

CLINICAL PRACTICE
GUIDELINES FOR
OBESITY MANAGEMENT
IN EUROPE:

GAPS AND NEEDS

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Executive Summary

Introduction: The European Association for the Study of Obesity (EASO) aims to support the development of a unified evidence-based approach to addressing obesity across disciplines and countries and advocates for the prioritisation of obesity among relevant policymakers, NGOs, researcher funders, health professionals, media, industry, and the public. Clinical practice guidelines (CPGs) represent one form of knowledge synthesis intended to optimize patient care. There is currently no systematic assessment of existing obesity clinical practice guidelines in Europe. Moreover, the process of promoting and implementing guidelines into clinical practice is as critical as the development of the guidelines themselves.

Objective: The objective of this report is to summarize the results of an EASO clinical practice guideline needs assessment.

Needs Assessment Approach: To identify EASO members' demands and needs for support to create and disseminate clinical practice guidelines, we conducted an online survey and hosted an in-person guideline workshop.

Data Analysis: To obtain a deeper understanding of the current situation and needs of national associations, we discussed survey results with EASO members who attended the in-person workshop. The discussion helped us interpret the survey data and identify gaps and needs in a holistic manner.

Results: EASO's national association members reported that 15 countries have clinical practice guidelines for the management of obesity in adults, and that 13 countries have guidelines for the management of obesity in children and adolescents. Workshop participants discussed the need to review the alignment of European guidelines and recommendations with existing evidence-base and best practices. Participants discussed the need to develop a shared understanding among EASO members about what guidelines are, how they are developed, and their role in the context of a wider obesity care eco-system. Participants reported that existing national obesity management clinical practice guidelines for adults have been developed by obesity national associations (50%), academics (3%) and other groups (20%), while only 27% of guidelines were developed by national government authorities. With respect to child and adolescent clinical practice guidelines, the majority were developed by professional associations (57%), academic groups (5%) and other organizations (5%), and only 33% were developed by government authorities. Survey and workshop results indicate there is a lack of coordinated guideline implementation. About 50% of survey respondents reported that there is a national plan for obesity or a model of care in their country but only 30% reported that their national plans have government funding allocated for implementation. Furthermore, 48% of respondents reported that existing national guidelines are not integrated into national obesity plans or models of care. Less than 50% of survey respondents reported that guideline implementation activities such as education to healthcare professionals were in place in their country. Most survey respondents expressed an interest in developing standard models of care for obesity (70%). Workshop participants discussed the feasibility of creating European wide key principles for clinical practice guidelines.

Conclusion: This project identified key needs and priorities among EASO members for the development and implementation of clinical practice guidelines and models of care for the management of obesity in children, adolescents, and adults. Overall recommendations for future EASO activities include: 1) standardizing guideline recommendations and key principles across Europe; 2) supporting EASO members to adapt or create new guidelines, and 3) advancing guideline implementation strategies.

Introduction

The European Association for the Study of Obesity (EASO) aims to support the development of a unified evidence-based approach to addressing obesity across disciplines and countries and advocates for the prioritisation of obesity among relevant policymakers, NGOs, researcher funders, health professionals, media, industry, and the public. By engaging key interdisciplinary actors, EASO supports the development of an environment in which policy changes can take place. Through research and knowledge translation activities, EASO lays the foundation for the policy conversations by supporting national members through tools and guidance that meet national needs and by helping to establish strong local structures and communities to foster education, research, and communication at the national level.

Clinical practice guidelines (CPGs) represent one form of knowledge synthesis intended to optimize patient care. Guidelines can enable health care professionals, patients living with obesity and policy makers to collaboratively select the best care for a unique patient based on his or her preferences. EASO recognizes that some national associations are considering the development of new, or the adaptation of existing, clinical practice guidelines to improve access to obesity care in their countries. Some EASO members have identified a lack of resources and capacity to be able to develop or adapt CPGs. There is currently no systematic assessment of existing obesity clinical practice guidelines in Europe. Moreover, the process of promoting and implementing guidelines into clinical practice is as critical as the development of the guidelines themselves.

