Obesity:
The Big Debate

Report from

Obesity: The Big Debate

25th October 2017

Hilton Birmingham Metropole, Birmingham

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Introduction

'Obesity: The Big Debate' was a series of meetings held in London, Manchester and Birmingham, designed to drive active participation and discussion around the current obesity environment in the United Kingdom and the future challenges in obesity care.

Each meeting included four 'debate' questions in which two members of the panel advocated for opposite sides of the argument. Each speaker was afforded 5–7 minutes to make their case, before debating with each other and then receiving questions and comments from the audience. Audience members were asked to vote on each question both before and after the debate. It is important to note that the number of attendees that voted on each question varied.

This report provides an overview of discussions and votes from the Birmingham meeting and discusses them in relation to the pooled results from the three meetings.

Speakers

There were five panel members as speakers and one chair:

- Meeting Chair: **David Thorne,** MD of Blue River Consulting Ltd
- **Dr Georgios Dimitriadis**, Endocrinologist, UHCW NHS Trust, Coventry
- **Dr Harpal Randeva**, Clinical Director, Diabetes, Endocrinology and Metabolism unit at UHCW NHS Trust, Coventry
- **Jane DeVille-Almond**, Independent Nurse Consultant and Chair of the British Obesity Society
- **Dr Jen Nash**, Clinical Psychologist, board member of the National Obesity Forum
- **Dr Mujahid Saeed**, Consultant Physician in General Medicine and Diabetes at Queen Elizabeth Hospital Birmingham, University Hospital Birmingham

Participants

A total of 23 participants were in attendance at the Birmingham meeting; 80% of whom were based within 50 miles of Birmingham. Of the attendees 50% were healthcare providers, including doctors, nurses and dietitians. Although just under half of the participants indicated that they were currently treating people with obesity, around 30% considered obesity their area of expertise. Around 50% of participants indicated that obesity treatment was initiated outside dedicated obesity, diabetes and bariatric services. There were 42 participants in London and 14 in Manchester, resulting in a combined 79 participants.

Debate 1: 'Is obesity a disease?'

Dr Georgios Dimitriadis and Dr Mujahid Saeed

The argument for the disease status of obesity was put forward by Dr Georgios Dimitriadis, who highlighted the complex pathophysiology of obesity and the multiple associated comorbidities. Whilst Dr Mujahid Saeed agreed that obesity was certainly complex, he disagreed with its classification as a disease, arguing that obesity is a spectrum, on which only those at the higher end could be considered to be in a disease state. Both speakers were in agreement over the clinical limitations of using body mass index (BMI) alone to define obesity.

Dr Saeed argued that, although the World Health Organization and the American Medical Association recognise obesity as a disease, the National Institute for Clinical Excellence (NICE) does not. Dr Dimitriadis countered that the United Kingdom was behind on this issue, and asked the audience to consider why the other organisations do recognise obesity as a disease.

Prior to the debate, 52.2% of participants indicated they believed obesity is a disease, 21.7%, believed that it was not, and 26.1% were unsure.

