



Clinical Practice Guidelines (CPGs) for the Management of Obesity in Adults in Ireland: Project Summary



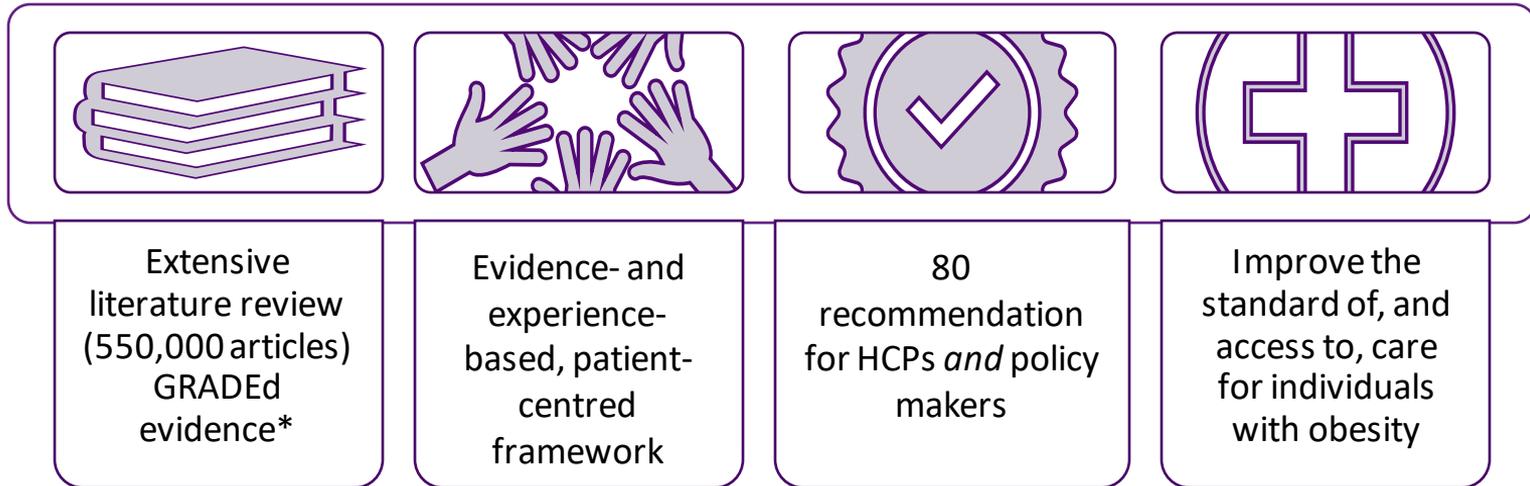


Background to the Canadian Adult Obesity CPGs

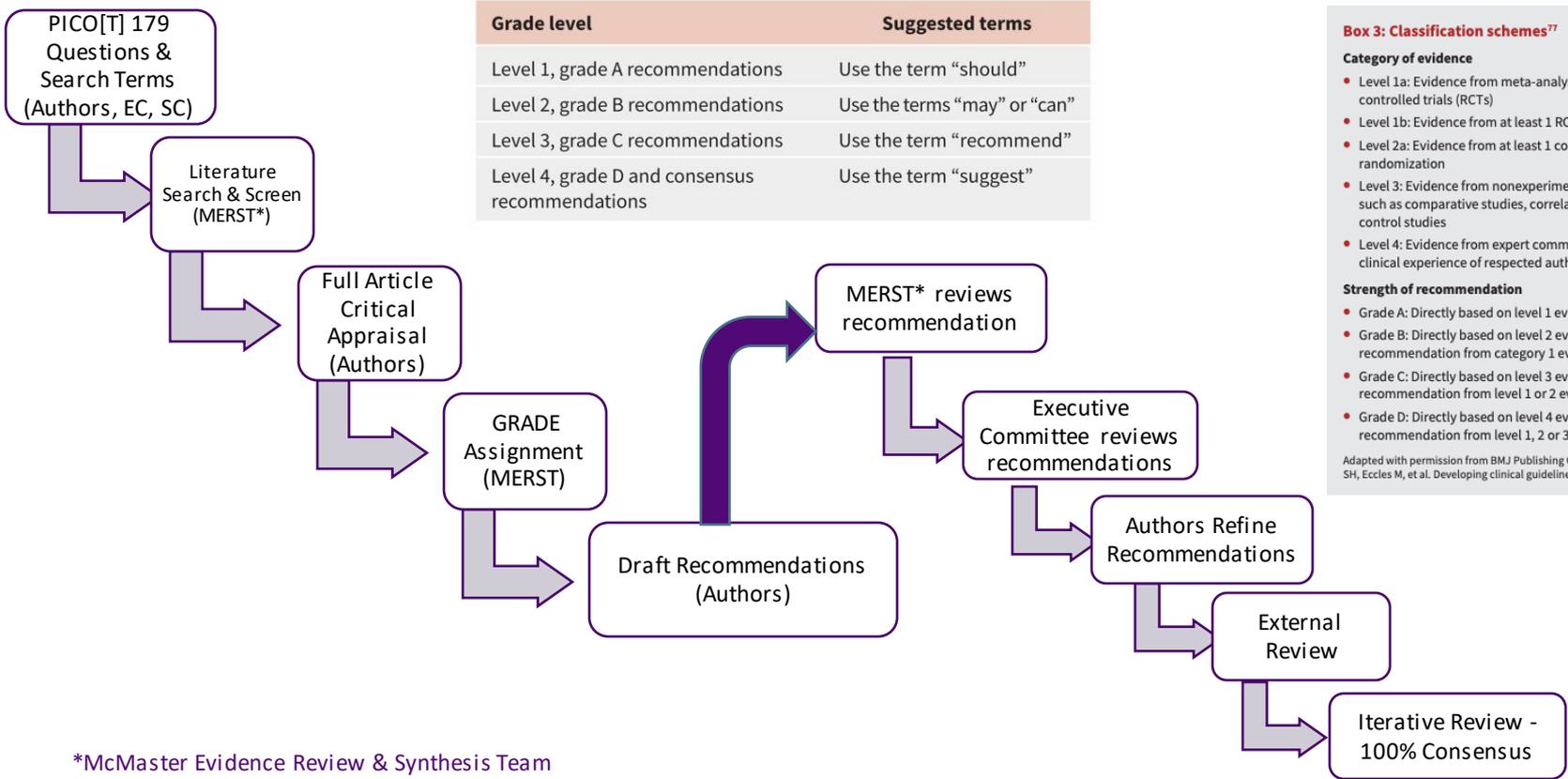


Canadian Adult Obesity Clinical Practice Guidelines

- 2017: Canadian Institute of Health Research Patient-orientated research grant to update the adult obesity CPGs
- Collaboration between Obesity Canada and the Canadian Association of Bariatric Physicians and Surgeons



Canadian Adult Obesity CPG methodology: GRADE



Grade level	Suggested terms
Level 1, grade A recommendations	Use the term “should”
Level 2, grade B recommendations	Use the terms “may” or “can”
Level 3, grade C recommendations	Use the term “recommend”
Level 4, grade D and consensus recommendations	Use the term “suggest”

Box 3: Classification schemes¹⁷

Category of evidence

- Level 1a: Evidence from meta-analysis of randomized controlled trials (RCTs)
- Level 1b: Evidence from at least 1 RCT
- Level 2a: Evidence from at least 1 controlled study without randomization
- Level 3: Evidence from nonexperimental descriptive studies, such as comparative studies, correlation studies and case-control studies
- Level 4: Evidence from expert committee reports or opinions or clinical experience of respected authorities, or both

Strength of recommendation

- Grade A: Directly based on level 1 evidence
- Grade B: Directly based on level 2 evidence or extrapolated recommendation from category 1 evidence
- Grade C: Directly based on level 3 evidence or extrapolated recommendation from level 1 or 2 evidence
- Grade D: Directly based on level 4 evidence or extrapolated recommendation from level 1, 2 or 3 evidence

Adapted with permission from BMJ Publishing Group Limited. Shekelle PG, Woolf SH, Eccles M, et al. Developing clinical guidelines. *West J Med* 1999;170:348-51.

