Weight matters

Public health aspects of obesity

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This session will look at:

• Current levels of obesity
• Effects of obesity on individuals and society
• The value of modest weight loss and maintenance
• The key diet and physical activity messages to prevent excessive weight gain and help weight management
• Opportunities for EHOs to engage with businesses and individuals to promote healthier diets and increased physical activity
Public health burden of obesity

Rising prevalence of obesity in England

25% adults obese (HSE 2011)

9% yr R 18% yr 6 children obese (NCMP2011)

2/3 of all adults and 1/3 children are overweight or obese

Reduces life expectancy by average 9 years

Estimated current cost of obesity and overweight to NHS £5 billion and £16 billion to wider economy (Foresight 2007)
Health problems caused by obesity in adults

- Type 2 diabetes
- Coronary heart disease (CHD)
- Hypertension and stroke
- Cancers (breast, colon, kidney, endometrium)
- Depression
- Erectile dysfunction

- Osteoarthritis
- Infertility and PCOS
- Foetal and obstetric complications
- Gall bladder disease
- Liver disease, gout
- Sleep apnoea
- Back and joint pains
Health problems in children

- type 2 diabetes and hyperinsulinaemia
- dyslipidaemia
- hypertension
- orthopaedic problems
- sleep apnoea

- psychosocial dysfunction
- menstrual disturbance
- exacerbation of existing conditions e.g. asthma
Obesity recommendations (NICE 2006, 2012 AMRC)

- Preventing and managing obesity should be a priority for all, at both strategic and delivery levels
- The obesogenic environment should be altered, especially in relation to children
- Active travel should be encouraged when planning the built environment
- Self-help, commercial and community weight management programmes should only be endorsed if they follow best practice
- Clear nutrition labelling and calorie information should be provided on products and in outlets
Ladder of interventions

<table>
<thead>
<tr>
<th>Intervention</th>
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<tbody>
<tr>
<td>Eliminate choice</td>
</tr>
<tr>
<td>Restrict choice</td>
</tr>
<tr>
<td>Guide choice by disincentives</td>
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<tr>
<td>Guide choice by incentives</td>
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<tr>
<td>Guide choice by changing the default policy</td>
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<tr>
<td>Enable choice</td>
</tr>
<tr>
<td>Provide information</td>
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<tr>
<td>Do nothing</td>
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Achieving lifestyle change – 3 E’s model

Encouragement – adverts, leaflets, trigger, brief intervention

Empowerment – education and development of life skills and confidence

Environment – changes to social, cultural, economic and physical surroundings. Makes healthy choices easy choices
Problems with obesity treatment programmes

Can be uncoordinated and inconsistent

No additional funding for obesity management

Obesity seen as responsibility of individual

Lack of evidence for treatments especially long term

Desire to maintain good patient/client relationship

Conflict with profit interests of food industry

Consumer preferences for high fat/sugar/salt foods and drinks
Advantages of environmental health practitioners in obesity prevention

• Respected as reliable source of public health information

• Can influence other key players e.g. planning, highways, Public Heath teams

• Know local scene

• Already in contact with food businesses and community

• Opportunities to deliver health promoting messages alongside enforcement activities

• Make a fundamental contribution to improving the quality of health and wellbeing in local population
People at risk of obesity/weight gain

- Family overweight
- Drinker/ smoking cessation
- Learning difficulties, mental health problems
- Low income
- Life change e.g. pregnancy/ post-natal, employment change, retirement
- Change in activity level e.g. after injury, stroke
BMI estimates health risk from excess body fat

<table>
<thead>
<tr>
<th>Classification (adults)</th>
<th>BMI (kg/m²)</th>
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<tbody>
<tr>
<td>Underweight</td>
<td>Less than 18.5</td>
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<tr>
<td>Healthy weight</td>
<td>18.5–25</td>
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<tr>
<td>Overweight</td>
<td>25–30</td>
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<tr>
<td>Obesity</td>
<td>30</td>
</tr>
<tr>
<td>Severe obesity</td>
<td>40 +</td>
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BMI unsuitable for muscular builds or elderly
Waist circumference

• Apple or pear shaped?