Based on this context, EASO launched a research initiative with the following objectives:

1. **Map existing European obesity clinical practice guidelines** and determine differences/similarities in availability and use of national guidelines, approaches, methodological aspects, evidence-based recommendations, consensus-based key messages, and guideline implementation strategies.
2. **Identify EASO members' demands and needs** for support to adapt, create dissemination and/or communicate obesity management clinical practice guidelines.
3. **Develop resources to support EASO members** who are interested in either developing new guidelines or adapting and implementing existing guidelines by providing guidance, training, and resources.

The objective of this report is to summarize the results of the EASO members' needs assessment (objective 2).

Needs Assessment Approach

To identify EASO members' demands and needs for support to create and disseminate clinical practice guidelines, we conducted an online survey and hosted an in-person guideline workshop.

The online EASO member survey was launched in the spring of 2023 and included questions about the existence of clinical practice guidelines for the management of obesity in children, adolescents, and adults as well as existing models of care (or national obesity plans). Questions also focused on specific methodologies used to develop guidelines as well as implementation strategies. The complete survey is included in Appendix A. A total of 36 EASO national association members participated in the survey.

The in-person guideline workshop was held in May 2023, in Dublin, Ireland during the European Congress on Obesity. The workshop brought together 20 national association leaders and/or members from the EASO Collaborating Centres for Obesity Management (COMs) who are intending to develop/adapt or are developing new clinical practice guidelines. The objective of the workshop was to discuss common approaches, recommendations, key messages, implementation strategies and to identify gaps and needs and learn from countries that have recently developed and implemented clinical practice guidelines for obesity management. The agenda for the workshop is included in Appendix B.

Data Analysis

To obtain a deeper understanding of the current situation and needs of national associations, we discussed survey results with EASO members who attended the in-person workshop. The discussion helped us interpret the survey data and identify gaps and needs in a holistic manner.

Results

Findings from this needs assessment are presented in four themes and two subthemes:

- 1) Obesity Management Clinical Practice Guidelines in Europe
- 2) Who Develops Obesity Management Clinical Practice Guidelines in Europe?
- 3) Implementation of Obesity Clinical Practice Guidelines in Europe
 - a. Health System Guideline Implementation Enablers
 - b. Healthcare Professional Education and Patient Engagement
- 4) Interest in Developing or Adapting Clinical Practice Guideline

Obesity Management Clinical Practice Guidelines in Europe

In the online survey, national associations reported that **15 countries already had clinical practice guidelines for the management of obesity in adults** (France, Belgium, Turkey, Switzerland, Hungary, Slovakia, Norway, Greece, Ireland, Israel, Iceland, UK, Germany, Poland, Serbia, and Sweden) while three countries reported not having a clinical practice guideline (Austria, Greece, Republic of North Macedonia). Italy reported only having official guidelines for the management of people with complicated obesity. Spain reported that they are currently developing a clinical practice guideline. Denmark reported that their guidelines for the management of obesity in primary care were outdated (2009) and that their new (2020) guidelines only covered non-surgical treatment of obesity. Other countries, like Austria, reported that although they did not have a national clinical practice guideline, they followed the European obesity clinical practice guidelines.

Survey respondents reported that **13 countries have guidelines for the management of obesity in children and adolescents** (France, Belgium, Turkey, Switzerland, Hungary, Slovakia, Norway, Greece, Ireland, Israel, Iceland, UK, Germany, Poland, and Sweden), four countries reported not having a guideline and three reported having another type of guidance. For example, Denmark reported that pediatric obesity management guidelines were developed in 2015 but were not targeted for general practitioners and are currently being updated. Iceland reported that pediatric obesity management guidelines are currently being developed.

Workshop participants discussed the need to review the alignment of European guidelines and recommendations with existing evidence-base and best practices. They also discussed whether there is a need to have individual or country-specific guidelines or whether it is possible to have a European obesity clinical practice guideline that countries can use and tailor to their own national health system needs. Participants agreed there is at least a need for standardisation of core principles for obesity care (prevention and treatment) across European countries.

