



TOOL E1 Clinical care pathways

For:	Healthcare professionals, particularly primary care clinicians
About:	This tool contains guidance from the National Institute for Health and Clinical Excellence (NICE) and the Department of Health. It provides clinical care pathways for children and adults.
Purpose:	To provide healthcare professionals with the official documents that clinicians should be using to assess overweight and obese individuals.
Use:	To be used when in consultation with an overweight or obese patient.
Resource:	Obesity: the prevention, identification, assessment and management of overweight and obesity in adults and children. ⁶ www.nice.org.uk Care pathway for the management of overweight and obesity. ¹²⁰ www.dh.gov.uk

NICE guideline on obesity

NICE has developed clinical care pathways for children and adults for use by healthcare professionals. Further details can be found in Obesity: the prevention, identification, assessment and management of overweight and obesity in adults and children.⁶ In addition, a summary of NICE recommendations and the clinical care pathways can be found in: Quick reference guide 2: For the NHS,204 which can be downloaded from the NICE website at www.nice.org.uk

Clinical care

pathway

for

children

Management of overweight and obesity in children

Assessment and classification

Determine degree of overweight or obesity

- Use clinical judgement to decide when to measure weight and height.
- Use BMI; relate to UK 1990 BMI charts to give age- and gender-specific information.
- . Do not use waist circumference routinely; however, it can give information on risk of long-term health problems.
- Discuss with the child and family.

Consider intervention or assessment

- Consider tailored clinical intervention if BMI at 91st centile or above.
- · Consider assessing for comorbidities if BMI at 98th centile or above.

Assess lifestyle, comorbidities and willingness to change, including:

- · presenting symptoms and underlying causes of overweight or obesity
- willingness to change
- risk factors and comorbidities such as hypertension, hyperinsulinaemia, dyslipidaemia, type 2 diabetes, psychosocial dysfunction, exacerbation of asthma
- psychosocial distress low self-esteem, bullying · family history of overweight, obesity and comorbidities
- lifestyle diet and physical activity
- · environmental, social and family factors
- growth and pubertal status.

Management

- Offer multicomponent interventions to encourage:
- increased physical activity
- improved eating behaviour
- healthy eating

(See pages 12-14 for details.)

General principles of care for children and young people

- Offer regular long-term follow-up by a trained professional.
- Ensure continuity of care through good record keeping.
- · Coordinate care around the individual and family needs of children and young people.
- · Comply with national core standards as defined in the Children's NSFs for England and Wales.
- Aim to create a supportive environment that helps children and their families make lifestyle changes.
- Make decisions on management in partnership with the child and family, and tailor to their needs and preferences.
- · Address lifestyle within the family and in social
- Encourage parents (or carers) to take the main responsibility for lifestyle changes for children, especially children younger than 12 years. But take the age and maturity of the child, and the preferences of the child and the parents into

Consider referral to a specialist

- If the child has:
- · significant comorbidity or
- complex needs such as learning or educational difficulties

Assessment in secondary care

- Assess comorbidities and possible aetiology; carry out investigations such as:
- blood pressure
- fasting lipid profile
- fasting insulin and glucose levels
- liver function tests
- endocrine investigations.
- Take into account the degree of overweight or obesity, the child's age, comorbidities, family history of metabolic diseases and possible genetic causes.

Specialist management

- Drug treatment (see page 15 for details).
- · Surgery (see page 16 for details). Make arrangements for transitional care when young people move to adult services.

The first steps in managing overweight and obesity

Comorbidities and risk factors

- · After the initial assessment, use clinical judgement to decide how far to investigate.
- Manage comorbidities when they are identified; do not wait for the child to lose weight.

Readiness to change

- If a child or family is unwilling to make changes, give them:
 - information about the benefits of losing weight, healthy eating and increased physical activity
 - details of someone they can contact when they are ready to change.
- · Stress that obesity is a clinical term with health implications, rather than a question of how a person looks.
- During the consultation:
- assess the child and family's view of the diagnosis, and why they have gained weight ask about their diet and activity levels, and
- their beliefs about eating, activity and weight
- be aware that children and families from some ethnic and socioeconomic backgrounds may be at greater risk from obesity, and may have different attitudes and beliefs about weight management
- find out what they have already tried and what they learned from this
- assess their readiness to make changes and confidence in making changes.

- Give children and their families information on
- Offer another consultation if needed to explore treatment options or discuss test results.

Note: Please refer to the NICE guidelines for page references.

Management of overweight and obesity in adults

Assessment and classification

Determine degree of overweight or obesity

- · Use clinical judgement to decide when to measure weight and height
- Use BMI to classify degree of obesity (see table 1, below) but use clinical judgement:
- BMI may be less accurate in highly muscular people
- for Asian adults, risk factors may be of concern at lower BMI
- for older people, risk factors may become important at higher BMIs
- Use waist circumference in people with a BMI less than 35 kg/m² to assess health risks (see table 2, bottom left)
- Bioimpedance is not recommended as a substitute for BMI
- Tell the person their classification, and how this affects their risk of long-term health problems

able 2 Assessing risks from overweight and obesity

BM I	Waist circumference			
classification	Low	High	Very high	
Overweight	No increased risk	Increased risk	High risk	
Obesity I	Increased risk	High risk	Very high risk	

For men, waist circumference of less than 94 cm is low, 94–102 cm is high and more than 102 cm is very high.

For women, waist circumference of less than 80 cm is low, 80–88 cm is high and more than 88 cm is very high.