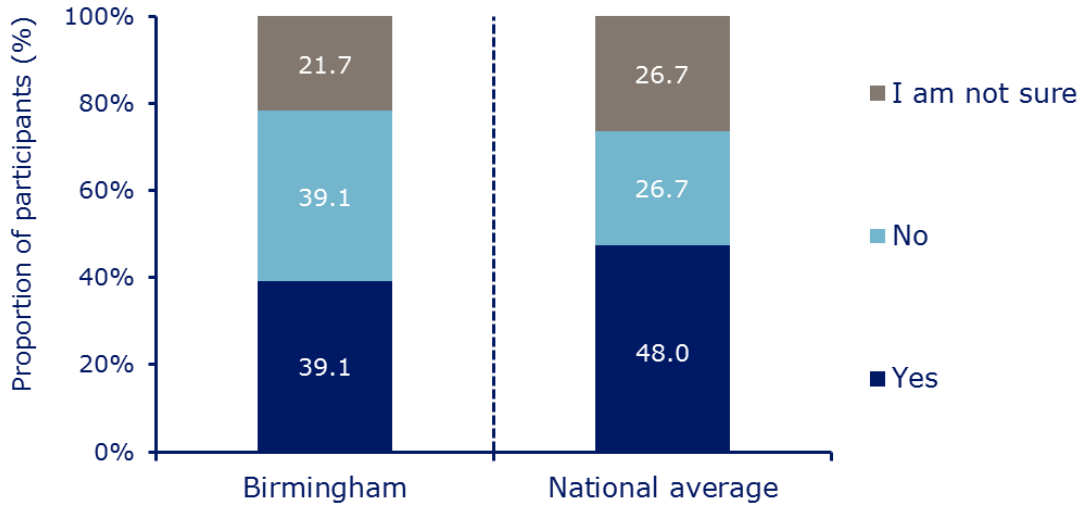


Figure 1. Is obesity a disease? Post-debate responses (Birmingham, n=23; National, n=76)

Following the debate, 39.1% of participants indicated they believed obesity is a disease: this is lower than the post-debate national average. The proportion of participants who did not believe obesity is a disease increased to 39.1% (**Figure 1**).

When the debate opened to the rest of the panel, there was some discussion as to the negative implications of recognising obesity as a disease, of particular note the number of individuals at the lower end of the obesity spectrum taking offence at being labelled as having a disease. The financial implications for an already strained National Health Service (NHS) were also debated in the same context.

Debate 2: 'Just eat less and do more'

Jane DeVille-Almond and Dr Jen Nash

Jane DeVille-Almond began the debate by stating her belief that obesity is a public health disaster. She argued that the population moves less than ever before, and food is more accessible. Compounding this is the lack of education for healthcare professionals concerning nutrition. Government calorie guidelines are overestimations and individualisation for each patient is required. It was concluded that the only way to lose weight is to eat less and do more.

Dr Jen Nash argued that current guidelines and treatment approaches assume that humans eat only in response to hunger, and the notion of 'just eat less and do more' is patronising: while an approach works for one person, this does not mean it will work for another. While eating less and doing more may be viable for some, a psychological approach is required for those with adverse emotional issues. Individuals may eat due to adverse childhood experiences as a socially acceptable way to deal with repressed childhood trauma, leading to poor health in adulthood. Providing individuals with the psychological skills to control eating is of great importance.

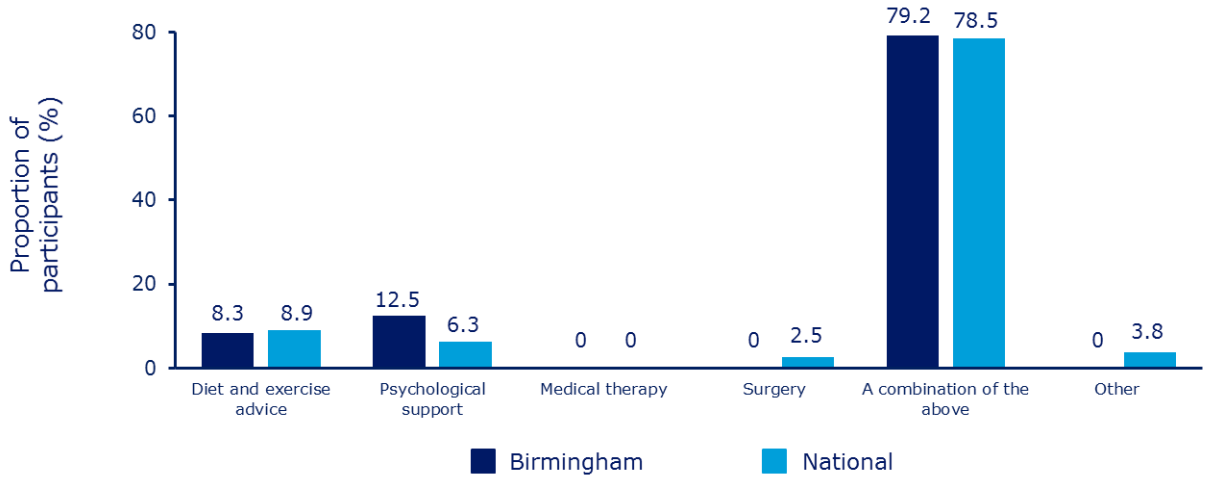


Figure 2. What do people with obesity need? Post-debate responses (Birmingham, n=24, national, n=79)

With regards to what treatment individuals with obesity need, in Birmingham, participant opinion changed very little from before to after the debate. The vast majority of participants, around 80%, thought that a combination of different treatment modalities, including diet and exercise, psychological support and surgery would be required for obesity treatment. The responses from Birmingham were representative of those recorded nationally (**Figure 2**).

