CHALLENGES IN MANAGEMENT OF OBESITY IN PRIMARY CARE

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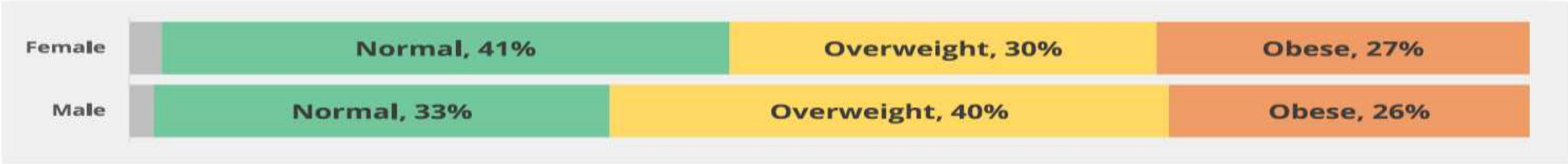
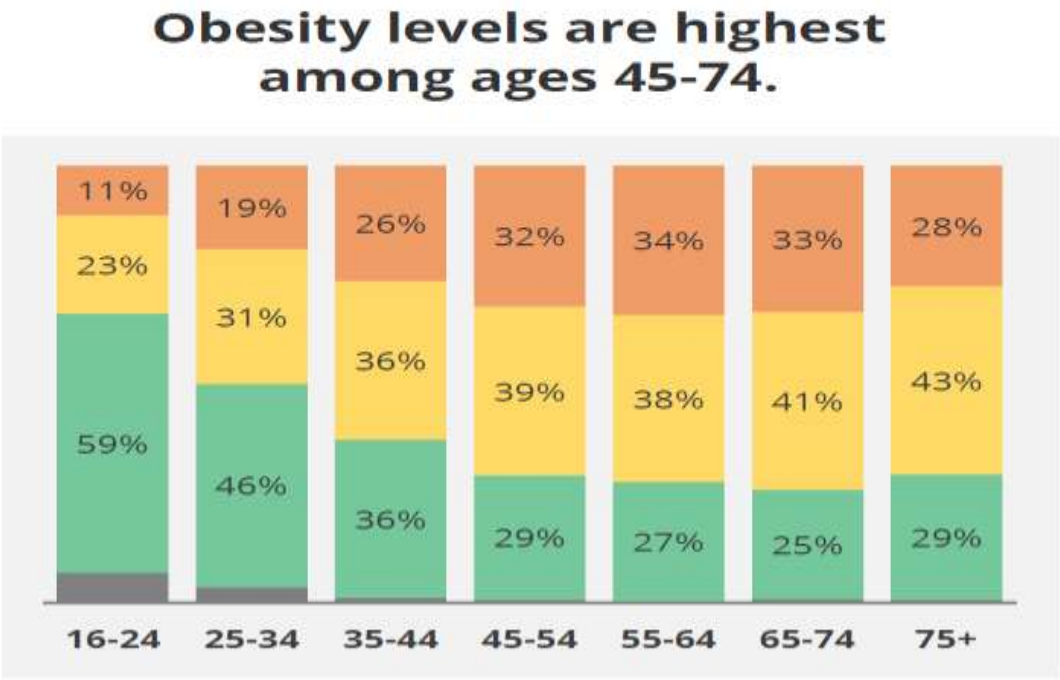
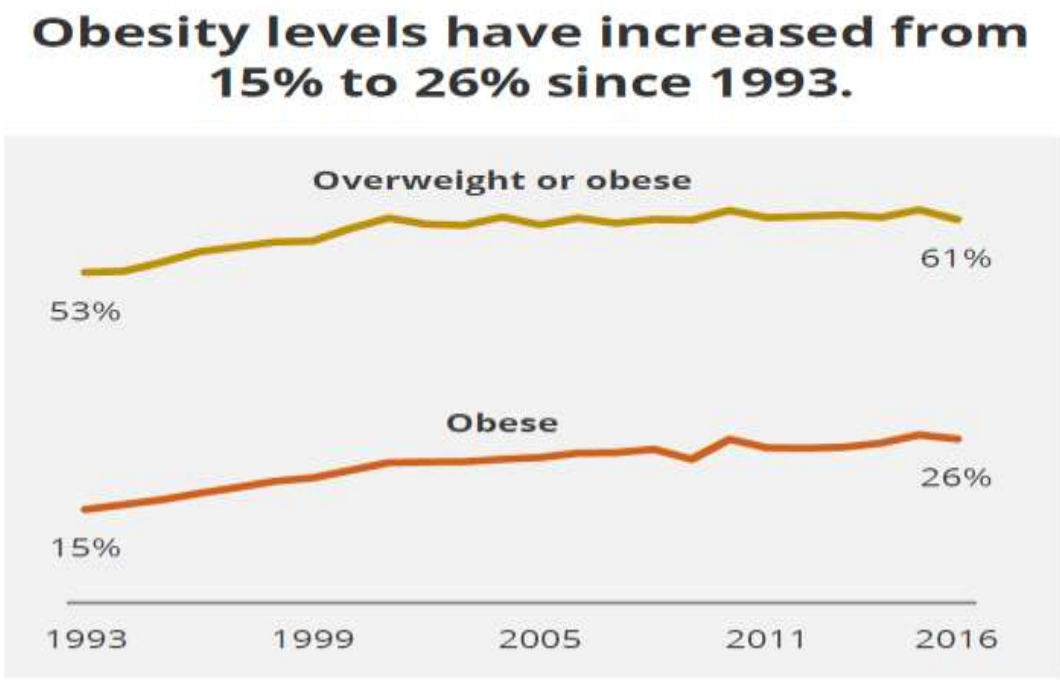
OVERVIEW