• Increased risk diabetes, heart disease, cancers

• Risk correlates more closely than BMI

• Use tape measure in correct position rather than trouser size

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<thead>
<tr>
<th></th>
<th>Increased risk</th>
<th>Greatly increased risk</th>
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</thead>
<tbody>
<tr>
<td>Men</td>
<td>&gt;94cm</td>
<td>&gt;102cm</td>
</tr>
<tr>
<td>Women</td>
<td>&gt;80cm</td>
<td>&gt;88cm</td>
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</table>
Benefits of 10% weight loss

• Mortality – 20-25% fall
• Diabetes-related deaths 30-40% fall
• Obesity-related cancer deaths 40-50% fall
• Diabetes – up to 50% fall in fasting blood glucose
• Over 50% reduction in developing diabetes
• Lipids – 10% fall in total cholesterol, 15% in HDL, 30% in TG, 8% increase in HDL
• Blood pressure – 10 mmHg fall in systolic and diastolic pressures
Further benefits of weight loss/maintenance

- Improved lung function
- Reduced breathlessness
- Reduced back and joint pain
- Improved mobility
- Improved fertility and ovarian function
- Increased/maintained independence
- Improved self-esteem
Realistic goals for weight loss

• Lose 0.5-1 kg (1-2 lb) per week

• Reduce waist circumference by 1-2 cm/month, to below 88/102 cm

• Reduce weight by 10% in 6-12 months

• Maintain new lower weight for 3-6 months before attempting further weight loss

• Aim for weight maintenance throughout adult life
Healthy eating

Energy intake < energy expenditure

Aim for energy deficit of 500 cal/day

Eatwell model

Regular meals including breakfast

5+ portions fruit and veg/day

Reduce energy dense, sugary and fatty foods

Limit sugary drinks and alcohol
The eatwell plate

Use the eatwell plate to help you get the balance right. It shows how much of what you eat should come from each food group.

- Fruit and vegetables
- Meat, fish, eggs, beans and other low-fat sources of protein
- Foods and drinks high in fat and/or sugar
- Milk and dairy foods
- Bread, rice, potatoes, peas and other starchy foods
Eating behaviour

Watch portion sizes

Address comfort and emotional eating

Snacks

Self monitoring

TV viewing
Physical activity

Reduce sedentary behaviour

Increase exercise as part of daily living

Set realistic and achievable goals to gradually increase activity levels

30 mins mod intensive activity per day (150 mins/week) for health

45-60 mins/day recommended for weight loss

60-90 mins/day recommended for weight maintenance

Physical activity programmes
Behavioural change strategies

- self monitor behaviour and progress
- set goals
- slow rate of eating and avoid distractions and stimuli
- seek support from family, friends, colleagues
- use self-help materials
- relapse prevention and maintenance strategies
Support options for individuals

- Community weight management programmes
- Exercise referral programmes
- Commercial slimming clubs
- Slimming products and meal replacements
- Websites e.g. NHS Choices, apps
Community activities

Pregnancy

Early Years

Schools

Cooking clubs

Physical activity opportunities and signposting
Obesogenic environment. Consider:

Choice of food and drink available in schools, workplaces, hospitals, leisure centres

Location and choice of food at corner shops, newsagents, petrol stations, takeaways

Opportunities for safe walking and cycling

Promotion of processed high calorie foods and drinks
Key local contacts

Director of Public Health

Health and Wellbeing Board

Public health team

Community dietetic team

Planning and highways departments

Active travel officers
National bodies and resources

NICE guidance on Obesity 2006 Quick reference guide for local authorities, workplaces and the public

NHS Choices website www.nhs.uk/livewell

Change4Life website

Public Health Outcomes Framework Data Tool DH

UKPHR Capacity, Competence and Standards in PH

National Obesity Observatory www.noo.org.uk
Contact details

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