Debate 3: 'To pay or not to pay, that is the question'

Jane DeVille-Almond (JDA) and Dr Jen Nash (JN)

The debate opened with both speakers agreeing that obesity is the biggest problem facing the NHS now, and that something has to change. Dr Jen Nash and Jane Deville Almond both suggested that if patients were to pay for obesity care and understood the costs, then they would be more appreciative of the service. Ms DeVille-Almond argued that patients would also be more compliant with weight management programmes if they were to pay for them. Further discussions related to the use of incentives and other methods to improve retention in weight-management programmes.

Whilst initially agreeing that the patients should pay, both speakers conceded that everyone in the country should have access to a good standard of weight management. Dr Nash suggested that those who can afford to do so, should pay, and those who cannot, should not have to pay. Ms DeVille-Almond agreed, with the caveat that in order to receive free obesity care, patients should demonstrate commitment to weight loss and must fully adhere to the programme.

The debate concluded with a discussion regarding the political forces surrounding NHS funding. Ms DeVille-Almond stated that as taxpayers, we are already paying for the NHS and that it may not be fair to pay again. Dr Nash queried whether individual healthcare professionals could really have an influence within a political environment.

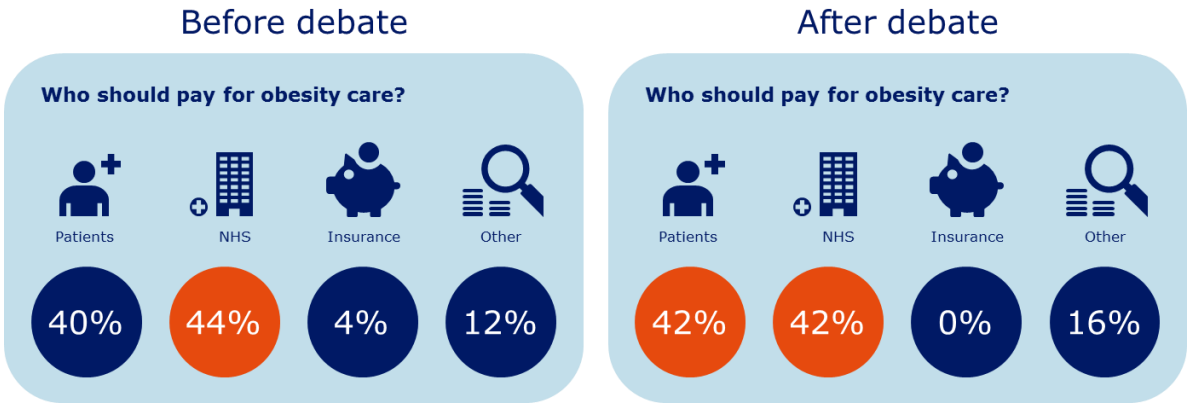


Figure 3. Who should pay for obesity care? (Birmingham, n=25 responses before and n=26 responses after debate 3)

When asked who should pay for obesity care the participants votes did not appear to differ from before to after the debate (**Figure 3**). The national picture was broadly similar to that seen in Birmingham, with a total 48% of participants in agreement that the NHS should pay for obesity care.

When discussion was opened to the participants and the rest of the panel, the debate generated much interest. Participants were keen to express that charging individuals to use obesity services will serve only to increase the stigma associated with having obesity. However, others suggested that the NHS would at some point pay for obesity indirectly, through treatment of complications, and that action is required now.

Debate 4: 'Who owns obesity care?'

Dr Harpal Randeeva (HR) and Dr Mujahid Saeed (MS)

Dr Harpal Randeeva and Dr Mujahid Saeed agreed that no single individual or organisation was responsible for treating obesity, but that everyone has a role to play in successful weight management.