- Impact of obesity
- Challenges of managing obesity
- Management principles
- Summary

ADULTS







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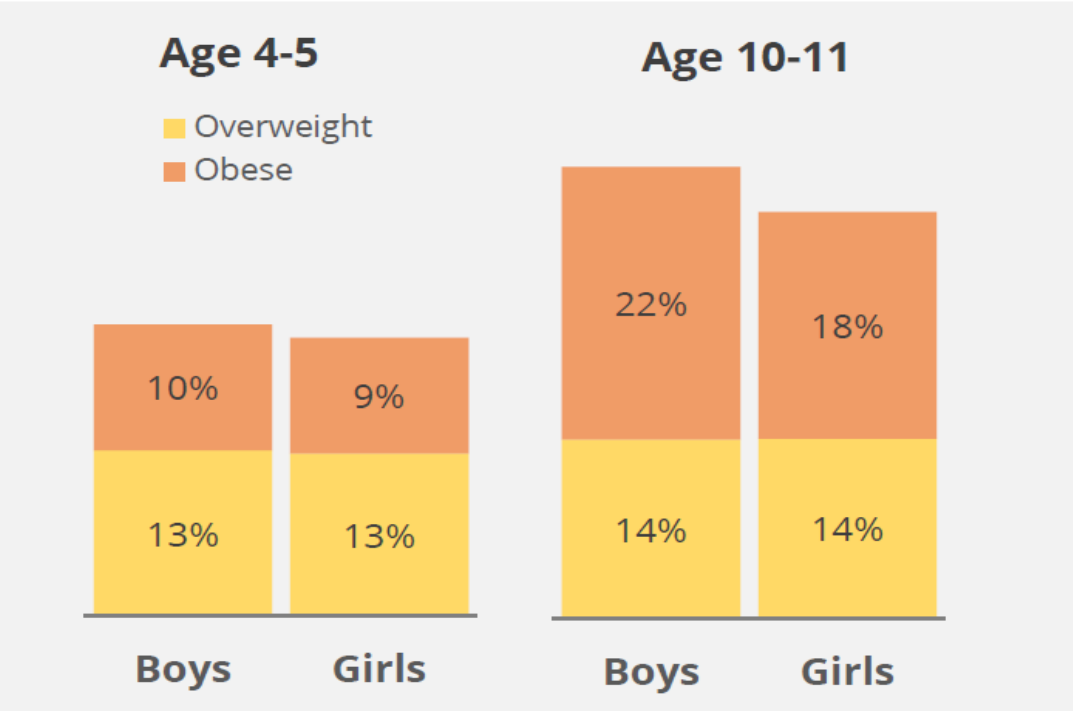
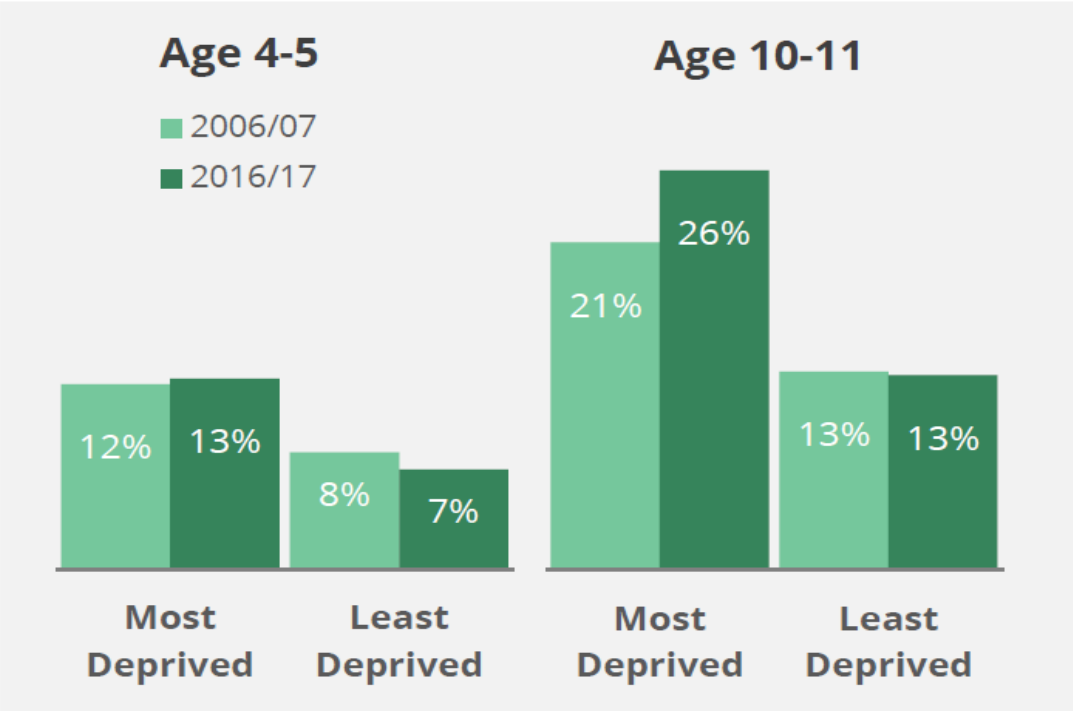
CHILDREN

One in ten children is obese by age 5, and one in five by age 11.



Deprived children are more likely to be obese, and the gap has risen.



