

Lifestyle advice is integral to the management of Diabetes and should be reinforced at every available opportunity

## OBESITY

### BACKGROUND POINTS

Obesity is a major modifiable risk factor in the development of Type 2 Diabetes. Decrease in weight in those who are obese can improve Diabetes control enormously without the need for escalation in therapy.

**Weight loss can help the patient achieve Type 2 diabetes remission**

### GUIDANCE

Those people with Diabetes whose adipose tissue mass is likely to contribute to the progression of their Diabetes control should be offered the opportunity to discuss their weight. The benefits to the patient of weight loss should be made clear. If the individual does not wish to consider making any changes then this should be reviewed at future consultations. Any choice of weight loss intervention should be negotiated between patient and health care professional. Consideration of what has been tried before is important.

### INTERVENTIONS

Interventions include lifestyle advice, specific drug therapy such as metformin in combination with either SGLT2 or GLP1 and obesity surgery.

General points

Realistic targets for weight loss should be discussed

- Maximum weekly weight loss of 0.5-1kg
- Aim to lose 5-10% of original weight

Realistic targets for exercise will vary greatly depending on the individual. Ideally, individuals should be encouraged to take up to 45 minutes of exercise per day, 5 times per week. Encouragement to join a commercial weight loss organisation can be beneficial.

Check for mental health factors using PHQ4 in primary and community care), DDS2 (in secondary care) and refer bariatric surgery or IAPT or other relevant part of the local pathway if +ve.

#### Lifestyle intervention

This is the mainstay of obesity management. Any advice offered is more likely to be accepted by the patient if we as health care professionals offer the advice in an enthusiastic manner. Ideally, a combination of reduction of calorie intake and an increase in energy expenditure should be considered.

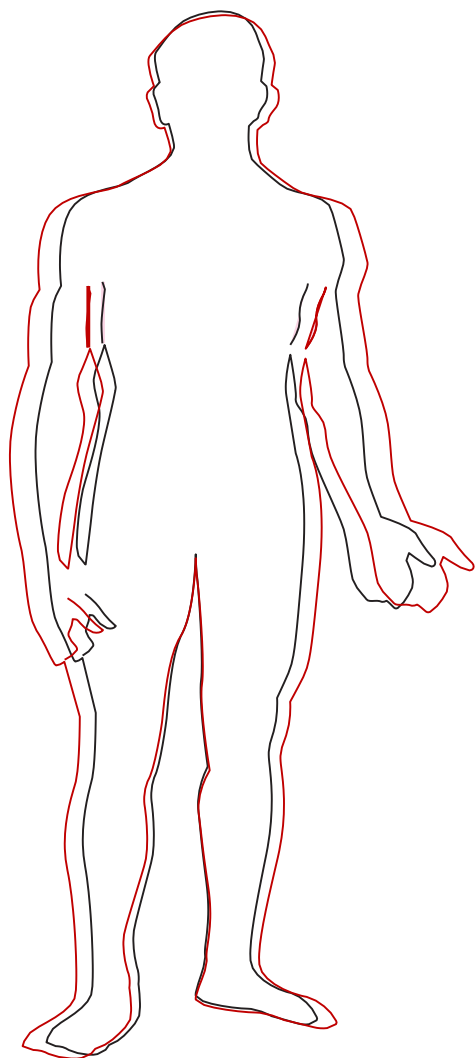
### OBESITY SURGERY

Surgical intervention is considered appropriate option for adults with obesity if all of the following local criteria are fulfilled:

- they have Type 2 Diabetes and a BMI of 35 kg/m<sup>2</sup> or more
- all appropriate non-surgical measures have been tried but have failed to achieve or maintain adequate, clinically beneficial weight loss for at least 6 months
- the person has been receiving or will receive intensive management in a specialist obesity service
- the person is generally fit for anaesthesia and surgery
- the person commits to the need for long-term follow-up.

Bariatric surgery is also recommended as a first-line option (instead of lifestyle interventions or drug treatment) for adults with a BMI of more than 50 kg/m<sup>2</sup> in whom surgical intervention is considered appropriate.

Bariatric services provides intensive psychological interventions prior to surgical intervention-the aim is to consider and screen for binge eating disorder, depression and alcohol use disorder; to refer onward or provide self help information for these conditions as they will affect the people' ability to effectively implement any lifestyle, medication or surgical intervention offered.



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## OBESITY MEDICATION

### BACKGROUND POINTS

Before deciding to start treatment, and choosing the drug, discuss with the patient the potential benefits and limitations, including the mode of action, adverse effects and monitoring requirements, and their potential impact on the patient's motivation.

- When prescribing, make arrangements for appropriate healthcare professionals to offer information, support and counselling on additional diet, physical activity and behavioural strategies as well as mental health interventions if appropriate
- Give information on patient support programmes.
- Follow the drug's summary of product characteristics.

### DRUG THERAPY

Pharmacological agents are only to be used once lifestyle interventions have been instigated and the patient has reached a plateau in their weight loss but still wishes to lose more weight. It is important to set achievable targets for weight loss of no more than 10% of body weight.

**When considering the use of pharmacological agents to aid weight loss, ensure that the patient:**

1. wishes to lose weight (the benefits of weight loss should be discussed)
2. is prepared to make changes to their calorie intake following appropriate dietary advice, preferably from a dietitian with an interest in obesity
3. is prepared to increase the level of physical activity (if able), preferably up to 45 minutes of moderate exercise at least 5 times per week
4. is prepared to consider joining a commercial weight loss programme.
5. Understands that, if the drug is deemed not to be successful then it will be withdrawn.

All studies showing the greatest benefit with the weight loss drugs involved lifestyle intervention as part of the management.

### SPECIFIC ADVICE ON ORLISTAT

#### NICE guidance available

- Use only in those with Diabetes or endocrine conditions who have a BMI >28kg/m<sup>2</sup>
- Continue beyond 3 months of therapy only if the patient has lost at least 5% of their body weight.
- Continue beyond 12 months for weight maintenance only after discussion of potential benefits and limitations with the patient.

### CONTINUED PRESCRIBING AND WITHDRAWAL

- Review regularly, to monitor the effect of drug treatment, and to reinforce lifestyle advice and need for adherence.
- Drug treatment may be used to help people to maintain weight loss, as well as to continue to lose weight.
- Consider withdrawing drug treatment if the person does not lose enough weight.

#### Agree goals with the person and review regularly

- If concerned about micronutrient intake, consider giving a supplement providing the reference nutrient intake for all vitamins and trace elements, particularly for vulnerable groups such as older people, who may be at risk of malnutrition.
- If withdrawing a person's drug treatment, offer support to help maintain weight loss because their self-confidence and belief in their ability to make changes may be low.