In addition, they noted inconsistencies in terminology used by EASO members in relation to guidelines, position statements, expert guidance, government policy, etc. Workshop participants clarified that, distinct from expert position statements, clinical practice guidelines are informed by a systematic review of the evidence and an assessment of the benefits and harms between and among care options. They are not endorsements for obesity treatment products, programs, therapies, or services — instead, they offer an independent evaluation of the quality of the relevant scientific literature, and an assessment of the likely benefits and harms of treatments. The most common approach to developing guidelines is to base recommendations on the highest level of published evidence as assessed using a standard guideline methodology by an independent methods expert team. Where scant evidence exists, methodologies can be used to achieve consensus on recommendations. Based on this discussion, participants agreed on the need to develop a shared understanding among EASO members about what guidelines are, how they are developed, and their role in the context of a wider obesity care eco-system.

Who Develops Obesity Management Clinical Practice Guidelines in Europe?

The online survey revealed that more than half of existing obesity management clinical practice **guidelines were developed by obesity national associations (50%), academics (3%) and other groups (20%), while only 27% of guidelines were developed by national government authorities.** Italy reported that there is a national guideline system managed by Italy's Institute of Health, however national societies can approach the national institute of health to produce guidelines for the national health system. In Denmark, guidelines for general practitioners are co-developed in collaboration with government authorities and professional societies. The existing guidelines for the non-surgical treatment of obesity were developed by the Danish Endocrine Society. In Turkey, the Society for Endocrinology and the Ministry of Health have clinical practice guidelines for obesity. In Ireland, a collaborative process of adapting the Canadian clinical practice guidelines was led by the national obesity association (the Association for the Study of Obesity on the Island of Ireland) with support from Obesity Canada and the European Association for the Study of Obesity, involving a large number of healthcare professionals, academics, patient representatives and scientists from across geographical regions of the country.

With respect to child and adolescent clinical practice guidelines, survey results indicate that the majority were developed by professional associations (57%), academic groups (5%) and other organizations (5%) and only 33% were developed by government authorities.

Workshop participants discussed the issue of having guidelines developed by government authorities versus national associations. The key challenge with government guidelines is that recommendations included may be limited to what governments can reimburse or implement, while guidelines developed by national associations include recommendations based on existing evidence and best practices, which may not be included in national health systems. In that sense, guidelines developed by national associations may represent the "gold standard of obesity care" or the "optimal obesity care standard" that health systems should offer to patients living with obesity. Whether or not these standards of care are implemented depends on the specific national health system. Guidelines developed by national associations can also serve as a tool for advocates to improve obesity care systems.

Implementation of Obesity Clinical Practice Guidelines in Europe

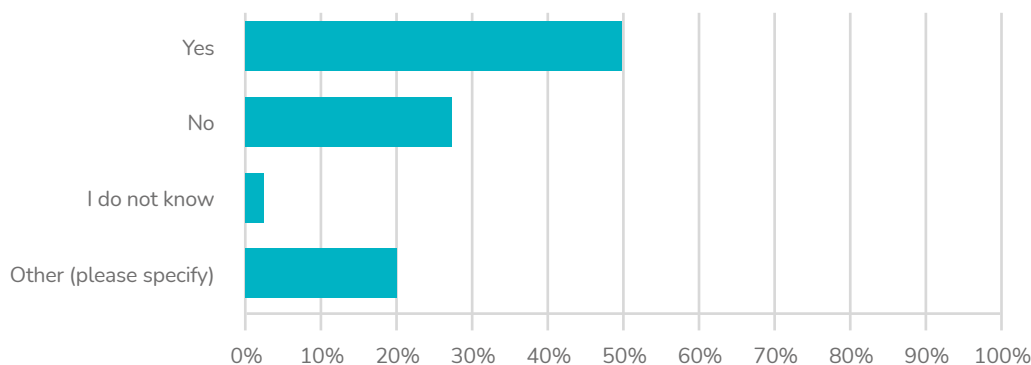
Workshop participants discussed that guidelines launched in jurisdictions that lack implementation enablers can mean that the guidelines' value is squandered. Guideline implementation enablers include **health systems policies** (e.g., models of care, treatment and clinician reimbursement, health systems budgets, logistics and access), **healthcare professional education and skills building** (e.g., overcoming lack of training in obesity during medical school, removing deeply ingrained biases against people living with obesity, incorporating best practices in obesity care within primary care teams, creating collaborative care plans with patients etc.) and **patient education and engagement** (e.g. supporting patients with obesity education and empowerment strategies to seek/demand quality care.)