A number of groups were identified by both speakers as crucial in stopping the rise in the rate of obesity. Whilst **primary care** should be the first point of call for individuals with obesity, Dr Randeeva suggested that GPs cannot be expected to be experts in obesity. Dr Saeed was keen to state that **the individuals** themselves should retain an aspect of self-referral. Dr Randeeva raised the issue of a lack of direction and expertise within **clinical commissioning groups**, and that a 'postcode lottery' has resulted in an inconsistent message across localities with regards to obesity care. Furthermore, both speakers were in agreement that the **food industry** needs to be more active, by implementing tighter regulations on obesogenic foods.

Other groups suggested to play a role in obesity care, albeit at different stages of treatment included **schools**, **secondary care** and **private clinics.**

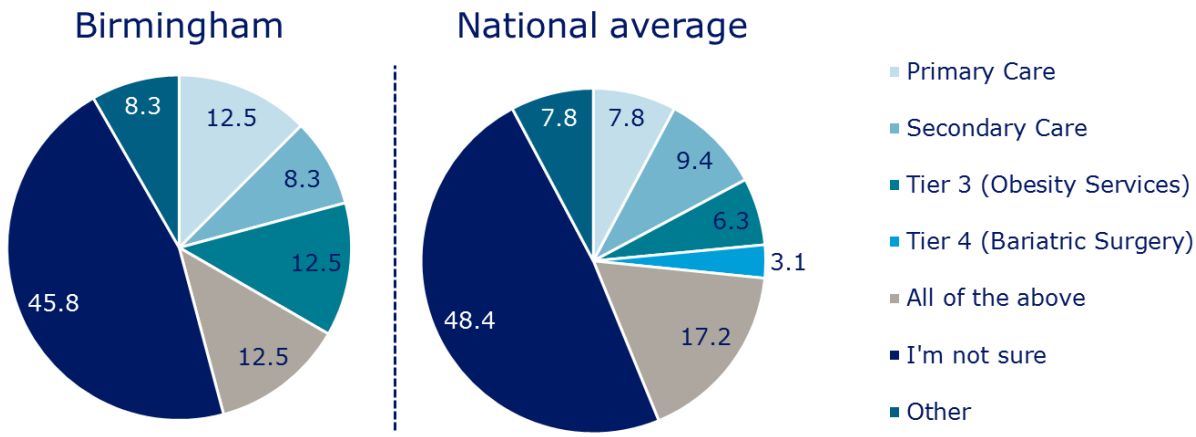


Figure 4. Obesity services in my area are led by? (Birmingham, n=24; national, n=64)

Prior to this debate almost half of the participants did not know who was responsible for obesity care in their locality, a sentiment reflected nationally with a mean 48.4% of participants being unsure (**Figure 4**). This also reflects the 'participant local obesity services' voting earlier in the day, whereby ~50% of participants indicated that obesity treatment was managed outside dedicated obesity, diabetes and bariatric services.

The Big Debate: 'The future of obesity care – where are we headed?'

Dr Harpal Randeeva (HR) and Dr Georgios Dimitriadis (GD)

Dr Harpal Randeeva opened the debate positively, noting that the future of obesity care is full of challenges, yet this presents an opportunity. It was suggested that the future of obesity care is multidisciplinary and that improvement will occur only through education, the co-ordination of care within the region, and the integration of the food and pharmaceutical industry.

Dr Georgios Dimitriadis reiterated the notion of a promising future and set out the medical and surgical future of obesity care. He indicated that the rate of advancement in obesity treatment is good and that a number of different pharmacological treatments are in development, working via different mechanisms. New surgical treatments are also under development. Dr Dimitriadis indicated that the future of obesity care sits within combination medicine and the use of tailored therapies to maximise weight loss.

HR concluded the debate by indicating the necessity to 'lay the foundations before we build the house'. The basics must be right before anything else.

