

August
2007

**In this months
edition:**

Letter from the editor...

Welcome to the July edition of the DOM UK newsletter. This is the first time I have written this publication and so firstly would like to thank Helen Croker for her support with putting it together! Hopefully it will continue to be a well read and useful newsletter, of which there will be 3 editions per year.

A year has now passed since I took on the role as PR officer at DOM UK, and it has flown by, I have really enjoyed spreading the word about the group and interacting with the media regarding the dietetic prevention and treatment of obesity in both adults and children.

I look forward to the next year and hope to continue to advertise the importance of dietitians as part of the multi-disciplinary approach to the treatment of overweight and obesity.

Until next time *Anna*

*Experiences of consultation
on the NICE guidance*

The MEND programme

*An update on our sub-
groups*

*Information regarding
training and events
about obesity*

Our new position statement

*How to purchase our
resources*

*Current vacant committee
positions*

***A reminder about our resources & how to join list
serv.....***

Resources...Orders must be from registered dietitians. Please have your HPC or BDA registration number to hand, as it is needed when you place your order. A cheque is required with your order, as there is currently no facility for invoicing or for credit card payments. Please remember to add the exact postage and packaging costs when you calculate the full cost of your order. Deliveries of under 400 items are sent by 2nd class Royal Mail, and over 400 items by courier. Orders can be placed by email, phone, fax or post. To place your order for DOM UK's resources contact Cambertown: dietitians@cambertown.com Tel. 01709 88 99 00 Fax. 01709 88 16 73 or post to BDA-DOM UK, PO Box 85, Goldthorpe, Rotherham S63 9XX. Your cheque, which MUST be received by Cambertown before the resources will be despatched to you, is payable to 'Dietitians in Obesity Management of the BDA'.

The vast majority of these resources have been developed for use by dietitians in one-to-one consultations with adults. They have not been designed for use with children or adolescents. The resources are currently being evaluated. Therefore, these are the 'living pilot' edition. There are 12 patient education resources, a weight management assessment form, 2 user guides, a patient assessment form and an A5 folder. Use the menu opposite to view sample copies and download an order form.

Join the DOM UK list serv - become part of a great networking community and help us to improve communication between our members and those interested in obesity management.

What is a 'list serv'? A list serv is similar to a discussion forum except there is no need to visit a website to be updated on the latest discussion topics. Once you have joined and given your email address you will automatically receive all the messages sent back and forth via your email. You can post a message to all group members by sending an email to a single email address. **Why have a list serv?** It is an excellent networking opportunity for sharing ideas around obesity management issues for dietitians.

How do I join? Simply send an email to: domuk-subscribe@yahogroups.co.uk The list serv is open to all registered dietitians and BDA members.

What if I don't have email? Even if you do not have email at home or work, many offices have internet access and you can set up a private email address (check your internet use policy regarding personal use). Many sites offer free email, eg. www.hotmail.com or www.yahoo.com

Simply visit the site and follow the instructions for setting up your own personal email address. If you have difficulty, ask your IT dept for help and advice.

My experiences on the guidance group for the NICE obesity guidelines

By Helen Croker, Clinical Research Dietitian, UCL

Having spent many hours reading and commenting on documents and evidence reviews over a period of around 1½ years, the NICE guidelines on obesity have finally been published. With this gaping hole in my life, I am going to take the opportunity to sit back for moment and reflect on my experiences of working on this guidance group. The guidance was wide ranging covering the clinical treatment of both child and adult obesity and prevention. The remit also included updated previously published NICE guidance on pharmacological and surgical treatment (including for children). This was the first time that NICE had attempted to produce such a wide ranging guidance document and certainly the first time that there had been one covering prevention strategies to this degree.

Three dietitians were selected to work on the guidance group, the largest representation from any professional group. Helen Storer worked on the prevention group, Mary O’Kane on the adult clinical group and myself on the childhood clinical group. On the clinical group, there were people from a range of professional backgrounds; medical, practice nursing, health visiting, paediatrics, public health etc. The process of producing this evidence-based guideline was mind boggling and I now have a much greater understanding of the processes involved, their strengths and limitations and of why they take so long to produce! NICE have an extremely structured protocol for developing their guidelines, starting with the selection procedure for the group and then moving on to the development of the scope. The scope is a series of questions which the evidence reviews will then attempt to answer. I certainly hadn’t appreciated the importance of this step, since once the evidence reviews are underway you are limited by the scope. So if you leave anything important out at this early stage, you cannot add it in later on!