Health System Guideline Implementation Enablers

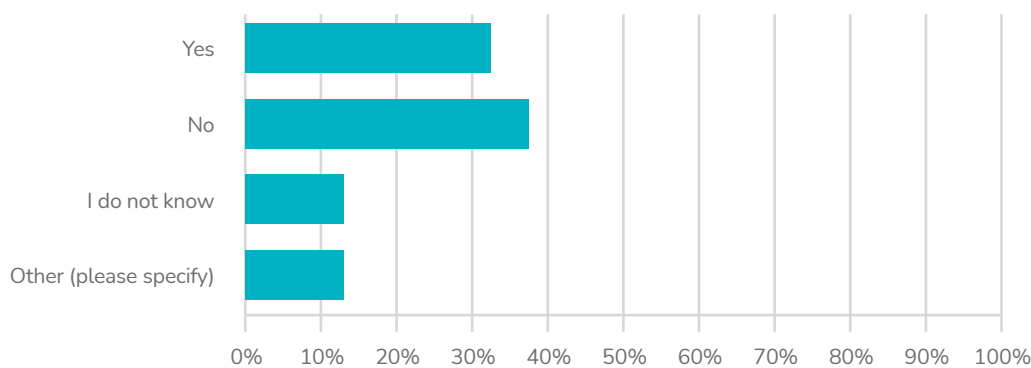
About 50% of respondents reported that there is a national plan for obesity or a model of care in their country (Q19) but only 30% reported that their national plans have government funding allocated for implementation (Q20). Furthermore, 48% of respondents reported that existing national guidelines are not integrated into national obesity plans or models of care (Q17).

Guideline implementation activities vary from country to country. In Italy, the national obesity plan implementation was transferred to the regional health authorities. In Hungary, funding for the implementation of the national obesity plan was only allocated for prevention strategies. In Turkey, obesity centres were created in teaching hospitals and implementation plans are guided by local health authorities. In Israel, only community-based programs that deliver behavioural interventions (nutrition and physical activity) are available within the healthcare system. France created 37 centres for obesity management across the country. In Sweden, the national government authority created a national working group that will design implementation strategies for the new clinical practice guidelines.

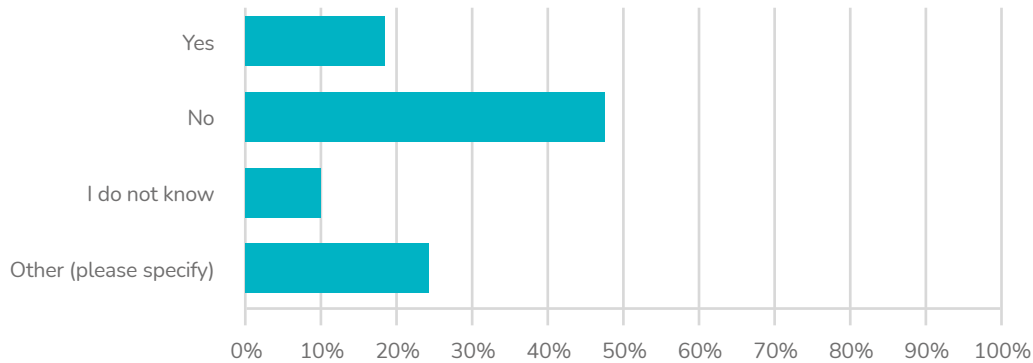
Q19 Does your country have a specific National Plan for Obesity (Model or Care)?



Q21 Is the National Plan for Obesity or Model of Care fully funded through the National Health System?



