

Appendix 3: NICE guidance evidence review summaries

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Summary of evidence reviews supporting 2025 recommendations

Table 1: Summary of NICE evidence reviews used to develop the 2025 recommendations

Evidence review	Summary of review
<p>Identifying overweight and obesity in children, young people and adults</p>	<p>Children and young people</p> <p>The review examined how healthcare professionals should identify overweight and obesity in children and young people. The evidence showed that while school-based measurement programmes (like the National Child Measurement Programme) effectively identify children with weight concerns, they can sometimes cause distress for families. Healthcare professionals should use their judgment to decide when to measure a child's height and weight during routine health checks, always obtaining consent first and discussing the purpose clearly. Measurements should be conducted sensitively using non-stigmatising language and person-centred approaches that consider the family's circumstances, cultural background, and readiness to discuss weight. Professionals should be aware of potential risks, particularly for young people vulnerable to eating disorders. The review also highlighted the importance of considering wider social determinants of health when discussing weight and acknowledging that children from certain ethnic backgrounds may face increased health risks at lower BMI levels.</p> <p>Adults</p> <p>The review examined how health and care professionals should approach identifying overweight and obesity in adults. Evidence showed that electronic record tools can help increase identification rates, but the most important factors are how sensitively weight discussions are conducted. The evidence highlighted that unlike children, adults don't have established measurement programmes, though healthcare professionals should use professional judgment (rather than clinical judgment) to decide when to measure an adult's height and weight, always obtaining consent first and respecting a person's choice not to discuss their weight. Before discussing weight, professionals should address the person's primary health concern to avoid diagnostic overshadowing (where weight discussions overtake other health issues). All weight discussions should use non-stigmatising language and preferred terms, take a person-centred approach that considers cultural beliefs, previous weight management experiences, and readiness to engage. The review highlighted that many healthcare professionals lack confidence in discussing weight and need better awareness of available local services. For adults with BMI below 35 kg/m², measuring waist circumference to calculate waist-to-height ratio can help assess health risks from central adiposity. The review also emphasised the importance of considering wider social determinants of health and acknowledged that people from certain ethnic backgrounds may face increased health risks at lower BMI levels.</p>
<p>Increasing uptake of weight management services in children, young people and adults</p>	<p>Children and young people</p> <p>The review found that while weight management programmes may not significantly reduce BMI long-term, they can improve overall health and wellbeing. Key barriers to participation include stigma, accessibility issues, and cultural factors. The evidence supports several approaches to improve uptake: providing clear information about what interventions involve, ensuring programmes are culturally appropriate and age-specific, discussing personal goals, and offering ongoing support after programme completion. Healthcare professionals should be aware of alternative services that may better address underlying causes of obesity, including mental health support. The review emphasises that obesity can be a chronic, relapsing condition requiring long-term monitoring and support, and that children and families should receive honest information about realistic outcomes to avoid false expectations.</p> <p>Adults</p> <p>The NICE evidence review on increasing adult participation in weight management services found that actively referring adults to programmes (rather than just recommending weight loss) is likely to be cost-effective for the NHS. Key barriers to participation include stigma, accessibility issues, cost concerns, and cultural factors. The evidence supports several approaches to improve uptake: discussing personalised goals, identifying culturally appropriate programmes tailored to specific demographic groups (like men-only programmes), ensuring services are conveniently located with flexible scheduling, and respecting adults' choice to decline referral. Unlike with children, where continued monitoring is emphasised, the adult recommendations focus on respecting patient autonomy while providing information about alternatives and leaving the door open for future discussions. The review acknowledges that current financing of weight management</p>

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	<p>programmes may worsen health inequalities due to "postcode lottery" access and out-of-pocket costs, potentially disadvantaging those from lower socioeconomic backgrounds.</p>
<p>Effectiveness of different diets in achieving and maintaining weight loss</p>	<p>Based on the evidence provided, low-energy diets (800-1200 calories per day) using total meal replacements show the most promising results for weight loss, especially for people with obesity or those who have type 2 diabetes. These diets were found to be cost-effective for these groups, helping reduce weight, waist circumference, and improving quality of life. For people with type 2 diabetes, these diets can even lead to diabetes remission. However, these diets should only be followed for up to 12 weeks, require professional support from specialists, and aren't meant for long-term use. Very-low-energy diets (under 800 calories) also showed some benefits but are more restrictive and should only be used in specific circumstances. The review found little evidence that low-carbohydrate diets were more effective than conventional diets for most outcomes. Additionally, the review found that maintaining weight loss remains a significant challenge, with weight regain being a common occurrence after initial success with dietary interventions. The review highlights that weight regain can happen gradually over time and is not due to personal or clinical failure. Evidence from key trials like DIRECT and DROPLET shows that ongoing support is crucial for long-term weight maintenance, with both trials including structured follow-up programmes after the initial diet phase. The economic model used in the review tested different weight regain scenarios, noting that assuming a rapid regain within 5 years significantly affected cost-effectiveness calculations, particularly for those without diabetes. The committee emphasised the importance of discussing food reintroduction strategies after completing low-energy diets and providing long-term weight maintenance support options including nutritional guidance, physical activity, and possibly pharmacological or surgical interventions. The evidence suggests that success in maintaining weight loss depends heavily on the quality and duration of post-diet support rather than on the initial diet itself.</p>
<p>Effectiveness and acceptability of weight management interventions in children and young people living with overweight and obesity</p>	<p>Based on the evidence provided, the NICE review found that weight management programmes for children with obesity or overweight generally show limited long-term effectiveness. While some programmes with diet and behaviour change components showed small reductions in BMI z-score (a standardised measure of body weight adjusted for age and gender), these improvements were minimal and rarely sustained beyond 6 months after the intervention ended. The review acknowledged that overweight and obesity are complex conditions influenced by multiple factors including mental health, socioeconomic circumstances, and environment. Despite the limited weight outcomes, participants often reported psychological and social benefits from these programmes, such as improved self-esteem and confidence. The review concluded that weight management programmes should be part of a broader approach that addresses the underlying drivers of obesity, rather than focusing solely on weight loss. It recommended that interventions include diet and behaviour change components, be tailored to individual needs, and provide ongoing support after the programme ends.</p>
<p>Effectiveness of healthy living programmes in preventing overweight and obesity in children and young people</p>	<p>The review examined how effective healthy living programmes are at preventing overweight and obesity in children and young people. While some programmes combining diet and physical activity showed small reductions in BMI (body mass index) measurements, these changes were modest overall. The evidence, which primarily came from studies in the USA with some from the UK, was of low to moderate quality. Despite limited evidence of significant BMI changes, the committee emphasised the importance of obesity prevention, especially as childhood obesity rates remain high in England, with notable increases during the pandemic and higher rates in disadvantaged areas. The committee recommended that schools, nurseries, and childcare facilities prioritise improving children's nutrition and activity levels using whole-school approaches that involve parents and create pleasant, inclusive meal environments. They also stressed the importance of adapting activities for children with special educational needs and disabilities and considering factors like culture, beliefs, and gender preferences when planning interventions.</p>
<p>Psychological approaches to address weight stigma in children, young people and adults</p>	<p>The evidence review emphasised that weight stigma can lead to poor psychological wellbeing, higher levels of depression and anxiety, and weight gain, and can prevent people from seeking healthcare. The review noted that psychological approaches are currently used mainly in specialist obesity services rather than community settings, and there's a shortage of appropriately trained psychologists in the UK. The review recommended further research on psychological approaches to address weight stigma, particularly for children, young people, and specific vulnerable groups including those from lower socioeconomic backgrounds.</p>