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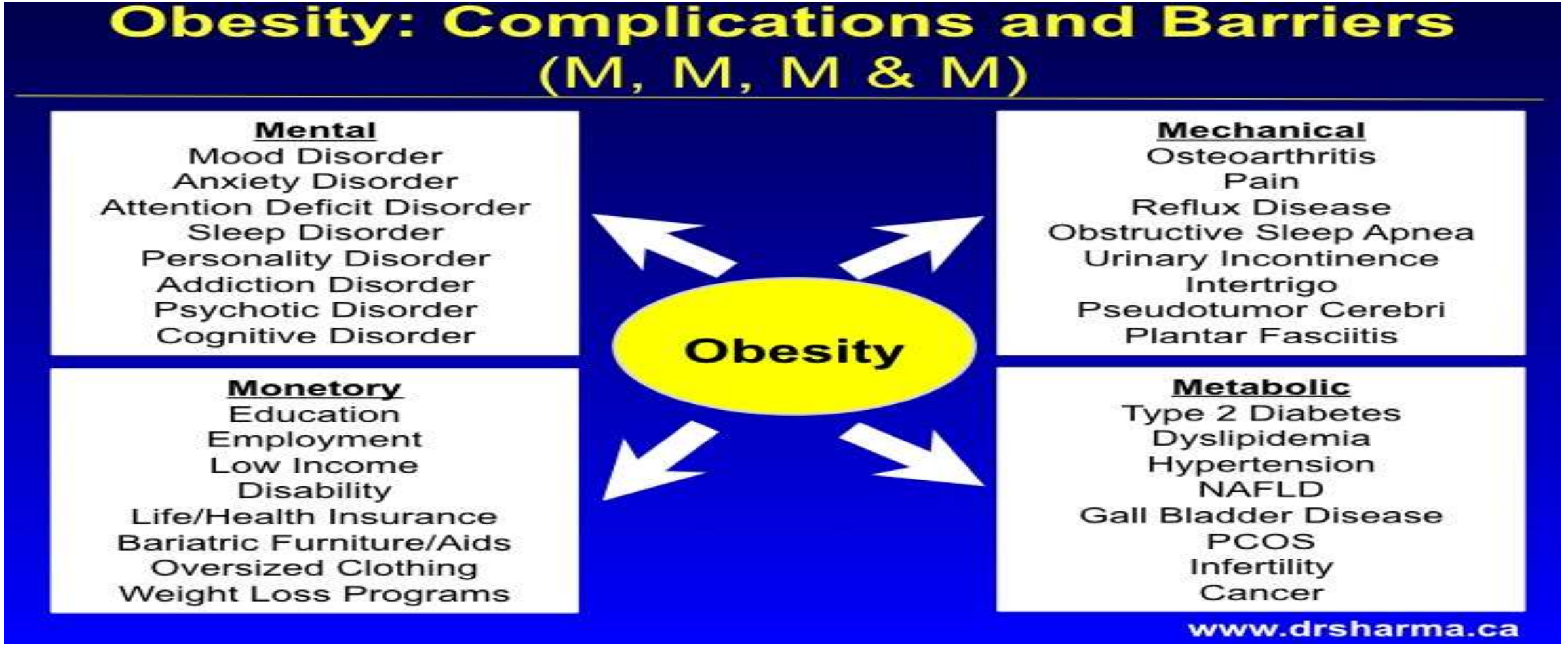
ECONOMIC IMPACT

Year	Estimated cost on NHS
2007	£4.3 billion
2015	£6.3 billion
2025	£8.3 billion
2050	£9.7 billion

https://researchbriefings.parliament.uk/ResearchBriefing/Summary/SN03336#fullreport

COMPLICATIONS



http://www.drsharma.ca/sharma-mnemonic-the-m-ms-of-obesity-assessment

MANAGEMENT CHALLENGES IN PRIMARY CARE

Complexity

- Multifactorial illness
- MDT approach
- Limited drug therapy
- Multiple comorbidities

