

CLINICAL PRACTICE GUIDELINES FOR  
OBESITY MANAGEMENT IN EUROPE

OBESITY WORKING GROUP:  
NOTES ON PROJECT APPROACH

## 1. Timeline

Six to 12 months is an ambitious but highly manageable project schedule, and there are several perceived benefits to a streamlined development process:

- **Expedited and timely guidelines.** The time between literature searches and the release of clinical practice guidelines can be two years or more depending on scope, meaning that the CPGs may already be out of date from an evidence perspective when published. *[The literature search for the Canadian guidelines was conducted in 2018. By the time they were published in 2020, it was only a matter of months before the pharma chapter needed to be updated].*
- **Momentum and continuity among participants.** A large group of experts is required to produce the guidelines, all of whom are volunteers with varying levels of availability to devote to the project. A tighter schedule will provide definitive responsibilities with a clear end date for participants, keep activities top of mind (e.g., deciding recommendations and creating the guidelines within close proximity to training from methodologist team), and support continuity and predictable allocation of resources throughout the process. *[All of this requires clear planning, management of expectations, and sufficient support for all participants to minimise the effort it takes them to provide maximum input].*

## 2. Governance Structure

This sample structure is based on that used to create Canadian, Irish, Chilean and Mexican guidelines:

- **Working Group:** Key decision making and goal setting function. A smaller group to facilitate a clear vision, decisiveness etc. *[This is the “big picture” of the guidelines (process, outcomes, launch, dissemination, etc.)].*
- **Steering Committee:** A smaller group that still represents diverse disciplines, but takes more of a management and inspirational role with authors to shape the guidelines (and answer questions, settle disputes, etc.). *[This is the “medium view” of the guidelines].*
- **Authors:** Capturing the breadth of expertise and experience among healthcare providers and researchers in key disciplines related to obesity to ensure the guidelines capture all relevant points of view, while dividing up the work so as not to be too onerous for authors to participate. *[This is the “granular view” of the content of the guidelines].*

### 3. Target Audiences

Clinical guidelines are not useful unless they meet the needs of all end users, which includes groups beyond healthcare providers.

- Healthcare providers in primary care and all related specialties need to have faith in the science behind the guidelines and the process that created them, as well as an understanding of their role in obesity care. *[There are more clinical guidelines in the world than clinicians know what to do with, and many aren't aware of them. Putting the guidelines into practice involves more than creating guidelines – education, building confidence and trust etc. will all be critical steps when the guidelines are launched].*
- Policy makers need to understand and have faith in the guidelines before they will work to fund and support the operationalization of the recommendations in clinical practice. *[Getting policy makers to support guidelines is part of the ongoing advocacy work after publication].*
- Patients need to trust that the guidelines are ultimately aimed at improving their health and quality of life in a non-stigmatizing and evidence-based manner *[Patients demanding better care is a key advocacy approach, yet most patients with chronic diseases aren't aware of guidelines, and/or don't understand their purpose, how they are made etc].*

### 4. Publications/Content

While identifying recommendations and key messages are the top priority for authors and the committees, there needs to be general agreement on the outputs of the process in order to schedule the process and assign appropriate resources. Our recommendations here are:

- Publish a summary article of the guidelines in a leading international journal with sufficient impact factor. This will add a level of endorsement to the guidelines, provide authors with a tangible benefit of participation, and increase the awareness of the guidelines (i.e., prestige of journal, larger reach of journal's website). *[The Canadian guideline summary article was the top read article in the Canadian Medical Association Journal for 2020, the beginning of the pandemic, and doubled its impact factor in only a few months. While no one can promise this level of impact, we should strive for excellence!]*
- *[Regular, effective dissemination, education and advocacy about the guidelines are what will make the guidelines a success – this cannot be overstated. The publication of guidelines is often seen as the end, but it is really just the beginning].*