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BOSPA Statement on New NICE Obesity Guidance

13 December 2006. BOSPA welcomes this guidance from NICE on improving and expanding the treatment of obesity in the UK. There are two specific points in the guidance which will impact surgery as a treatment for morbid obesity.

Removal of age limit of 18 years for surgical treatment. There are a small number of young people (estimated to be less than 200) in the UK whose lives are severely threatened by their obesity or comorbid conditions (e.g. heart disease and type 2 diabetes). For these people, surgery is the only remaining treatment option, as they have already followed medical treatment programmes without effect. The objective of treatment for anyone with morbid obesity is to improve their health and resolve or significantly improve the comorbidities they have – thus increasing their life expectancy. The new NICE guidance states that anyone being considered for surgery must be physiologically mature, that is, they will have been through puberty. BOSPA anticipates that these patients will only be treated in a small number of highly specialised bariatric surgery centres who have the expertise, equipment and multidisciplinary teams available to ensure their optimum treatment and safety. Surgery has been performed on adolescents in the USA for some time with excellent results.

Surgery being considered a first line treatment option for patients with a BMI over 50. To have a BMI of over 50, patients are generally 70kg+ (11 stone) over their ideal weight and often have severe health effects from their obesity, such as diabetes, high blood pressure, sleep apnoea or reduced mobility. If they lost 1lb a week, every week with dieting, it would take 3 years to lose their excess weight. However, not only would that be quite difficult for anyone to sustain for such a long period, their health would be likely to deteriorate further before they lost enough weight to make a difference to it. Published studies show that the available prescription drugs help someone lose just 4-5 kg over a year, so they will also have little impact in these patients. Surgery is the only treatment that is proven to be effective in those with morbid obesity.

“We do not anticipate that either of these points in the NICE guidance will mean that surgery will be offered inappropriately, or that it will open a floodgate of new people for surgical treatment for their obesity” says Janet Edmond, Director of BOSPA.

“BOSPA entirely agrees that it is better to prevent obesity reaching the degree where surgery is the only option, and the new NICE guidelines contain a lot of recommendations which support that aim. However, for those who have already reached the stage of morbid obesity, they should be treated as any other illness is treated on the NHS, with clinically proven, effective treatments. For this condition, that means surgery. This guidance does not change the criteria for bariatric surgery that were published by NICE in 2002, which includes the criteria of BMI over 40 kg/m² or over 35kg/m² if the person already has comorbidities.”

There are estimated to be approximately 1,000,000 persons in the UK with morbid obesity and it is believed that 1-2% of them would have surgical treatment for this condition. That equates to 10-20,000 operations. At present, BOSPA estimates that less than 2,000 operations are done on the NHS each year in the UK so there is still need for considerable expansion in bariatric surgery services. “Primary Care Trusts in the UK have been woefully slow in developing obesity management strategies and increasing access to surgical treatment and there are huge inequalities in funding depending on where you live – it is a definite case of ‘postcode lottery’” added Edmond. “This has to improve – obesity is the most rampant disease in our society and increasing at an alarming rate. A push-pull approach will ensure that those already with the disease are treated appropriately, whilst measures are at the same time put in place to slow down the incidence.”

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