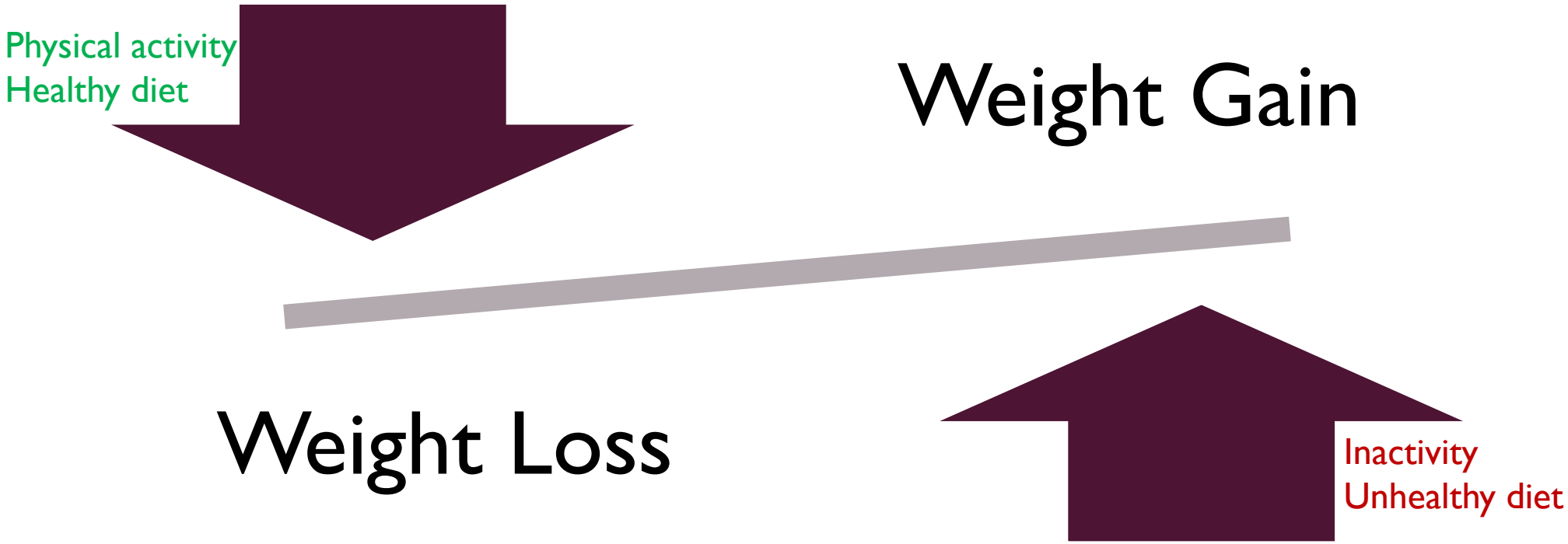
Consultation

- 10-minute
- Reduced continuity of care
- Obesity hardly a main presenting complaint
- Complications tend to be prioritised

More-Complex Groups

- Children
- Disabled
- Elderly
- Psychiatric disorders
- Language barrier

CORE MANAGEMENT PRINCIPLES



Drugs- adjunct to Lifestyle

MDT TEAM

- Diet
- Behaviour modification
  - Motivational interviewing
  - CBT etc
- Exercise Programmes
- Secondary care for medical complications or surgery

EFFECTIVE STRATEGIES FOR MANAGEMENT: I

- Emphasize WEIGHT LOSS as a primary treatment for
  - Obesity
  - Complications
- KISS
  - Explaining medical conditions
  - Avoid certain words
    - exercise (use physical activity)
  - 500ml water before every main meal
  - Do illustrate effectiveness
    - For every 2000 extra steps/day or about 20min of moderately paced walking, there was a reduction of 10% in cardiovascular risk*
- Weight loss leaflet handy
    - https://www.netdoctor.co.uk/healthy-eating/a10797/how-to-lose-weight-the-healthy-way/

*NAVIGATOR Study (Lancet 2014:383:1059)

EFFECTIVE STRATEGIES FOR MANAGEMENT: 2

- High compliant times
  - Newly diagnosed chronic conditions
    - NIDDM, COPD, HTN, OA, Sleep apnoea etc
    - Offer weight loss as first line and drugs as adjuncts
  - Post acute life-threatening conditions
    - MIs and TIAs
  - Drug treatment query
    - The Orlistat "reward"

EFFECTIVE STRATEGIES FOR MANAGEMENT: ENSURE CONTINUITY OF CARE

Maslow's Hierarchy of needs (https://www.simplypsychology.org/maslow.html)

SPECIAL GROUPS: CHILDREN

- Delicate issue
- Check if
  - Visibly overweight
  - Short stature and obese
  - Presenting complaint
  - Complication of obesity

SPECIAL GROUPS: CHILDREN

- Diagnosis
  - UK BMI Charts
  - >91st centile: overweight
  - >98th centile: obese
  - >99.6th centile: grossly obese
- Management
  - If overweight: be guided by parents'/child's wishes
  - Aim: weight maintenance
  - Refer if:
    - Obese
    - Overweight with
      - Complications of obesity
      - Short stature
      - Slow growth velocity

Rudolf MCJ. The obese child. *Archives of Disease in Childhood - Education and Practice* 2004;**89:**ep57-ep62.
https://patient.info/doctor/obesity-in-children

