



ROYAL COLLEGE OF  
PHYSICIANS OF IRELAND

# The race we don't want to win

## Tackling Ireland's obesity epidemic

Policy Group on Obesity  
August 2014

(Revised April 2017)



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## About the Royal College of Physicians of Ireland

The Royal College of Physicians of Ireland leads excellence and quality in health and medical practice through world class education and training, healthcare improvements and better care for all.

Established in 1654, the College trains, educates and continuously develops doctors for society's current and future health needs.

The Royal College of Physicians of Ireland houses six of the 13 postgraduate training bodies in Ireland:

- Irish Committee on Higher Medical Training,
- Faculty of Occupational Medicine,
- Faculty of Pathology
- Faculty of Paediatrics
- Faculty of Public Health Medicine
- Institute of Obstetricians and Gynaecologists
- The College also has a joint Faculty of Sports and Exercise Medicine with the Royal College of Surgeons in Ireland.

Through these training bodies the College delivers postgraduate specialist training to doctors. It provides Basic Specialist Training and Higher Specialist Training programmes to over 1,200 doctors in 26 specialities annually. This training takes place in structured rotations at hospitals across Ireland and is supported by our network of local trainers, and National Speciality Directors.

The Royal College of Physicians of Ireland also develops and delivers a high-quality and extensive programmes of continuing professional development courses, events, workshops and conferences covering a wide range of clinical and non-clinical topics for doctors, consultant and healthcare professionals.

The College is a strong advocate on public health issues through its policy groups on alcohol, tobacco, obesity and physical exercise. It also collaborates with other organisations and leaders to drive improvement in health and healthcare and to develop and maintain standards and guidelines to support best medical practice.

With over 10,000 Members, Fellows and Doctors-in-training, the Royal College of Physicians is also working to develop new models to deliver attractive international medical education programmes to overseas doctors who want to train in Ireland.

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## Executive Summary

Two out of every three adults and one in four children in Ireland are overweight or obese. In addition to the many serious health impacts, obesity also has a significant negative economic impact, costing the Irish state an estimated €1.13 billion in 2009.

Under the *Healthy Ireland* framework the government has expressed its commitment to increasing the number of adults with a healthy weight by 5 per cent and the number of children by 6 per cent, by the year 2019, which would yield substantial health benefits and economic savings. At European Union level, member states have declared a shared commitment to addressing childhood obesity and agreed an EU Action Plan on Childhood Obesity earlier this year. The recommendations of this policy statement build upon areas for action defined in the EU Action Plan.

The Royal College of Physicians of Ireland established a policy group on obesity in 2013, bringing together clinicians and other health professionals to propose solutions to address obesity and to support achievement of the targets specified in the *Healthy Ireland* framework. These solutions fall into the three broad categories of recommendations: **public policy** measures; actions in **specific settings**; and actions for **health professionals** including training.

## Key Recommendations

We recommend the following **public policy** measures:

- Prohibition of TV advertising of foods high in fat, salt and sugar (HFSS) up to 9pm and a ban on marketing of HFSS foods to children.
- Monitoring by government of all approaches to food marketing, sponsorship, and brand management directly or indirectly aimed at children.
- Introduction of a front-of-pack, traffic-light, food labelling system.
- Introduction of a 20 per cent tax on sugar sweetened drinks (SSDs) in budget 2015.
- Consistent application and monitoring of local area planning guidelines on the location of fast food outlets throughout the country.
- Built environment planning that facilitates and encourages people to be physically active including promotion of active travel through planning regulations and guidelines, and continued investment in necessary infrastructure.

## We recommend the following in healthcare, education and community settings:

- Adoption of a 'weight aware' ethos in all clinical services.
- Providing a majority (at least 60 per cent) of healthy options in food service facilities in healthcare settings and providing only healthy options in children's units.
- A commitment from schools to allow free play<sup>a</sup> and physical activity in school playgrounds/recreation areas.

<sup>a</sup> This refers to unstructured play that is chosen and directed by children themselves. It is taken to include running in playgrounds.

- Better provision of healthy food choices in school breakfast clubs, supported by funding, adequate facilities and promotion of nutritional guidelines.
- Use of the profile and influence of sporting organisations and sportspeople in communities to promote physical activity and consumption of healthy, rather than unhealthy, food and drinks.