Once the scope had been determined, the evidence reviews begin and the group are soon in a position to begin reviewing these documents. We met roughly every 6 weeks throughout the process and had a huge pile of paper work to get through for each meeting. The systematic review team worked extremely hard to get these review documents to the guideline group in time for each meeting. Although over a long period of time, the whole operation did feel rather like a race. It wasn’t until relatively late in the process that the group had the opportunity to comment on the document itself and we could then see it starting to take shape.

One of the benefits of this type of system is that it is a robust way of reviewing evidence; evidence quality is clearly graded so that only high quality should be included. The grading system is transparent and available on the NICE website if anyone is interested in reading more. The guideline group had the opportunity to invite ‘co-opted experts’ to comment or attend meetings if there were areas identified that we wanted further expertise on. As well as clinicians and other professionals, there were three ‘lay people’ working on the guidance; one for each section of the guidance. This was extremely valuable as it provided the ‘real life perspective’, offered an opportunity for the ‘experts’ to be challenged on their thinking and also reduced the jargon.

Prior to the publication of the guidance there was an implementation meeting which I was lucky enough to be invited to attend, it was great to have the opportunity to be able to see the other side of the process- how can you actually increase the chances of the guidance being put into action; what really are the barriers to doing this and how can they be overcome?

Despite the hard work, I found it a thoroughly rewarding process and feel honoured to have had the opportunity to be part of this group. The benefits to me personally included being able to contribute to the guidance, and having the opportunity to spend so much time reading and discussing evidence and ideas with such a diverse group of people.



MEND presents RCT results that could be highly significant in the search for effective and cost efficient solutions to the obesity crisis in the UK.

MEND, which was developed in partnership with the Institute of Child Health, University College London and Great Ormond Street Hospital for Children, became the first UK child obesity programme to present results of a successful randomised control trial at the European Congress on Obesity in Budapest on April 23, 2007. Results for the 107 families following the nine-week intervention showed statistically significant improvements in the children's body mass index, waist circumference, fitness, lifestyle and self-esteem. In addition, qualitative feedback included improved family relationships, increased social and support networks and reduced bullying. The RCT also registered very high attendance (86%) and retention (97%) rates. It further demonstrated that the Programme is effective in engaging families from a wide range of ethnic backgrounds (48% of the participants on the RCT were from BME groups).

In December 2006, MEND was awarded £8 million by the Big Lottery Fund's Wellbeing Programme, which will allow MEND to be run at 230 sites across England between 2007-2010. (Details of current sites running MEND are listed on MEND's website, www.mendprogramme.org.) Working with public, voluntary and private partners, the MEND Programme has proved a very effective means of enabling efficient, effective, partnership working between multiple local agencies.

MEND can be commissioned jointly between Primary Care Trusts and Local Authorities. Upon commissioning, MEND equips and trains local partners to deliver the Programme from selected sites. Typically, staff training (3-4 days) takes place 1-2 months before the first MEND Programme starts. Assistance is also given to ensure targeted groups are recruited onto the MEND Programme.

MEND has developed sophisticated Web- and IT-based systems to assist local delivery partners in managing the implementation of local MEND Programmes, as well as to provide detailed monitoring and evaluation data for local programmes (and comparative data between different sites running MEND). In addition, MEND provides central-led ongoing support the maintenance and sustainability of improved, healthy lifestyles for all participants after completing the Programme (e.g. newsletters; web-based e-mentoring; MEND Graduate events, etc).

Whilst the health economics of childhood obesity treatment are still being defined, it is apparent from MEND's successful RCT that community-based treatment and prevention programmes offer a significant return on public investment. Unofficial calculations by health economists at the Department of Health estimate the discounted monetary value of increased life expectancy associated with a reduction in one unit of BMI for a child, sustained throughout their life, is £7,500. This does not even take into account the reduced costs to the NHS resulting from fewer GP visits, drug treatments, operations or long term support as a consequence of a healthier life style.