*McMaster Evidence Review & Synthesis Team

Canadian Adult Obesity CPG timeline



MOU between OC and CABPS	MOU outlined roles and responsibilities and timeline	Feb 2017
Define Scope and process	Executive Committee composed of OC and CABPS members established consensus on scope, steering committee membership, invited authors, applied for funding	March 2017-Nov 2017
Finalization of research questions; Literature Search; Training on Distiller process	Executive Committee and Steering Committee finalized research questions, MERST conducted literature review	Dec 2017 - March 2018
Evidence Review	Critical appraisal of literature (Distiller) by chapter authors	April - Dec 2018
Evidence GRADES; Recommendations	MERST (McMaster University) assigned GRADES based on results of critical appraisal; Chapter authors developed recommendations based on the highest level of evidence	Jan - Nov 2019
Peer Review	Manuscript (summary) submitted to CMAJ; Peer review of summary conducted by CMAJ; External peer review of chapters coordinated by OC	Dec 2019
Publication	Manuscript accepted for publication; Chapters finalized	April 2020
Launch	CMAJ publication translated English & French; Infographics, podcasts, slide decks, and development of guideline website with 19 chapters	Aug 4, 2020

Canadian Adult Obesity CPG Translation Pilot Project



- Unprecedented interest from individuals and organisations outside of Canada to use the CPGs to improve obesity care in their own country
- Obesity Canada developed a pilot translation programme, in partnership with the European Association for the Study of Obesity, using an unrestricted educational grant from Novo Nordisk Global
- Project aim: create a process for adapting and implementing the Canadian Clinical Practice Guideline for use in two countries initially – a European country, and a South American country



International CPG Translation Pilot Project

Collaborative application to adapt CPGs



Clinical practice guidelines to support delivery of high quality, standardised and non-stigmatising obesity care





Chapters / topics

1. Reducing Weight Bias in Obesity Management, Practice and Policy
2. The Science of Obesity
3. Epidemiology of Adult Obesity
4. Clinical Assessment of People Living with Obesity
5. Enabling Participation in Activities of Daily Living for People Living with Obesity
6. Effective Psychological and Behavioural Interventions in Obesity Management
7. Medical Nutrition Therapy in Obesity Management
8. Physical Activity in Obesity Management
9. Pharmacotherapy in Obesity Management
10. Bariatric Surgery: Selection and Preoperative Work-up
11. Bariatric Surgery: Surgical Options and Outcomes
12. Bariatric Surgery: Postoperative Management
13. The Role of Mental Health in Obesity Management
14. Primary Care and Primary Healthcare in Obesity Management
15. Weight Management over the Reproductive Years for Adult Women Living with Obesity
16. Prevention and Harm Reduction of Obesity (Clinical Prevention)
17. Commercial Products and Programs in Obesity Management
18. Emerging Technologies and Virtual Medicine in Obesity Management

Adapting authors

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ADAPTE methodology



- Adapted guidelines should fulfil the criteria for relevance, generalisability and applicability in an Irish setting
- When making adaptation to the text consider:
 - Local data and research and healthcare system nuances specific to Ireland
 - Differences in the cultural and organisational context of healthcare delivery in Ireland, and the availability of services, expertise, and resources.
 - Population characteristics and cultural beliefs that may apply specifically in an Irish setting.
 - What we value within the Irish healthcare system that synergises (or contrasts) with the Canadian model such as evidence-based practice, patient centred care and shared decision models.
- Consider acceptability and applicability of the recommendations in an Irish setting using an adapted ADAPTE Tool 15 to guide and capture any adaptations
- Did not involve an extensive literature review therefore to retain the quality of the original GRADE methodology:
 - GRADE A-C Recommendations: remain consistent with the original wording and grading
 - GRADE D Recommendations: if the adapting authors changed or added wording it still needs to align with the overall spirit of the original CPGs including person first language and the concepts of obesity as a chronic disease.

Chapters / topics



Key messages for healthcare professionals

- Obesity is a complex chronic disease, characterised by the excess or dysfunctional adiposity, that impairs health.
- Screening for obesity should be performed by measuring body mass index and, if indicated, waist circumference.
- The clinical assessment of obesity should establish the diagnosis and identify the causes and consequences of dysfunctional or excess adiposity on a patient's physical, mental and functional health.
- Healthcare professionals participating in the assessment of obesity should focus on establishing values and goals of treatment, identifying which resources and tools may be needed and fostering self-efficacy with the patient for long-term management.
- A non-judgemental, stigma-free environment is necessary when undertaking assessments with a patient living with obesity.