SPECIAL GROUPS: LEARNING DISABILITY

- Same core principles
- Main carer involvement
- http://www.easyhealth.org.uk/listing/weight-(leaflets)

SPECIAL GROUPS: ELDERLY/COMORBIDITIES

- Partner/Carer involvement
- Weight leaflet
- https://www.nhs.uk/Tools/Documents/NHS_ExercisesForOlderPeople.pdf

SPECIAL GROUPS: PSYCHIATRIC DISORDERS

- Support worker
- Continuity of care vital here
- Role of exercise in improving mental health
  - https://www.rcpsych.ac.uk/healthinformation/parentsandyoungpeople/youngpeople/exerciseandmentalhealth.aspx

DRUG THERAPIES

- Approved by NICE
- Not approved by NICE
- Appraised by NICE- awaiting recommendation

ORLISTAT

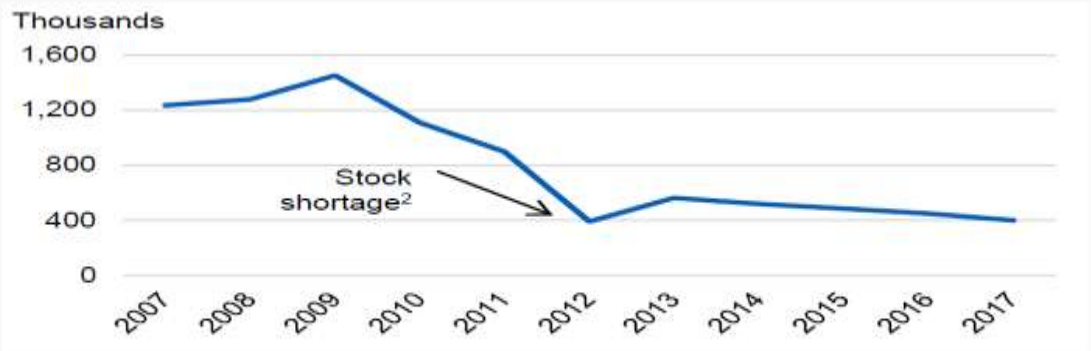
- NICE approved
  - Weight loss and maintenance
- Under-utilised and under-prescribed

PRIMARY CARE PRESCRIPTIONS

Prescription items for the treatment of obesity[1]

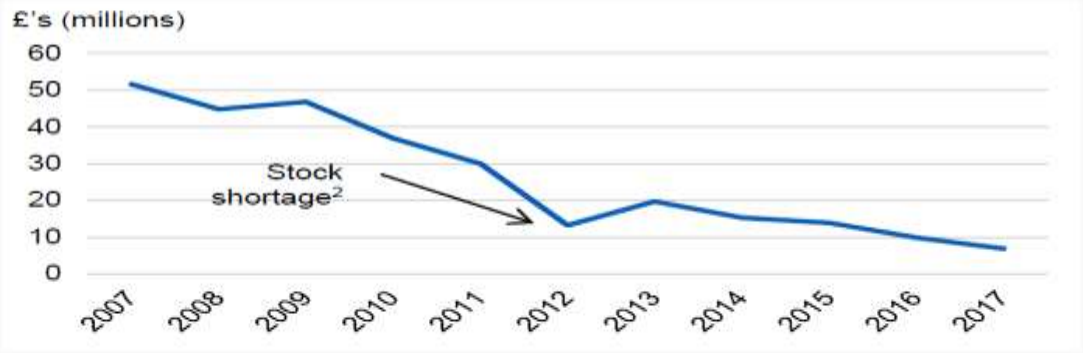
Items prescribed

401 thousand items were prescribed for the treatment of obesity in primary care in 2017. That is 10% less items than in 2016 and continues a downward trend since a peak of 1.45 million in 2009.



Net Ingredient Cost (NIC)[3] of items

The NIC in 2017 was £6.9 million, which has fallen from £9.9 million in 2016, and from £51.6 million in 2007.