We recommend that **health professionals:**

- Record overweight/obesity using the same principles as chronic disease, including recording Body Mass Index (BMI) above the normal range on the medical certificate of cause of death (MCCD).
- Make weight measurement standard practice with each professional contact.
- Provide advice to women and partners on optimising weight prior to pregnancy.
- Encourage women to exercise to a light or moderate level in pregnancy.
- Emphasise the benefits of breastfeeding for the weight of the child.
- Highlight healthy weaning practices with parents.
- Identify and address early instances where mothers are overweight during the years following delivery.
- Monitor growth of all children aged 0-4 years according to the HSE's Best Health for Children Guidelines.
- Emphasise the benefits to mental wellbeing of being a healthy weight.
- In managing psychiatric illness, consider the potential for rapid development of obesity as a side effect of certain drugs, communicate the risks to patients and take action to mitigate the effects.

We recommend the following in relation to **training of health professionals**:

- Development of an educational programme in the Royal College of Physicians of Ireland around weight management for all health professionals (including trainers), with the support of a Royal College of Physicians of Ireland lead.
- Establishment of a national multi-disciplinary weight management training group to liaise with undergraduate and postgraduate training bodies to incorporate core elements<sup>b</sup> of weight management training future curricula.
- Establishment of an Advanced Nurse Practitioner (ANP) role in the care of obesity and related diseases (bariatric care).
- Support for obesity research across all disciplines.

We believe that these recommendations will assist in reversing the obesity epidemic and will support the government in achieving *Healthy Ireland* targets in relation to obesity.

<sup>b</sup> See page 20 for details of these core elements





## 1. Introduction

In the race to become the most obese country in Europe, Ireland looks set to win. Latest predictions estimate that by 2030, 90 per cent of Ireland's population will be overweight or obese, the highest projected level of any European country.<sup>1,2</sup>

The 2011 *Growing up in Ireland* National Longitudinal Study of Childhood indicates that 1 in 4 Irish children are overweight or obese.<sup>3,4</sup> The 2014 Health Service Executive (HSE) report on the *Childhood Obesity Surveillance Initiative* (COSI) confirms this, while presenting some evidence that the rate of overweight and obesity is stabilising in the more socially advantaged schools.<sup>5</sup>

The obese children of today will become the obese adults of tomorrow. A large US cohort study of over 6,000 subjects, followed for almost 25 years, found that 82 per cent of those who were obese as children were obese as adults.<sup>6</sup>

In the adult population, 2 out of every 3 Irish adults are overweight or obese.<sup>7,8</sup> A recent report from *The Irish Longitudinal Study on Aging* (TILDA)<sup>9</sup> highlights that just over half (52 per cent) of older Irish adults (aged 50 years and over) are at a substantially increased risk of metabolic and cardiovascular disease based on their waist circumference. A 2016 *JAMA* article<sup>50</sup> estimates that those over the age of 60 years have a rate of obesity of 38.5% (based on BMI). These statistics are also observed across Europe.<sup>51</sup>

Obesity is one of the major risk factors, and worsens outcomes for cardiovascular disease, diabetes and cancer as well as playing an important role in conditions such as sleep apnoea.<sup>10,11,12</sup> Severely obese people have a premature mortality similar to smokers and on average die eight to ten years sooner than people of normal weight.<sup>13</sup> Obesity also impacts on mobility, quality of life and function in older people and has become such a prominent health risk that the American Medical Association classified it as a disease in 2013.<sup>14</sup>

Heart disease and cancer account for the majority of deaths in Ireland today; thus there is a real danger that the health gains in life expectancy made from addressing factors such as smoking, high blood pressure and high lipid levels will be reversed due to the rising tide of obesity.

Obesity causes particular health complications at specific stages along the life-course. One example is during pregnancy. Maternal obesity in Ireland is associated with an increase in medical complications such as gestational diabetes and hypertension, a higher risk of fetal complications and a higher rate of obstetric interventions.<sup>15,16,17</sup> Older adults are at risk of developing 'Sarcopenic Obesity'. Such individuals have obesity (irrespective of anthropometric or body measure used) and loss of muscle mass. Individuals in this subgroup are known to be at higher risk of adverse outcomes.

