Draft BANT response to NICE Indicators

Indicators:

- 1. Weight management: advice for people living with overweight 18-39 years
- 2. Weight management: nutritional status monitoring in primary care following bariatric surgery (all patients)

Response due 5pm on Monday 19th May

Response to Q1: Do you think there are any barriers to implementing the care described by these indicators?

1. Weight management: advice for people living with overweight 18-39 years

The proposed indicator for general practice is focused on the advice for people who are living with overweight which aims to increase chances of patient weight loss by incentivising provision of weight management advice, that includes information about the severity of their overweight and central obesity.

The indictor uses BMI to identify to identify people who are overweight and proposes to measure the proportion of patients aged 18-39 with a BMI of 23kg/m² to 27.4kg/m² (or 25kg/m² to 29.9kg/m² if ethnicity is recorded as White) who have been given weight management advice within 90 days of the BMI being recorded.

The aim of supporting general practice to identify and advise people who are overweight to prevent more serious health concerns is an appropriate preventative approach. However, the use of BMI on its own as a way of identifying which patients are at risk is inadequate for the following reasons:

 BMI does not assess body composition. At an individual level BMI lacks accuracy and reliability as it is not a direct measure of adiposity and cannot be used to diagnose overweight or obesity ⁽¹⁾

- BMI does not reflect the impact of excess adiposity on individual patients. Patients with the same BMI may have very different percentages of fat mass, and differing distributions of fat mass leading to very different health outcomes. ⁽¹⁾ People with normal BMI may have a proportion of body fat greater than 30%, known as normal weight obesity.⁽²⁾ If this fat is distributed mainly as central or visceral fat, it is strongly associated with cardiometabolic risk.
- BMI overestimates adiposity in athletes with high muscle mass or in patients with oedema. It also underestimates adiposity in sarcopenic individuals with low lean mass(3,4,5)
- Given that BMI does not provide a measure of adiposity the use of BMI alone risks the exclusion of patients who may be at risk due to central adiposity but normal weight. Strong evidence exists that waist circumference predicts mortality risk better than BMI and more accurately categorises cardiometabolic risk in patients with overweight and obesity ^(6,7.)

For these reasons the use of BMI measurement alone is insufficient to identify those at greater risk and this approach risks excluding those with significant risk due to central adiposity.

An alternative approach would be to combine BMI with a measure of central adiposity, such as waist circumference or waist to height ratio, which together would more accurately identify those at greater risk. Use of BMI as the sole clinical measure is unreliable and potentially unsafe.

These measures should also be considered alongside other metabolic risk indicators such as blood glucose and blood pressure in order to assess individual risk.

2. Weight management: nutritional status monitoring in primary care following bariatric surgery (all patients)

In order to identify nutritional deficiencies that may occur after bariatric surgery and cause long term harm (such as Wernicke's encephalopathy, peripheral neuropathy, anaemia, osteoporosis or night blindness or death), this indicator seeks to help manage potential risks by offering annual monitoring of nutritional status as part of a shared-care model with primary care. This indicator will measure the percentage of patients aged 18 years and over discharged from bariatric surgery service follow up more than 12 months previously with a record of nutritional status monitoring in the preceding 12 months. The proposed indicator states that:

"Nutritional status monitoring includes asking about dietary intake, eating habits, behaviours, identifying any nutritional deficiencies, including vitamins, minerals and trace elements, and providing appropriate nutritional supplements".

Recommendations

- In order that nutritional status monitoring be undertaken effectively, the indicator should specify that nutritional status monitoring be undertaken specifically in accordance with the British Obesity and Metabolic Surgery Society guidance. ^(8, 9,) and include monitoring of nutritional status using blood tests and ongoing provision of nutritional supplements.
- In the first year post surgery (for gastric sleeve, bypass and duodenal switch), blood tests need to be carried out at 3, 6 and 12 months in accordance with the guidelines by the British Obesity and Metabolic Surgery Society (BOMSS)(^{8,9,)} then yearly thereafter and according to individual need.

References

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