DEPARTMENT OF NUTRITION AND DIETETICS
Royal Hospitals
Belfast Health and Social Care Trust

Department Protocol for Intensive Weight Management Clinic for Gynaecological Patients

Aims

- To educate, motivate and support patients to achieve weight loss within a realistic time-scale.
- To educate on the use of Orlistat (Xenical)
- To advise on weight maintenance and the prevention of weight gain once realistic target has been achieved.

Referral Criteria

BMI $\geq$ 28 kg/m^2 with associated risk factors (Type 2 Diabetes, hypertension, hypercholesterolemia).

Or

BMI $\geq$ 30 kg/m^2 or more (1) (2)

Treatment

1. From referral all patients should be treated in accordance with departmental standards for a dietetic consultation (3)

Initial Assessment

1. Establish the patient's motivation to make dietary and lifestyle changes to enable weight loss.
    - Ask the patient to score their motivation to lose weight out of 10 with 1 being low and 10 being high.
    - Also ask the patient to score their confidence to lose weight out of 10 with 1 being low and 10 being high.
    - Discuss expectations with patient – cancellation/dna policy, review plan, likely discharged if targets not met, will be keeping consultant up to date on progress, option of trialling Xenical if weight loss achieved on review, for patients with PCOS can also try a low glycaemic index diet.

2. Anthropometry
    - Record actual weight (kg) and
    - Record actual height (m) as per departmental protocol (4).
    - Calculate Body Mass Index (BMI)
    - Calculate ideal body weight.
    - Record waist circumference (cm) as per CREST guidelines (1)

3. Collate patient details as per departmental protocol (5).

- Include social details, past medical history, medications and confirm contact details.
- For infertility patients clarify any targets set by patients consultant – e.g. aiming BMI < 35.
- Record any previous methods of weight reduction/treatments tried (e.g. weight watchers, slimming world, slimfast, xenical, increased exercise) – document outcomes and any barriers encountered.
- Record available biochemistry: lipid profile, HbA1c if diabetic, iron profile.

4. Nutritional requirements:
    - Calculate energy and protein requirements for weight reduction as per PENG (6)
      - Use Henry equations to calculate BMR
      - Add PAL in accordance with level of activity
      - Subtract 600-1000kcals for weight reduction. EER should not be below 1600kcals unless clinically indicated e.g. those seeking fertility services. Ensure that very low calorie diets are nutritionally complete and only a short-term option (maximum 12 weeks) (2)
      - Protein should be 15% of EER.

5. Nutritional assessment:
    - Document diet history
    - Calculate estimated energy and protein intake
    - Comment on level of total and saturated fat, sugar, salt and fibre in the diet, alcohol intake, meal pattern, portion sizes, cooking methods and physical activity.

6. Dietetic recommendations:
    - Explain the principles of weight reduction (including challenges with PCOS if applicable)
    - For PCOS patients consider specific evidence-based dietary approaches e.g. increasing dietary protein, low GI options, and reducing carbohydrates (8)
    - Agree appropriate individual dietary and/or lifestyle changes with patient
    - Encourage physical activity, as appropriate (aiming 30minutes at least 5 times per week which can be done in one session or split into a few sessions at least 10 minutes each) (2) (Note patients with PCOS may require even more increased physical activity levels e.g. >30minutes daily (8)
    - Educate on food portion sizes based on patients' meal plan using available food models and healthy eating guide.
    - Educate on food labelling using food labelling leaflet
    - Implement strategies for behaviour change as appropriate: self-monitoring (weekly weights, pedometer), goal setting, social support, problem solving, and relapse prevention (2).

7. Set target weight for review appointment.
    - Recommend 2.5kg weight loss in first 4 consecutive weeks.
    - Consider that weight loss can be more difficult with PCOS so weight loss targets should be based on clinical judgement, generally aiming for 1-2lb/week

in this population. Average weight loss for women with PCOS is ~2-5kg in 12-24 weeks or 7-10% weight loss over 6months to 1 year (7).