Ireland is facing a costly future in terms of health and economic effects of obesity. The cost of obesity to the state in 2009 was estimated at €1.13 billion in direct and indirect costs.<sup>18</sup> Indirect costs included in this study were lost productivity and premature mortality, but additional indirect costs may include expenditures of home-health, long-term care and loss of productivity as a result of older adults exiting the workforce.<sup>52</sup> If prevalence of overweight and obesity reaches the 90 per cent predicted by 2030, direct healthcare costs alone will reach €5.4 billion. However, if action is taken to reduce BMI levels, the potential savings are significant; a 5 per cent reduction in overweight and obesity levels will result in savings of €495 million in direct healthcare costs over the next 20 years.<sup>2</sup>

These stark statistics reflect the daily reality observed by physicians and other health professionals. Reflecting serious concern among health and medical professionals, the Royal College of Physicians of Ireland established a policy group on obesity in 2013. This group is comprised of representatives from a broad range of medical specialties and other health professionals who have come together to share knowledge and propose solutions to address the issue from a public health and clinical perspective. The group's overall aim is to propose actions for prevention and management of childhood and adult overweight and obesity, using evidence-based research and best practice from Ireland and internationally.

The recommendations of the document aim to address overweight and obesity in the general population, with attention to certain vulnerable groups. There are those who are vulnerable as a result of their socio-economic status. The 2011 *Growing up in Ireland* study shows that children, particularly girls, from less socio-economically advantaged households are more likely to be overweight. In fact, girls of semi and unskilled parents are almost three times as likely to be obese as girls of parents in the professional category.<sup>3</sup> Other vulnerable groups include older people, those with disability, and psychiatric patients, as a result of their medication.



A further challenge is the subgroup of individuals who may have a normal BMI, but elevated central adiposity (Normal Weight Central Obesity) who are at higher risk of cardiovascular impairments, premature mortality and disability in older adults. <sup>53,54,55</sup>

The recommendations approach the issue of overweight and obesity from the life-course perspective, with particular emphasis on prevention at the earliest opportunity, in pre-pregnancy, pregnancy, early years and childhood. For those already affected by chronic disease, and in particular older adults, the focus may not be on prevention but on adequate management and minimization of consequences of these chronic diseases

Obesity is both a medical and a general health issue, and health professionals have a major role in addressing its impacts. It is also an issue for family, educators, community and those responsible for public policy. The time has come for action on multiple fronts by multiple actors, for building on the vision expressed in Healthy Ireland, if we are to avoid the disastrous health and financial consequences of the obesity epidemic.

## 2. Policy Context

In 2013, the Irish government launched *Healthy Ireland – a Framework for Improved Health and Wellbeing 2013 – 2025*.<sup>19</sup> The framework underlines a new commitment to public health with a focus on prevention, and takes a 'whole of government' and 'whole of society' approach to improving health and wellbeing.

This is aligned with the *Health in all Policies* approach developed by the World Health Organisation (WHO) in 2012, which emphasises that public policies in areas such as transport, agriculture, education and employment have a major impact on the health of citizens. The approach requires public policy makers to be accountable for health impacts at all levels and emphasises the consequences of public policies for health systems and the determinants of health and well-being.<sup>20</sup>

Obesity is highlighted in the *Healthy Ireland* framework, which specifies a target of increasing the number of adults and children with a healthy weight by 2019 (increase of 5 per cent for adults and 6 per cent for children).

Actions in progress under this framework include:

- A three-year, all-island campaign by Safefood in partnership with the HSE and Healthy Ireland to remind parents about the harmful health impacts of excess weight in childhood and how this can negatively affect a child's quality of life; and
- Development of a National Plan for Physical Activity focused on interventions to encourage greater participation in and recognition of the importance of physical activity.

At European level, EU member states agreed a *European Action Plan* targeting childhood obesity in February 2014.<sup>21</sup> The Irish government played a key role in this development, calling for an action plan during its European Presidency in 2013. The recommendations of this policy statement reflect and build upon areas for action defined in the European Action Plan.

The action plan proposes voluntary initiatives to support a healthy start in life; promotion of healthier environments, especially in schools and preschools; restriction of marketing and advertising for children; actions to inform and empower families; encouragement of physical activity; and more research. It substantially adds to ongoing initiatives aimed at reducing salt, fats and added sugar in processed food, and promoting balanced diets and active lifestyles.