- Offer regular long-term follow-up by a trained professional.
- Ensure continuity of care through good record keeping.

General principles of care for adults

- Make the choice of any intervention through negotiation with the person.
- Tailor the weight-management programme to the person's preferences, initial fitness, health status and lifestyle.
- In specialist settings, ensure there is equipment for treating people who are severely obese, such as special seating, and adequate weighing and monitoring equipment.
- Hospitals should have access to specialist equipment for general care of people who are severely obese, including larger scanners and beds.

for assessment of the underlying causes of

if the person has complex disease states or

if conventional treatment has failed

needs that cannot be managed in primary or

if considering drug therapy for a person with a

if specialist interventions (such as a very-low-

calorie diet for extended periods) may be

BMI	Waist circumference			morbidites			
classification	Low	High	Very high				
Overweight							
Obesity I							
Obesity II							
Obesity III							
☐ General advice on healthy weight and lifestyle. ☐ Diet and physical activity. ☐ Diet and physical activity; consider drugs.							

The first steps in managing overweight and obesity

■ Diet and physical activity; consider drugs; consider

Comorbidities and risk factors

- After the initial assessment, use clinical judgement to decide how far to investigate.
- Manage comorbidities when they are identified; do not wait for the person to lose weight.

Readiness to change

- If the person is unwilling to make changes, give them:
- information about the benefits of losing weight, healthy eating and increased physical activity
- details of someone they can contact when they are ready to change.
- Stress that obesity is a clinical term with health implications, rather than a question of how a person looks.
- During the consultation:
- assess the person's view of the diagnosis, and why they have gained weight
- ask about their diet and activity levels, and beliefs about eating, activity and weight
- be aware that people from some ethnic and socioeconomic backgrounds may be at greater risk from obesity, and may have different attitudes and beliefs about weight management
- find out what they have already tried and what they learned from this
- assess readiness to make changes and confidence in making changes.

Explanation

- Give people information on any tests.
- Offer another consultation if needed to explore treatment options or discuss test results.

Assess lifestyle, comorbidities and willingness to change, including:

- presenting symptoms and underlying causes of overweight or obesity
- eating behaviour
- risk factors and comorbidities such as type 2 diabetes, hypertension, cardiovascular disease, dyslipidaemia, osteoarthritis and sleep apnoea; check lipid profile and blood glucose (preferably fasting) and blood pressure
- lifestyle diet and physical activity
- psychosocial distress
- environmental, social and family factors, including family history of overweight and obesity and comorbidities
- willingness and motivation to change
- potential of weight loss to improve health
- psychological problems
- medical problems and medication.

Management

- · Offer multicomponent interventions to encourage:
- increased physical activity
- improved eating behaviour
- healthy eating (see pages 20-22 for details).
- Drug treatment (see page 23–24 for details).

Specialist assessment and management

Consider referral:

secondary care

overweight or obesity

BMI more than 50 kg/m2

if surgery is being considered.

- Assessment and management as needed.
- Surgery and follow-up (see pages 25–26).

Note: Please refer to the NICE guidelines for page references.

Care pathways from the Department of Health

Care pathway for the management of overweight and obesity

This booklet offers evidence-based guidance to help primary care clinicians identify and treat children, young people (under 20 years) and adults who are overweight or obese. 120 The booklet includes:

- Adult care pathway
- Children and young people care pathway
- Raising the issue of weight in adults
- Raising the issue of weight in children and young people.

The Raising the issue of weight tools provide tips on how to initiate discussion with patients. (See Tool E5 for more on this.)

The pathways are also available as separate laminated posters (see pages 198-200).

To access these materials, visit www.dh.gov.uk or order copies from:

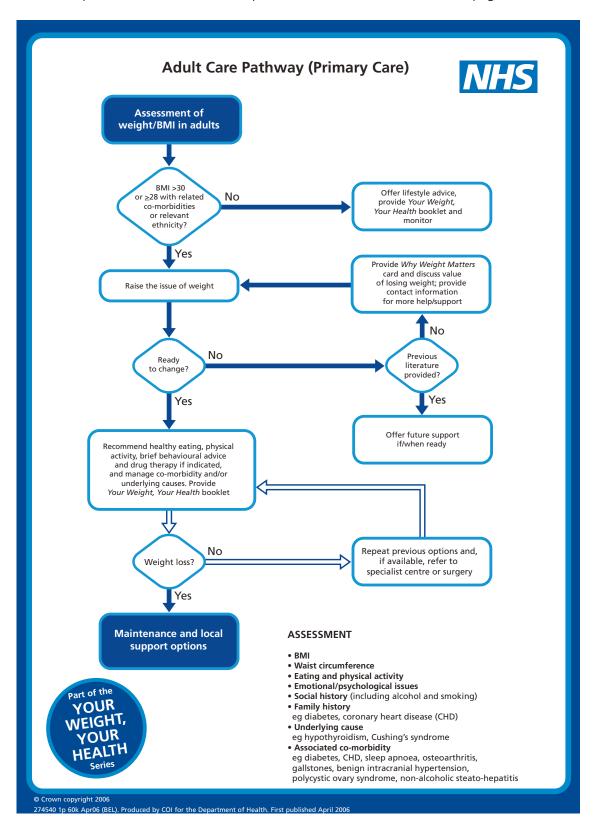
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Adult care pathway

Laminated poster²⁰⁵ – available from Department of Health Publications (see page 198)



Children and young people care pathway

Laminated poster²⁰⁶ – available from Department of Health Publications (see page 198)