We need to act now. An evidence-based programme like MEND provides transformative, sustained benefits in terms of measurable improvements in the health, fitness and mental wellbeing of children and families. Most importantly, perhaps, MEND provides PCTs and practice-based commissioners with a very real and measurable means of achieving the current PSA target to "halt the year on year rise of child obesity by 2010".

For more information please contact:

Ulla Stauch at ulla.stauch@mendprogramme.org or call +44 (0)870 609 1405 or visit

www.mendprogramme.org

[An update on two of our subgroups.....](#)

[Obesity surgery subgroup](#)

This group, led by Mary O’Kane and Jean Hughes, held its first meeting in May. The working group has a balance of members ranging from those who are experienced in the field of obesity surgery to those relatively new to the field. Primary and community dietitians, secondary care dietitians, dietitians working in specialist centres and dietitians working in the private sector are represented in the group.

The NICE guidance on obesity; guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children was launched in December 2006. It sets out the pathway between primary, secondary and tertiary care. Commissioners around the country are in discussions about the specialist commissioning of obesity surgery. This provides an opportunity for dietitians to be actively involved and correctly identify the resources needed.

The British Obesity Surgery Society (BOSS) group of dietitians have already developed resources and training programmes for dietitians working with BOSS registered surgeons. Increasingly many dietitians, regardless of their area of practice, come into contact with someone who has had obesity surgery or are preparing to undergo obesity surgery. An important part of the work of the surgery sub-group will be to define how DOM UK and BOSS dietitians will work collaboratively to ensure that appropriate guidance and support is available for all dietitians in the area of obesity surgery. This will help to ensure that patients preparing for and undergoing obesity surgery receive a consistently high standard of nutritional care.

The group will be examining the patient pathway and the links between primary and secondary care with respect to obesity surgery. It will also be identifying the needs of members and how these can be best met. It is acknowledged that there will be different levels of needs depending on whether the member is actively working in the obesity surgery field or not.

The group is looking forward to a productive few months ahead. It was agreed that the most appropriate way forward was to form a steering group which will oversee various working parties. For further information on the subgroup and how to contribute to one of the working parties, please contact

Mary on Mary.O’Kane@leedsth.nhs.uk or Jean on jean.hughes@peterboroughpct.nhs.uk

[Training Sub-Group Summary](#)

The training sub-group has 13 active members and numbers have grown to 20 since the initial set-up. An extremely productive meeting was held on the 4th December at the BDA offices with the main objective to plan for the delivery of regional-obesity training for dietitians over the UK and pursue accreditation for the existing Obesity 3-day Journey course.

Short and longer-term plans were developed to tie in with current work being carried out by committee members on the dietetic intervention guidelines and the skills and competencies for dietitians working in weight management.

As a result two regional training days were successfully organised (in Aberdeen and Leeds) with the help of the DOM-UK co-ordinator, a training sub-group member and a local co-ordinator

The group now plans to utilise the information and resources compiled from these training days to feed in to the development of a ‘*regional training day pack*’, which will be used in longer term plans to facilitate a rolling programme of 1-day training events across the UK for dietitians in obesity management. We are now aiming to target dietetic managers to raise the awareness and need for obesity training and to start work on developing a ‘train the trainers’ model, with the aim to generate a group of core trainers to increase our capacity to provide further regional training.

Alison Chipperfield

(Summaries for our other groups will appear in the next newsletter)

Fiona Taylor Chair of DomUK reports back on the BDA conference...

The BDA conference held in Belfast this year was full of educational opportunities and provided an opportunity to showcase the work of dietitians, raise the profile of dietitians as the nutrition experts and created a networking occasion for members.

I was delighted on behalf of DOM UK to present the discussion document 'The Dietetic Weight Management Intervention' which I see a landmark for the profession. The impetus for this report arose from requests from the DOM UK membership for clear and practical guidance on how to undertake an evidenced based weight management intervention. Briefly the purpose of this current document is to consider how to relate the NICE and other obesity related recommendations to dietetic weight management interventions for adults in the one to one setting. This is part of what will be a comprehensive weight management strategy which will eventually consider the dietitian's role at every level i.e. community, primary care and specialist which will include group programmes, childhood interventions and public health measures. The document develops a suggested framework for the weight management consultation that is grounded in the evidence while proposing practical solutions in those under-researched areas where specific recommendations are as yet unavailable.