### 3. Recommendations - Overview<sup>c</sup>

Public Policy Measures	Actions in Specific Settings	Actions for Health Professionals
Advertising, promotion and labelling	Healthcare Facilities	"Making every contact count"
Fiscal measures	Education Settings	Pre-pregnancy, first 1000 days and the early years
Planning for a healthy physical environment	Community Settings	Obesity and mental health
		Training for health professionals

<sup>c</sup> Evidence in support of these recommendations is provided in detail in a separate appendix, available from <http://www.rcpi.ie/>

## 4. Public Policy Measures

Public policy measures are needed to change behaviour, dietary choices, physical activity and sedentary behaviour. Such measures are necessary to balance the influence of industry and to provide an environment conducive to maintaining a healthy lifestyle and weight.

Government policies can directly influence culture and behaviours in society, as demonstrated through the introduction of the smoking ban in 2004, government action on drink driving, or the mandatory use of car seat belts.

### 4.1 ADVERTISING, PROMOTION AND LABELLING

Vast amounts of money are spent by the food industry on labelling, advertising and promotion. The public need to be confident that such marketing is clear and reliable. Children require particular protection; article 24 of the *UN convention on the rights of the child*<sup>22</sup> states that “children have the right to ... safe drinking water, nutritious food, a clean and safe environment, and information to help them stay healthy”. The World Obesity Federation has identified high levels of commercial marketing of foods and beverages that specifically target children as one of the important drivers in the obesity epidemic. In response, the federation devised the *Sydney Principles*<sup>23</sup> which recommended several actions to reduce commercial presentations to children.

Bearing the above points in mind, we recommend the following actions on labelling, advertising and promotion of food in the best health interests of the public, especially children:

- Expansion of the Broadcasting Authority of Ireland (BAI) code to prohibit TV advertising of foods high in fat, salt and sugar (HFSS) up to 9pm.
- Banning the marketing of HFSS foods to children.
- Monitoring by government of all food marketing, sponsorship, and brand management directly or indirectly aimed at children
- Introduction of a front-of-pack, traffic-light, food labelling system (figure 1) in addition to the ‘Reference Intake’ (RI),

previously ‘Guideline Daily Amount’ (GDA) as allowed for under the new EU regulation (Regulation No (EU) 1169/2011) on the provision of food information to consumers<sup>d</sup>. An identical system has been recommended by the UK Government.

- Introduction of calorie count for alcohol products on labels and containers as proposed in the Public Health (Alcohol) Bill.<sup>24</sup>

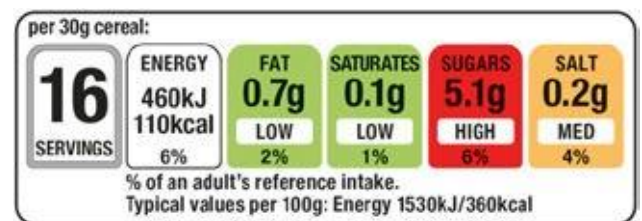


Figure 1: Traffic Light Labelling with Reference Intake (RI)

### 4.2 FISCAL MEASURES

Fiscal measures have long been recognised as a means of changing behaviour. There is evidence to support the introduction of a tax on Sugar Sweetened Drinks (SSDs), while taking into account that this is a new measure which warrants ongoing research and monitoring. We therefore recommend:

- Introduction of a 20 per cent tax on sugar sweetened drinks, including juices and sports drinks, in the 2015 budget. This reiterates previous calls made by the Faculty of Public Health Medicine and other organisations represented in this policy group.<sup>25</sup>
- Subsidising healthy food options to make them more easily affordable and a commitment to increase support to healthy food interventions that have been shown to work, for example expansion of school breakfast clubs or the EU school fruit scheme<sup>e</sup> and the new EU School Scheme<sup>e</sup>.

<sup>d</sup> The EU regulation allows member states to introduce (non-compulsory) schemes for presentation of nutrient information on food products, subject to certain criteria.

<sup>e</sup> See: <http://www.fooddudes.ie> for the Irish school fruit scheme. The EU School Scheme would see the EU School Fruit Scheme and the EU School Milk Scheme brought together under a joint framework.