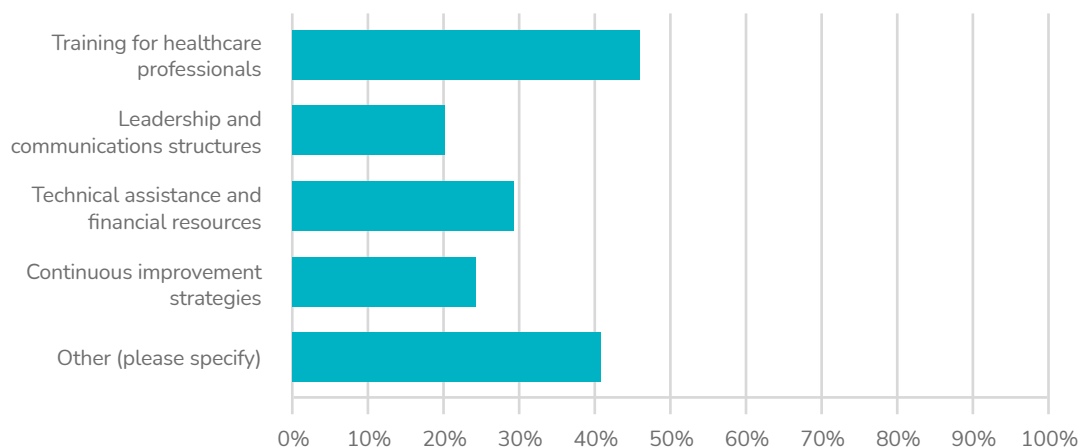
Q17 Are these national clinical practice guidelines implemented (e.g. are the guidelines integrated in existing health services) by the National Health System (e.g. government)?



Healthcare Professional Education and Patient Engagement

Less than 50% of survey respondents reported that guideline implementation activities such as education to healthcare professionals were in place in their country (Q23).

Q23 Which implementation activities have been put in place to adopt the National Obesity Plan?



Workshop participants agreed that more focus is needed on guideline implementation strategies, including leveraging political and policy support, securing government funding for national obesity plans and guideline implementation, and training for healthcare professionals, and patient education and engagement. Additionally, participants identified the need for more support to integrate clinical practice guidelines into new or existing obesity (or chronic disease management) models of care or national obesity plans.

Interest in Developing or Adapting Clinical Practice Guideline

Survey participants reported that in countries where there are no clinical practice guidelines, there is a general interest to develop or adapt guidelines. This general interest is mainly from obesity experts as health authorities and general practitioners do not seem to be aware of this need as they do not consider obesity to be a chronic disease. As one survey respondent explained:

“The pediatric society has the interest. I don’t think the health officials and the GPs’ have. They do not acknowledge obesity as a disease.”

Another survey respondents expressed an interest in developing a European wide clinical practice guideline:

“We have a guideline but if there is scope to develop an updated European level guideline, I would be keen to get involved.”

Most survey respondents expressed an interest in developing standard models of care for obesity (~70%).

During the workshop, Ireland and the Netherlands presented their new clinical practice guidelines. Ireland adapted the 2020 Canadian clinical practice guideline. The Netherlands created a new guideline based on key principles of the Canadian guideline. In the roundtable discussions, Sweden explained that although the national health authority recently launched new national guidelines, implementation is still needed. Spain shared that they are creating new guidelines and that many of the key principles are based on the Canadian guideline. Greece explained that they are looking to adapt the Canadian clinical practice guidelines.

Workshop participants agreed there is an interest at national levels to develop or adapt clinical practice guidelines and models of care, but there is a recognition that these processes are time consuming and resource intensive. Participants discussed the feasibility of creating European wide key principles for clinical practice guidelines. These key principles can serve as a foundation for countries that are planning to develop or adapt existing clinical practice guidelines.

Participants also agreed there is a need to improve efficiencies and that EASO could support its members by providing guidance on how to develop or adapt guidelines. However, there was a recognition that guidelines can be expensive to create and implement and that funding is needed at the national association level.

Discussion and Recommendations

The needs assessment activities (online survey and in-person workshop) revealed that although some countries already have clinical practice guidelines for the management of obesity in children, adolescents and adults, there is an interest among EASO national members and COMs members to standardize recommendations and key principles for obesity management. Survey and workshop participants perceive that standardization of recommendations and key principles would facilitate implementation activities as well as support countries who do not have clinical practice guidelines to either adapt or create their own guidelines. Participants agreed that EASO could support countries by establishing consensus on key principles that can be used in all European clinical practice guidelines.