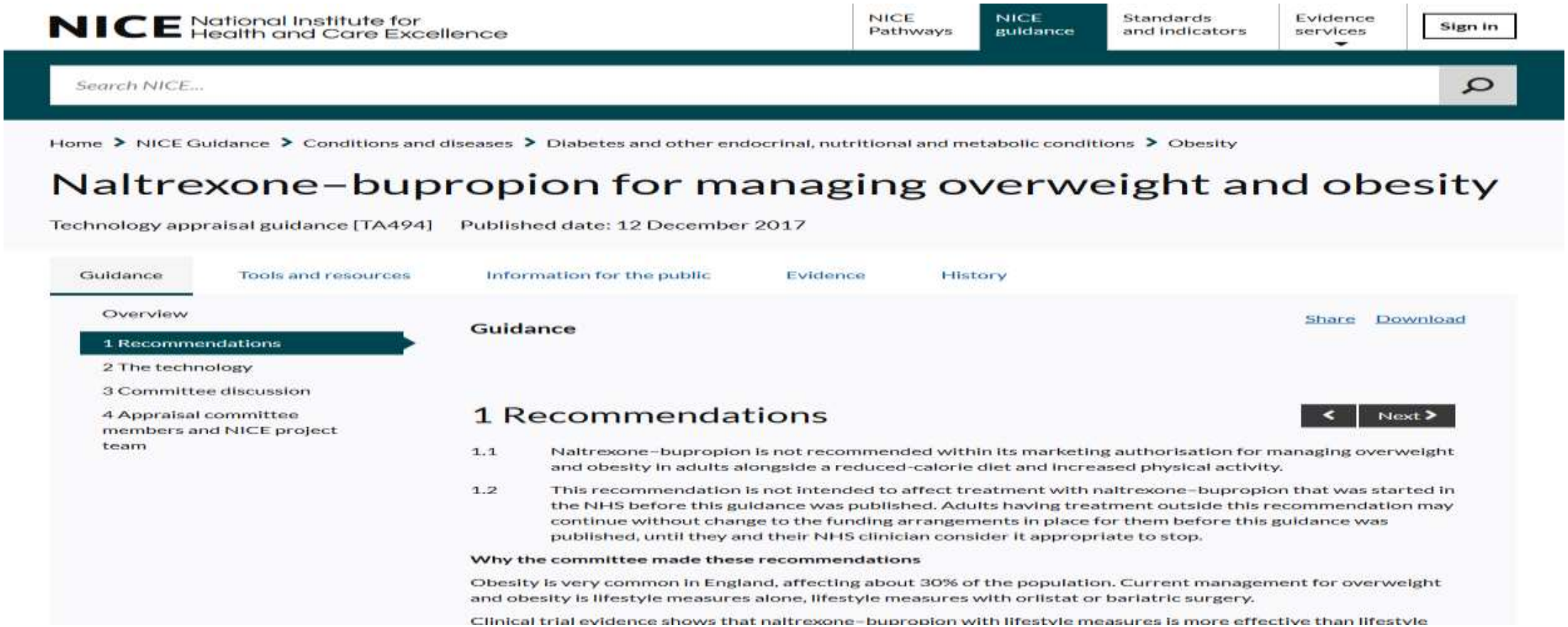


The NIC per item in 2017 was £17, which is £5 lower than 2016, and less than half compared to 10 years ago.

1) Prescribed in primary care and dispensed in the community. 2) Link to stock shortage details 3) NIC is the basic cost of a drug, not taking into account discounts, dispensing costs, fees or prescription charge income.

https://files.digital.nhs.uk/publication/0/0/obes-phys-acti-diet-eng-2018-rep.pdf

DRUG THERAPIES: MYSIMBA



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Naltrexone–bupropion for managing overweight and obesity

Technology appraisal guidance [TA494] Published date: 12 December 2017

Guidance | Tools and resources | Information for the public | Evidence | History

Overview

1 Recommendations

2 The technology

3 Committee discussion

4 Appraisal committee members and NICE project team

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Guidance

1 Recommendations

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1.1 Naltrexone–bupropion is not recommended within its marketing authorisation for managing overweight and obesity in adults alongside a reduced-calorie diet and increased physical activity.