Economic models which examine the impact of an SSD tax on adult obesity levels estimate that a 10% tax, if introduced in Ireland, would reduce overweight and obesity by 0.7% or 14,380 adults, with the greatest impact in younger adults (2.9% in those aged 18-24), while UK models estimate that a 20% tax on SSDs would lead to a reduction in the prevalence of obesity of 1.3%.<sup>26,27</sup>

The Irish Heart Foundation has estimated that the revenue generated by a 20 per cent tax would be approximately €57.5m, less the lower expected consumption levels as a result of the tax.<sup>28</sup>

As lower socioeconomic groups are the most severely affected by the obesity epidemic, they also stand to benefit the most in terms of health gains. At the same time, recent Irish studies suggest when such taxes are introduced in conjunction with subsidies on healthy food options; they are not regressive and will have the most benefits for lower socio-economic groups.<sup>29</sup> Despite the regressive<sup>f</sup> nature of the tax (taken on its own), the tax burden is likely to represent a very small percentage of income. Initial calculations of the tax burden of a 20% SSD tax in Ireland indicates that the tax burden is likely to be between €35 and €43 per household per year (67c-82c per week).<sup>30</sup>

#### 4.3 PLANNING FOR A HEALTHY PHYSICAL ENVIRONMENT

To combat overweight and obesity it is essential for the population to be physically active. The physical and built environment has a major role to play to facilitate and encourage physical activity, whether through play, exercise or 'active travel'<sup>g</sup>.

<sup>f</sup> A regressive tax is one that is applied uniformly, meaning that it takes a larger percentage from low-income people than from high-income people.

<sup>g</sup> Active travel refers to journeys that use physical activity, such as walking and cycling, instead of motorised means to move between locations, generally understood as travel for purposes such as going to work, the shops or visiting friends as opposed to recreational walking or cycling.

Planning and implementation work already done at both national level, and by local authorities to create and maintain spaces and opportunities for physical activity, should be built upon in the future, focusing on overweight and obesity as specific health drivers.

A physical environment that encourages physical activity carries societal benefits that are not limited to reducing obesity. The benefits of exercise and active travel extend to mental wellbeing as well as general physical health and maintenance of a healthy weight.

In relation to the serious environmental issue of climate change, actions to promote physical activity, especially active travel, are also beneficial in reducing greenhouse gas emissions and thereby mitigating the adverse impacts of climate change, and vice-versa.<sup>31</sup> The challenge of climate change mitigation has significant and far reaching implications for public policy on transport, food production and health. There is therefore a need for the government to undertake inter-departmental work on this issue to understand where action and policies on climate change mitigation can compliment and reinforce actions to promote physical activity and vice-versa.

The cost of public liability insurance premiums in Ireland, the fear of litigation, and onerous requirements in relation to supervision of activities in public sports facilities (school facilities, sports grounds, playgrounds) may represent barriers to full use of these facilities. A discussion is needed to determine how these barriers can be overcome, to ensure the health potential of these facilities is maximised.

We therefore recommend the following for a physical and built environment that encourages people to be physically active and to make healthy food choices.

- Provision of green areas, playgrounds, and other community leisure facilities to facilitate physical activity.
- Promotion of active travel (such as cycle lanes, safe walking options) in rural and urban areas through planning regulations and guidelines, support for "smarter travel"<sup>32</sup> plans and continued investment in necessary infrastructure.



- Encouragement of physical activity in building layout and signage; for example, ensuring that the stairs, rather than the lift, is the visible option.
- Consistent application and monitoring of *Local area plans – guidelines for planning authorities*, published by the Department of the Environment, Community and Local Government in June 2013, in relation to the location of fast food outlets throughout the country. These guidelines stipulate that local areas plans should give careful consideration to the appropriateness and/or location of fast food outlets in the vicinity of schools with the aim of reducing exposure of children to the promotion of HFSS foods.<sup>33</sup>
- Promotion of greater awareness of these planning guidelines among communities by the local authorities.
- A government led review of potential synergies between climate change mitigation and public policy on transport, health, and food production.
- Initiation of a discussion between government (at local and national level) and communities on the barriers to full use of local sports facilities and other leisure amenities.

## 5. Actions in Specific Settings

Individuals and organisations can set examples in different settings to create a culture supportive of healthy choices. This includes healthcare facilities and health care workers, educational institutions, teachers, parents and all members of the community. Sports people and sporting organisations such as the GAA also have a position of major influence in schools, communities and across society as a whole, and with this arises a responsibility to promote health and wellbeing.