A key finding in this needs assessment is that there is a lack of guideline implementation. Guideline implementation strategies such as developing health system models of care, education to healthcare professionals, and patient education and engagement are needed across the EASO membership. Participants agreed there is a role for EASO to provide guidance and support for guideline implementation activities.

Specific recommendations for EASO include:

- Review alignment of European guidelines and recommendations across Europe.
- Develop standard core principles for obesity care that can be shared across EASO members.
- Consider creating a European clinical practice guideline framework for obesity management in children, adolescents, and adults that EASO members can tailor and adapt for their own health systems.
- Educate EASO members about the role of clinical practice guidelines within the wider ecosystem for obesity care.
- Support EASO members to identify key requirements in their own healthcare system (e.g., how to decide to adapt or create new guidelines).
- Support EASO members to create guideline implementation strategies (political and policy support, including government funding for obesity care).
- Support EASO members to integrate clinical practice guidelines into new or existing national obesity plans/models of care and existing national chronic disease prevention and management strategies.

Conclusion

This project identified key needs and priorities among EASO members for the development and implementation of clinical practice guidelines and models of care for the management of obesity in children, adolescents, and adults. Overall recommendations for future EASO activities include: 1) standardizing guideline recommendations and key principles across Europe; 2) supporting EASO members to adapt or create new guidelines, and 3) advancing guideline implementation strategies.

Appendix A: EASO Clinical Practice Guideline Survey to National Associations

Obesity is increasingly recognised as a chronic disease, requiring effective and evidence-based healthcare supports. Unfortunately, most health systems around the world lack adequate infrastructure and resources to effectively treat obesity as a chronic disease. More and more countries are developing clinical practice guidelines and models of care (national obesity plans) as strategies to guide and optimise obesity care (prevention and management).

“Clinical practice guidelines are systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances.”(Institute of Medicine, 1990)

A model of care broadly defines the way health services are delivered. The aim is to bring about improvements in service delivery through effecting change and includes implementation and evaluation strategies.

EASO would like to map obesity clinical practice guidelines and models of care across Europe.

The purpose of this online survey is to identify existing or emerging national clinical practice guidelines and models of care for the prevention and management of obesity (for children, adolescents, and adults) in Europe.

NOTE: This survey is intended to be completed by national EASO members who are familiar with the state of obesity clinical practice guidelines and obesity models of care (national obesity plans) in their country. The survey will take 10-15 minutes to complete. Survey results will inform future EASO activities to map and increase access to evidence-based obesity care in Europe. Information gathered through this survey will not be published externally and will be used for internal planning purposes only.

Part 1: Demographics

Which National Association do you represent?

Which country does your national association represent?

What is your role in your national association?

Part II: Clinical Practice Guidelines for Adult Obesity

Q1: Does your country have a national clinical practice guideline for the prevention and management of obesity in adults?

- Yes
- No
- Do not know
- Other

If yes to Q1, **Q2:** Who developed the national clinical practice guidelines for obesity prevention and management in your country?

- Government
- Professional Association
- Academia
- Other

If yes to Q1, then **Q3:** When were these guidelines developed and are there any plans to update them?

If yes to Q1, **Q4:** Can you provide a link the existing national clinical practice guidelines for obesity prevention and management?

If yes to Q1, **Q5**: Are these national clinical practice guidelines based on a standard and transparent clinical practice guideline framework that assesses the quality of the evidence and the strength of recommendations (e.g. GRADE- Grading of Recommendations, Assessment, Development and Evaluations).

- Yes
- No
- Do not know
- Other comment

If yes to Q1, **Q6**: Are these national clinical practice guidelines endorsed by the national health system (e.g. government)?

- Yes
- No
- Do not know
- Other comment

If yes to Q1, **Q7**: Are these national clinical practice guidelines implemented (e.g. are the guidelines integrated in existing health services) by the national health system (e.g. government)?