1.2 This recommendation is not intended to affect treatment with naltrexone–bupropion that was started in the NHS before this guidance was published. Adults having treatment outside this recommendation may continue without change to the funding arrangements in place for them before this guidance was published, until they and their NHS clinician consider it appropriate to stop.

Why the committee made these recommendations

Obesity is very common in England, affecting about 30% of the population. Current management for overweight and obesity is lifestyle measures alone, lifestyle measures with orlistat or bariatric surgery.

Clinical trial evidence shows that naltrexone–bupropion with lifestyle measures is more effective than lifestyle

https://www.nice.org.uk/guidance/ta494/chapter/1-Recommendations

SAXENDA (LIRAGLUTIDE 3MG)

Table 1 Summary of the evidence on effectiveness, safety, patient factors and resource implications

Effectiveness

- In obese or overweight adults without type 2 diabetes, there was a mean change in body weight from baseline of −8.0% with liraglutide 3.0 mg daily (recommended maintenance dose) and −2.6% with placebo (estimated treatment difference:−5.4%, 95% confidence interval [CI] −5.8% to −5.0%, p<0.001). There was also a statistically significant higher percentage of participants in the liraglutide group who lost 5% or more and 10% or more bodyweight from baseline compared with placebo:
  - 63.2% versus 27.1% (odds ratio [OR] 4.8, 95% CI 4.1 to 5.6, p<0.001) for 5% or more and
  - 33.1% versus 10.6% (OR 4.3, 95% CI 3.5 to 5.3, p<0.001) for 10% or more (Pi-Sunyer et al. 2015, RCT, n=3,731, 56 weeks).
- In obese or overweight adults with type 2 diabetes, there was an estimated mean change in body weight from baseline of −6.0% with liraglutide 3.0 mg daily and −2.0% with placebo (estimated treatment difference:−4.0%, 95% CI −5.1% to −2.9%, p<0.001). There was also a statistically significant higher percentage of participants who lost 5% or more and 10% or more bodyweight from baseline compared with placebo:
  - 54.3% versus 21.4% (estimated treatment difference 32.9%, 95% CI 24.6% to 41.2%, p<0.001) for 5% or more and
  - 25.2% versus 6.7% (estimated treatment difference 18.5%; 95% CI 12.7% to 24.4%, p<0.001) for 10% or more (Davies et al. 2015, RCT, n=846, 56 weeks).
- In obese or overweight adults with prediabetes, 2% of participants in the liraglutide 3.0 mg daily group developed type 2 diabetes compared with 6% in the placebo group (hazard ratio 0.21, 95% CI 0.13 to 0.34, p<0.0001) [le Roux et al. 2017, RCT, n=2,254, 160 weeks].
- In obese adults with obstructive sleep apnoea and a baseline AHI of 49.0 in the liraglutide group and 49.3 in the placebo group, there was a mean reduction in AHI of −12.2 events per hour of sleep in the liraglutide group compared with −6.1 events per hour of sleep in the placebo group (estimated treatment difference: −6.1, 95% CI −11.0 to −1.2, p=0.015) [Blackman et al. 2016, RCT, n=359, 32 weeks].

Resource implications

- Liraglutide (Saxenda) costs £196.20 for 30 days' supply at the maintenance dose of 3.0 mg daily (MIMS, May 2017, excluding VAT).
- Orlistat 120 mg 3 times a day costs £18.05 for 30 days' supply (Drug Tariff, May 2017, excluding VAT).
- The manufacturer has reported that they will only promote the use of liraglutide (Saxenda) on private prescription, so they anticipate that use on the NHS will be limited. This evidence summary does not contain recommendations from NICE on whether the medicine should be prescribed within the NHS or by private prescription.

Next ›

https://www.nice.org.uk/advice/es14/chapter/Key-points

SUMMARY

- Obesity epidemic
- Complex challenge for primary care
- More aggressive approach to treatment
  - Disease rather than lifestyle choice
  - Weight loss always as first line treatment for complications
  - Even in more complex groups
  - Use more drug treatment
    - Audit your orlistat prescription
    - If intolerant to orlistat, Saxenda is the best option
  - NICE Obesity Guidelines Update due: watch out

THE END