### 5.1 HEALTHCARE FACILITIES

The healthcare system has the opportunity to lead by example in the implementation of healthy lifestyle guidelines and recommendations. We thus recommend the following actions in healthcare facilities:

- Adoption of a 'weight aware' ethos in all clinical services, reflecting this in clinical procedures and the ability to systematically check weight and usefully support patients achieve and maintain healthier lifestyles and weight.
- Providing a majority (at least 60 per cent) of healthy options in vending machines, canteens and other food service facilities in healthcare facilities. This is with a view to providing only healthy options in consultation and agreement with staff and patients.
- Providing healthy options only in children's units.
- Providing balanced, healthy and nourishing food options to patients and adherence with nutritional guidelines in hospitals and other healthcare facilities.<sup>34,35</sup>

### 5.2 EDUCATION SETTINGS

Children and students have the right to education in a setting which is healthy and free of commercial influence. The education setting provides an opportunity to promote physical activity and healthy diet, and to encourage healthy lifestyle habits for the future.

We recommend the following actions in education settings:

- The development and implementation of a national policy for food and nutrition, and physical activity in pre schools, aligned with existing guidelines from the Department of Health and the HSE.<sup>36,37</sup>
- Integrating physical activity and healthy nutrition into the education setting from the pre-school years through primary and secondary school. This may be achieved through expansion of the WHO Health Promoting Schools framework, and promotion of the Active Schools Flag.<sup>38,39</sup>
- Prioritising physical activity in the school curriculum by the Department of Education and Skills.
- Including cooking and budgeting skills as a mandatory part of the school curriculum at second level, for boys and girls.
- A commitment from schools to allow free play and physical activity in school playgrounds/recreation areas. This includes allowing running in playgrounds.
- Providing only healthy options in vending machines and tuckshops in second level education settings and a majority (at least 60 per cent) of healthy options in third level settings.
- Better provision of healthy food choices in school breakfast clubs, supported by funding, adequate facilities and promotion of nutritional guidelines (for example, nutritional guidelines for primary schools from the Department of Health).<sup>40</sup>



- Educating boys and girls on the impacts of obesity on fertility, pregnancy and the early years as part of the post-primary Social, Personal and Health Education (SPHE) programme.
- Educational interventions targeting older adults in educational settings such as community centres, adult daycare, regular community initiatives/programmes that are partnered with academic institutions, independent/assisted living facilities, continuing-care retirement communities and long-term care/rehabilitative settings. Cooking classes can be targeted at all levels and academic-community partnerships is of importance in this setting.

### **5.3 COMMUNITY SETTINGS**

We remind individuals and parents of the importance of creating a healthy lifestyle at home, eating well and making use of available sporting facilities for themselves and their family. In the wider community setting, there are many ways to promote physical activity, and a healthy diet. Sporting bodies and sportspeople in particular have a unique position as positive role models and it is inappropriate for them to use their position of influence to promote unhealthy foods, the excessive consumption of which is one of the main drivers of the obesity epidemic.

In community settings, we recommend:

- Sportspeople and sporting bodies use their profile and influence in communities to promote physical activity and consumption of healthy foods.
- Health professionals use their leadership role in communities to promote healthy lifestyles, leading by example.
- Expansion of age-friendly opportunities for exercise. For example age-friendly exercise programmes such as 'Go for Life'.

## 6. Actions for Health Professionals

### 6.1 'MAKING EVERY CONTACT COUNT'

Every interaction with a health professional is an opportunity to engage with a client or patient in relation to health and weight issues. To ensure that each contact is maximised to prevent and manage overweight and obesity, we recommend the following actions for health professionals:

- Carry out weight measurement as standard practice with each health professional contact throughout the life-course, along with provision of advice on diet and physical activity.
- Adoption of a 'weight aware' ethos on every clinical service, with procedures and resources enabling systematic weighing of patients and active engagement<sup>h</sup> with patients who are overweight. This includes maintenance of inventory, including equipment and consumables (e.g. high quality patient information leaflets), for more frequent delivery of brief interventions with patients who are overweight.
- Recording overweight and obesity utilising the same procedure as for chronic disease management. This means use of electronic medical records, coding of overweight in records and audit. Electronic prompts in the medical record are also to be used to remind health professionals to check the patient's weight, particularly in patients known to be overweight. Services should agree and review performance on targets (e.g. that 90% of patients attending a service should have documented BMIs recorded in their file for example). In addition BMI above the normal range should be recorded on the medical certificate of cause of death (MCCD).

<sup>h</sup> 'Active engagement' encompasses offering information and advice on diet and lifestyle, in addition to referral to specialist services as appropriate.

- Ongoing surveillance and study of overweight and obesity in the population and using evidence based interventions to bring about small shifts in overweight and obesity. These interventions should emphasise prevention and be regularly evaluated and monitored.
- Monitoring by health professionals of their own weight and maintaining it at a healthy level.
- Utilising social media to disseminate health education and information.