It draws on the experiences of dietetic departments that have redesigned their services as a way of illustrating the processes used and the possible outcomes that can be achieved in practice. Importantly it also identifies areas of dietetic practice requiring further research and highlights the importance of evaluating and auditing dietetic weight management services to enhance our understanding of outcomes achieved and developments required.

Following completion of this work the intention is to develop a document which clearly outlines the skills and competencies required by dietitians working in the adult weight management field that can then be considered and incorporated into subsequent training initiatives.

The session attracted a large number of dietitians and although little time for questions, there was much discussion afterwards about how important the content of the document was in terms of moving practice on and changes needed to achieve and move toward the gold standard for dietetic intervention in weight management.

We are looking towards publishing the document and disseminating it across the profession via dietetic managers networks.

Committee news....

Due to Dymna Pearson, Catherine Hankey & Clare Grace stepping down from "ordinary member" and "best practice co-ordinator" posts we now have these available. I would like to take this opportunity on behalf of the remaining committee to thank these three for all their hard work, support and commitment to DOM UK. Having been on the committee a year now I can honestly say they have made my involvement very welcomed and have supported me in fulfilling my role enormously. Thanks guys.

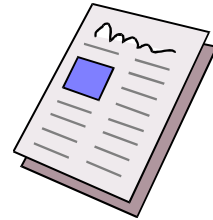
What does an "ordinary member" do? An ordinary member has a wide remit and as such the freedom to be involved in ongoing committee work dependent on their own expertise. It can also be an opportunity for the individuals skills to be used most effectively. Being an ordinary member also allows you to put a toe in the water and find out how the DOM committee as a whole runs. It may be this would encourage someone to move on to a more substantive post such as Secretary or the like. Personally I have found my research skills have been relevant to what DOM was undertaking. This included involvement with position papers, the writing of a chapter for the new manual of dietetic practice, coordinating an evaluation of the DOM resources and reading or reviewing other papers etc. So, what ever your bag, being an ordinary member is to be recommended!! Oh, and the social interactions are worthwhile as well....

What does a "best practice co-ordinator" do? The remit of the best practice co-ordinator focuses on how best to disseminate evidence based practice in relation to dietetic care and to encourage research related activity among the dietetic profession. It's a challenging but fascinating and rewarding post and will suit any Dietitian with a passion for research and an academic background. I have loved being involved in the committee and in the development of the position statements, the research award and latterly the dietetic intervention document. It provides many opportunities, experiences and contacts and the skills of the best practice co-ordinator are of relevance to many of the scenarios that the committee are involved with so your opinion may be sought on a broad range of issues. Despite the developments that have occurred there remain huge and exciting opportunities to further develop evidence based practice in dietetic weight management . I almost wish that my time to step down hadn't come around so quickly!

Interested? Contact Julia Martin on 01509 620877 or ACharles Martin@compuserve.com

Our new position statement....

Very Low Energy Diets in the Management of Obesity



Very low energy diets [VLED] are perhaps the most controversial of the various dietary treatments available for use in the management of obesity. This seems to relate mainly to concerns over their safety and long term efficacy. This paper aims to summarise the evidence on the use of VLED in the management of obesity, to highlight areas of uncertainty in the literature and discuss how this relates to their use in practice.

The statement includes the following points:

- Definition of VLED
- Efficacy of weight loss and weight maintenance
- Efficacy of use in type 2 Diabetes
- Safety aspects including side effects
- Reputed problems and related evidence

To read the statement log onto www.domuk.org and you will find it under the "news and information" section.

Don't forget we also have position statements on:

- low carbohydrate diets
- meal replacements in weight management.

training, training, training.....

The Obesity Journey - DOM UK 3 day training 2008

Venue: Knuston Hall

Dates: 20th-23rd May 2008

More details to follow shortly

Tackling Obesities: *Future Choices 40th Anniversary Meeting of the Association for the Study of Obesity to be held jointly with Foresight*

Date: Tuesday 6 November 2007

Venue: Kennedy Lecture Theatre, Institute of Child Health, 30 Guilford Street, London WC1N 1EH

Contact details: Julia Martin 01509-620877

ACharles_Martin@compuserve.com



If you have any case studies of best practise that you would like featured in the next newsletter due to be published in September then please forward them to me anna.suckling@nnuh.nhs.uk. We are keen to also share examples of obesity strategies via our website. www.domuk.org