- Yes
- No
- Do not know
- Other comment

If no to Q1: If there are no clinical practice guidelines in your country, do you believe there is an interest in creating a national clinical practice guideline for obesity?

- Yes
- No
- Do not know
- Other comment

If no to Q1: Are there any obesity consensus statement or position papers rather than clinical practice guidelines in your country? (Consensus statements and position papers are specific opinions or recommendations about obesity that are usually drafted by a health professional society and derived from expert and undergo some degree of peer review by society members)

- Yes
- No
- Do not know
- Other comment

Part III: Clinical Practice Guidelines for Obesity in Children and Adolescents

Q8: Does your country have a national clinical practice guideline for the prevention and management of obesity in children and adolescents?

- Yes
- No
- Do not know
- Other

If yes, Q8, then **Q9:** Who developed the national clinical practice guidelines for obesity prevention and management in your country?

- Government
- Professional Association
- Academia
- Other

If yes to Q8, then **Q10:** Can you provide a link the existing national clinical practice guidelines for obesity prevention and management?

If yes to Q8, **Q11:** Are these national clinical practice guidelines based on a standard and transparent clinical practice guideline framework that assesses the quality of the evidence and the strength of recommendations (e.g. GRADE- Grading of Recommendations, Assessment, Development and Evaluations).

- Yes
- No
- Do not know
- Other comment

If yes to Q8, **Q12:** Are these national clinical practice guidelines endorsed by the national health system (e.g. government)?

- Yes
- No
- Do not know
- Other comment

If yes to Q8, **Q13:** Are these national clinical practice guidelines implemented (e.g. are the guidelines integrated in existing health services) by the national health system (e.g. government)?

- Yes
- No
- Do not know
- Other comment

Part IV: Obesity Models of Care

Q14: Does your country have a specific National Plan for Obesity (Model of Care)?

- Yes
- No
- Do not know
- Other comment

If yes to Q14, then **Q15:** does the National Plan for Obesity include both prevention and management of obesity?

- Yes
- No
- Do not know
- Other comment

If yes to Q14, then **Q16:** Is the National Obesity Plan fully funded through the national health system?

- Yes
- No
- Do not know
- Other comment

If yes to Q14, then **Q17:** Is there an implementation strategy for the National Obesity Plan? (Implementation strategy is defined as the approach(es) and means that are used to ensure or enhance the adoption of the actions/practices in a national obesity plan/model of care by the targeted actors)

- Yes
- No
- Do not know
- Other comment

If yes to Q14, then **Q18:** which implementation activities have been put in place to adopt the National Obesity Plan?

- Training for healthcare professionals
- Leadership and communications structures
- Technical assistance provided and financial resources
- Continuous improvement through evaluation, reflection, and feedback
- Other comment

Part V: Contact Information

Q19: May EASO contact you or any other representative from your association regarding future EASO initiatives focused on clinical practice guidelines and models of care for obesity prevention and management in children, adolescents, and adults? For example, invitations to meetings (in-person and online) to discuss common messages and principles for obesity clinical practice guidelines or strategic discussion on how to improve the uptake and implementation of clinical practice guidelines in Europe.

- Yes
- No
- Other comment (please suggest any other experts in your country that may be interested in future discussions about obesity clinical practice guidelines)

If yes to Q14, then **Q18:** which implementation activities have been put in place to adopt the National Obesity Plan?

- Training for healthcare professionals
- Leadership and communications structures
- Technical assistance provided and financial resources
- Continuous improvement through evaluation, reflection, and feedback
- Other comment

Appendix B: EASO Guideline Workshop, May 2023, Dublin Ireland

Agenda

| Time | Item | Who |
|-------|--|---|
| 13.15 | Welcome & Introductions | Euan Woodward, Executive Director, EASO |
| 13.30 | Mapping Clinical Practice Guideline and Models of Care in Europe | Ximena Ramos Salas, Consultant, EASO |
| 13.45 | Irish Clinical Practice Guidelines and Model of Care | Cathy Breen, ASOI |
| 14.00 | Netherlands Clinical Practice Guidelines | Karen Freijer, PON |
| 14.15 | Roundtable discussions | All |
| 15.00 | Next steps & Adjournment | All |