### 6.2 PRE-PREGNANCY, FIRST 1000 DAYS AND EARLY YEARS

While this document addresses overweight and obesity throughout the life-course, we consider that positive actions to promote a healthy lifestyle across the life-span prior to pregnancy, in the first 1000 days of life (from conception to age two years) and the early childhood years form the basis for a healthy weight throughout childhood and into adulthood. The advice provided by health professionals during these stages is crucial in addressing overweight and obesity.

On advice **prior to pregnancy, during pregnancy and in the post natal period**, we recommend:

- Optimising weight prior to pregnancy; this applies to women and to their partners.
- Advising obese women to take high-dose folic acid prior to pregnancy, in line with Royal College of Physicians of Ireland and HSE clinical practice guidelines.<sup>41</sup>
- Encouraging women to stay active and maintain or increase their level of exercise to a light or moderate level when pregnant.
- Addressing weight-gain issues at ante-natal classes, with an emphasis on care of mother as well as baby.
- In instances where mothers are overweight during the years following delivery, clear identification and action, particularly in the primary care setting by GPs and nurses. This is especially important in the first year after delivery.

In relation to the **infancy and early childhood** period, we recommend:

- Active support for breastfeeding and continued emphasis on the benefits of breastfeeding for the healthy weight of the child, in-line with the national five-year strategic action plan on breastfeeding.<sup>42</sup>
- Provision of information and support on healthy weaning practices, with reference to best practice and scientific recommendations from the Food Safety Authority of Ireland (FSAI).<sup>43</sup>
- Emphasis on the importance of active play in early childhood.
- Highlighting the 'six healthy habits for kids' under *Saferfood's* child obesity campaign.<sup>44</sup>

In relation to **growth measurement in the early years**, we recommend:

- Monitoring the growth (including height and weight) of all children aged 0-4 years according to the HSE Training Programme for public health nurses and doctors.<sup>45</sup> Mandatory growth assessments should be performed at birth; 48 hours discharge visit; 6-8 weeks; and school entry.
- In line with the above guidelines, monitoring the growth of children at opportunistic times such as general practitioner consultations, immunisation appointments and public health nurse child health surveillance visits. Growth assessment is also indicated if there is parental or professional concern.
- Referral to specialist services, where children present with growth patterns of concern<sup>i</sup>.
- Use of the new UK WHO (Ireland) Growth Charts for children aged 0-4 years, introduced in January 2013.

<sup>i</sup> Weight gain to an extent that indicates referral as per HSE/ICGP guidelines.

Various studies caution that emphasis on weight control can influence dieting, body dissatisfaction and unhealthy weight.<sup>46,47,48</sup> This highlights the importance of carrying out growth measurement in a sensitive manner, by appropriately trained health professionals.

Recent research undertaken with Irish parents and children strongly suggests that parents and children are now receptive to having the weight of the child checked, thus enabling a more systematic and active approach by healthcare professionals to the issue of childhood overweight and obesity.<sup>49</sup>

### 6.3 OBESITY AND OLDER ADULTS

Obesity in later life, poses specific challenges, from that of sarcopenic obesity, to the need to preserve muscle/bone integrity during treatment to obesity management in nursing homes. Practitioners need to be mindful of these issues, as well as the increased inter-individual variability of later life, when managing obesity in this age-group.<sup>56 57</sup>

### 6.4 OBESITY AND MENTAL HEALTH

Weight issues range from over-eating to under-eating and all weight issues should be approached with sensitivity by health professionals equipped with appropriate training and skills. From the mental health perspective, the issue of weight has in the past focused predominantly on eating disorders, but there are many significant mental health impacts associated with being overweight or obese. This is especially true for children. Additionally, psychiatric illness and intellectual disabilities (ID) can be risk factors for becoming overweight or obese, resulting in an increased cardiovascular disease risk for this group.

In consideration of the impact of weight on mental health, and vice versa, we recommend that health professionals:

- Ensure that the mental wellbeing benefits of being a healthy weight are emphasised in obesity prevention/ weight management programmes.



- Consider that increased weight may be an indicator of an underlying psychological or psychiatric problem<sup>j</sup>, or the manifestation of depression or an eating disorder, and refer the patient to the appropriate services.

In managing psychiatric illness, consider the potential for rapid development of obesity as a side effect of certain drugs and mitigation of those effects, addressing in particular, the immediate period after starting medication as this is the time of greatest weight gain.