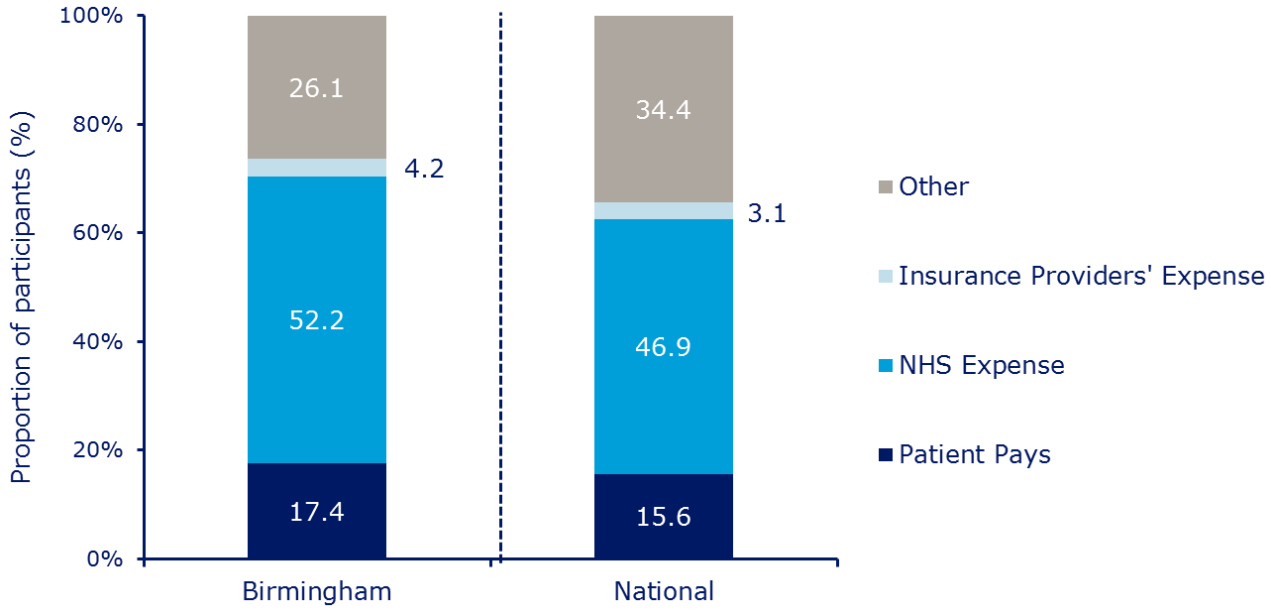


Figure 5. What is the future of obesity care? Post-debate responses (Birmingham, n=23, National, n=64)

After discussing the future of obesity care and hearing from the speakers, around 52% of Birmingham participants voted for 'NHS expense' as the future, slightly higher than the national average. Few participants, from Birmingham or nationally, envisioned 'insurance provider pays' as the future. The 'other' option received ~25% of votes in Birmingham and ~34% nationally (**Figure 5**).

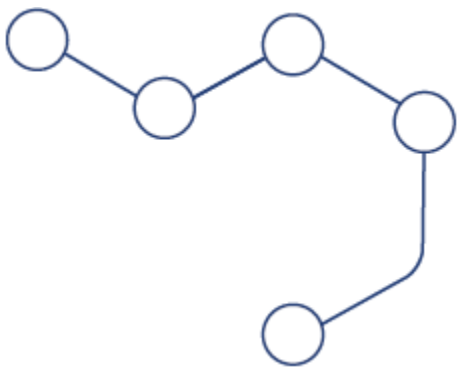
Closing remarks and conclusion

In conclusion, participants were split as to whether they believed obesity was a disease or not, with around 20% still unsure following the debate, perhaps reflecting the complex nature of obesity and the discrepancies between NICE and other large health organisations. Participants and speakers agreed that the implications of accepting obesity as a disease need to be taken into consideration.

The need for a multidisciplinary approach to obesity treatment was stressed throughout the meeting as was greater, more comprehensive, education for healthcare professionals at all tiers of treatment. Speakers indicated that the argument for who should pay for obesity treatment was far from explicit, but agreed that high-quality obesity care should be available for all.

Participants and speakers agreed that obesity care is not just the responsibility of the various tiers of the NHS, but of society and the food/pharmaceutical industry as a whole to educate, motivate, and improve standards of care. All speakers were positive about the future of obesity care, concluding the meeting by stating that we have an opportunity to improve care. However, it is important that the first focus is on education and reduction in the variable quality of care across the country.

At the end of the meeting 75% of participants indicated that this meeting had challenged their way of thinking about obesity and all said they would recommend 'The Big Debate' to a colleague.



Data available on request.