxenda®) 6 mg/mL solution for injection in pre-filled pen</u>

This is a human glucagon-like peptide-1 (GLP-1) analogue produced by recombinant DNA technology.⁶

It should not be prescribed in primary care, even for private patients as it should only be prescribed by tier 3 obesity services in line with NICE guidance (TA664). This guidance only allows prescribing of Liraglutide (Saxenda®) 6 mg/mL in adults although it has a license for use in Adolescents (≥12 years) (see SmPC⁶ for information).

Referral Criteria for adults only, with non-diabetic hyperglycaemia, for Tier 3 services (in line with NICE TA664):

- 1. The patient has a body mass index (BMI) of at least 35 kg/m2 (or at least 32.5 kg/m2 for members of non-caucasian ethnic groups known to be at equivalent risk of the consequences of obesity at a lower BMI than the caucasian population)

 AND
- 2. **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) https://www.england.nhs.uk/digital-weight-management/ **AND**
- 3. they have a high risk of cardiovascular disease and have conditions that would be improved by weight loss such as hypertension, obstructive sleep apnoea and hyperlipidaemia

Further detailed information about obesity management can also be accessed at NICE Clinical Knowledge Summary for obesity which provides primary care practitioners with information on the current evidence base and practical guidance.

https://cks.nice.org.uk/topics/obesity/

References:

- 1. Obesity: identification, assessment and management: NICE Clinical guideline CG189 Published: 27 November 2014; https://www.nice.org.uk/guidance/cg189 (accessed Oct 2021)
- 2. UK Chief Medical Officers' Physical Activity Guidelines; https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/832868/uk-chief-medical-officers-physical-activity-guidelines.pdf (accessed Oct 21)
- 3. SIGN Management of Obesity Feb 2010; https://www.sign.ac.uk/assets/sign115.pdf (accessed Oct 21)
- 4. Naltrexone—bupropion for managing overweight and obesity NICE technology appraisal guidance [TA494]Published: 12 December 2017; https://www.nice.org.uk/guidance/ta494 (accessed Oct 21)
- 5. Orlistat (Xenical®)120 mg hard capsules; Summary of Product Characteristics; https://www.medicines.org.uk/emc/product/2592/smpc#INTERACTIONS (accessed Oct 2)
- 6. Saxenda Saxenda 6 mg/ml solution for injection in pre-filled pen; Summary of Product Characteristics; https://www.medicines.org.uk/emc/product/2313#gref (accessed Oct 21)
- 7. Liraglutide for managing overweight and obesity; NICE Technology Appraisal [TA664]: Published : 09 December 2020; https://www.nice.org.uk/guidance/ta664/chapter/1-Recommendations