- In instances where such medication is prescribed, communicate the risk of overweight to the patient or their carer together with healthy lifestyle advice at regular intervals.
- Consider at each patient review the physical health needs of those with mental health problems and intellectual disability to reduce the possibility of 'diagnostic overshadowing'<sup>k</sup>.
- Carry out regular screening (physical health screening checks) for those with mental health illness and ID.
- Obesity during the lifespan is known to impact long-term cognition. Should cognitive impairment be identified, care planning should focus on whether weight loss is appropriate (or indicated) in this subgroup of patients. Older adults with depression may have co-existing cognitive impairment (and vice-versa) and professionals should be trained in identifying these individuals.

<sup>j</sup> For example Binge Eating Disorder, which is now a recognised psychiatric disorder in the DSM V (Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition)

## 6.5 TRAINING FOR HEALTH PROFESSIONALS

The current high prevalence of overweight and obesity in Ireland is not matched by a proportionate emphasis on undergraduate and postgraduate training of health professionals in the core elements of weight management and obesity prevention. The following recommendations are to ensure adequate training of all health professionals, regardless of discipline or work setting.

The core elements for weight management training are:

- How to talk to obese patients/parents of obese children, how to raise the issue of weight in a sensitive and effective manner.
- Weight measurement, including use of growth charts for children.
- Move away from weight loss goals, aim for health goals and improvements in co-morbidities<sup>l</sup>.
- Knowledge and understanding of biological and environmental causes of obesity.
- Development of skills in motivational interviewing/behavioural change therapy.
- Healthy eating which may be appropriate for patients aiming to maintain weight versus low calorie diets (LCD) in those aiming to lose weight. (Older adults should not follow low-protein diets due to the risk of sarcopaenia. Further supplementation of protein, calcium and vitamin d, in addition to resistance exercises is paramount during weight loss efforts in older adults with obesity)
- Physical activity advice/prescription<sup>m</sup>, solutions for barriers to mobility.
- Recognising obesity sleep disorders.
- Recognising and reducing obesity bias/stigma.
- Risk assessment – Edmonton, King's obesity scores. (Note- Limited evidence suggests that these are helpful in older adults)
- Overweight/obesity prevention – intervention at an early stage.
- Brief intervention training.
- Signposting/ referral to relevant services e.g. nutrition and dietetic services/GP exercise referral programme.
- Family-directed interventions.
- Pharmacological and surgical interventions for obesity.
- Management of emergencies in the obese patient.
- Current online tools and resources.

These elements should be incorporated into:

- Medical, nursing and allied health undergraduate curricula.
- All higher medical specialist training programmes
- General Practice Training.
- Specialist Nurse Training – midwifery, practice/community, public health, paediatric, diabetes, cardiac, mental health.

k Referring to the process of over-attributing a patient's symptoms to a particular condition, resulting in key comorbid conditions being undiagnosed and untreated.

l Where 2 or more diseases exist at the same time in the body.

m The ICGP has developed an e-learning module for promoting physical activity, and this could be examined as a model.



Specifically, we recommend the following actions:

- Development of an educational programme around weight management and obesity prevention for all health professionals (including trainers). This would ideally be delivered and attended in a multi-disciplinary format.<sup>n</sup>
- Establishment of a lead on obesity at the Royal College of Physicians of Ireland to support development of the above programme.
- Establishment of a national multi-disciplinary Weight Management Training Group to liaise with undergraduate and postgraduate training bodies to incorporate the core elements into future curricula. The membership of this group may include members of this policy group, and will be established in collaboration with the Forum of Postgraduate Training Bodies.
- Establishment of a role for an Advanced Nurse Practitioner (ANP) in the care of obesity and related diseases (bariatric care) in adult and paediatric hospitals and in the community setting.
- Support for obesity research across all disciplines including research and audit in the areas of obesity prevention and weight management and high-quality clinical and translational research to achieve increased understanding of energy balance, obesity and metabolism. The evidence supporting geriatric obesity interventions to improve physical function and quality of life is of low to moderate quality. Well-designed trials are needed in this population.<sup>58</sup>
- Provision of links and references to useful resources and educational tools and established training courses, hosted and regularly updated on the website of the Royal College of Physicians of Ireland.

<sup>n</sup> Opportunities to collaborate with bodies offering training at present should be investigated.

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