Underpinning evidence,
discussion and context

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Key messages for healthcare professionals

Recommendations

Key messages for people living with obesity

Recommendations

1. We suggest that healthcare professionals (HCPs) involved in screening, assessing and managing people living with obesity use the 5As of Obesity Management framework to initiate the discussion by asking for their permission and assessing their readiness to initiate treatment (Level 4, Grade D, Consensus).
2. HCPs can measure height, weight and calculate BMI in all adults (Level 2a, Grade B)¹⁻⁹, and measure waist circumference in individuals with a BMI 25 kg/m² – 35 kg/m² (Level 2b, Grade B)¹⁰⁻¹².
3. We suggest a comprehensive history to identify root causes of weight gain, as well as including complications of obesity and potential barriers to treatment in the assessment (Level 4, Grade D)¹³⁻¹⁵.
4. We recommend blood pressure measurement in both arms, fasting glucose or glycated hemoglobin (HbA1c) and lipid profile to determine cardiometabolic risk and, where appropriate, to screen for non-alcoholic fatty liver disease and sleep-disordered breathing in people living with obesity (Level 3, Grade D)¹⁶⁻¹⁹.
5. We suggest HCPs consider using the Edmonton Obesity Staging System to determine the severity of obesity and to guide clinical decision making (Level 4, Grade D)^{20,21}.

Key messages for people living with obesity

- **Obesity is a complex chronic disease, characterised by excess or dysfunctional body fat (adiposity), that impairs health.** Obesity has a negative impact on your physical and mental health, as well as your overall quality of life.
- **To guide you and your healthcare professional (HCP) on the best obesity-treatment options, a clinical assessment is needed to determine how your weight or body fat affects your health and wellbeing.** This may include a physical exam, blood tests, mental health assessment and interviews and questionnaires about health and habits.
- **Weight bias and obesity stigma exist for adults in healthcare settings and can be detrimental to helping you achieve your health goals.** HCPs should conduct an obesity assessment in a sensitive and nonjudgemental way and use language that is respectful and inclusive²²⁻²⁴.

and



ADAPTE methodology

- Adaptation examples included:
 - References to Irish healthcare system professional registrations and organisations e.g. CORU / ICPO
 - Aligning the CPGs with the Irish Model of Care e.g. where care is delivered and the addition of psychological support before surgery
 - The addition of reference to over 155 pieces of Irish obesity-related research
 - Adaptation for European Medicines Agency regulations that apply in Ireland / Europe
 - Consistency with existing Irish guidelines e.g. FSAI guidance re: sarcopenia in older adults
 - Incorporating other guidelines that are commonly used in Ireland e.g. NICE / BOMSS
 - Language updates
- Adapted ADAPTE Tool 15 for each chapter also used to:
 - Capture new evidence the adapting authors were aware of that may influence future reviews of the recommendations
 - Additional research questions that might be included in the next literature review
 - Research gaps that may direct future work

Summary publication



Review > *Obes Facts*. 2022;15(6):736-752. doi: 10.1159/000527131. Epub 2022 Oct 24.

Obesity in Adults: A 2022 Adapted Clinical Practice Guideline for Ireland

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<https://www.karger.com/Article/FullText/527131>



ASOI CPG website



The Association for the Study of Obesity on the Island of Ireland

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Guidelines



Clinical Practice GUIDELINE

for the Management of Obesity in Adults in Ireland

Obesity in Adults: A 2022 Adapted Clinical Practice Guideline for Ireland

Developed by the Association for the Study of Obesity on the Island of Ireland (ASOI), the Irish Coalition for People Living with Obesity (ICPO) and the HSE Obesity National Clinical Programme (NCP) alongside 70 specialists from all over Ireland have been working on adapting the Canadian CPGs for use in Ireland, using the ADAPTE framework. They come from a wide variety of multidisciplinary backgrounds and include academic and clinical researchers, anaesthetists, dietitians, endocrinology, epidemiology, general practice, midwifery, nursing, obstetrics, occupational therapy, patient representatives, physiotherapy, psychology, psychiatry, public health, pharmacology, respiratory, and surgical representatives.

<https://asoi.info/guidelines/>



Clinical Practice GUIDELINE for the Management of Obesity in Adults in Ireland