- Provide patients with appointment/weight record leaflet and ask to bring at each review.
- Inform patients that the use of Xenical will be discussed on review is weight loss is achieved.

9. Provide written information (as appropriate) with contact details:
    I. Weight management clinic leaflet - which includes information on Xenical, review arrangements, and cancellation/dna policy.
    II. Eat well, feel well, lose weight
    III. Healthy eating to lose weight - including a completed meal plan.
    IV. Low calorie ideas for successful weight reduction.
    V. A personal weight loss plan - including 5 agreed goals.
    VI. Food labelling leaflet
    VII. Appointment/weight record leaflet
    VIII. Get active
    IX. Salt
    X. Alcohol
    XI. Lipid lowering
    XII. Increasing iron in the diet
    XIII. BDA food factsheet on PCOS
    XIV. BDA food factsheet on Menopause
    XV. BDA food factsheet on Glycaemic Index

Ensure a supply of resources is kept in the weight management clinic folder in outpatients

10. Additional Support:
    - Consider referral to external support services e.g., Healthwise, Health Psychology, other local commercial weight loss programmes.

11. Review arrangements:
    - Review in 4 weeks or as clinically indicated.
    - Document review date and time on appointment / weight record leaflet to be given to patient.
    - Document review date and time in PARIS.
    - Update attendance outcomes and review arrangements on PARIS.

11. Letters
    - A GP/consultant letter is not required until review appointment.

Reviews

1. Note structure and support of the clinic is crucial, therefore follow up should be based on clinical judgement and individualised to the patient. For example, for patients struggling with weight loss more frequent and intensive follow up and monitoring should be considered (8). Below is a guide only:
    - 1st review 4 weeks after initial assessment

- 2nd review in a further 6 weeks
- 3rd review in a further 6 weeks
- 4th review in a further 12 weeks
- 5th review in a further 12 weeks (inform patient of discharge at next review)
- 6th and final review appointment

2. Anthropometry
    - Record weight (kg)
    - Calculate BMI
    - Record waist circumference (cm).

3. Nutritional assessment
    - Document diet history
    - Review previously agreed goals

4. Dietetic recommendations
    - If agreed weight loss target is achieved recommend Xenical (Orlistat).
    - If weight loss is not achieved, use clinical judgement to commence Xenical or discharge from clinic (if no behavioural change is evident). Note patients with PCOS may not meet full target weight.
    - Re-enforce dietary and physical activity advice, as appropriate.
    - Consider adequacy of micronutrient intake, in particular, young people who may need vitamins and minerals for growth and development or women trying to conceive.

    Xenical
    - Educate on Xenical (including mode of action, dosage, adverse effects, immediate discontinuation if pregnant, timing of medication if taking fish oil supplements or multivitamin and mineral supplements).
    - Xenical should only be prescribed for people between ages of 18 and 75 years**.** If patient is less than 18 years old liaise with the GP before recommending Xenical. If Xenical is prescribed in this age group it should be for a trial period only of 6-12 months.
    - Check tolerance to Xenical on subsequent reviews.
    - Continue Xenical beyond 3 months only if the person has lost ≥ 5% of initial body weight. Rate of weight loss in patients with type 2 diabetes or PCOS may be lower so less strict goals may be appropriate (2).
    - Xenical may also be used to maintain weight loss rather than continue to lose weight (2)

5. Set target weight for review appointments
    - Note structure and support of the clinic is crucial, therefore follow up should be based on clinical judgement and individualised to the patient. For example, for patients struggling with weight loss more frequent and intensive follow up and monitoring should be considered (7). Consider that weight loss can be more difficult with PCOS so weight loss targets should be based on clinical judgement generally aiming for 1-2lb/week in this population. Average weight loss for women with PCOS is ~2-5kg in 12-24 weeks or 7-10% weight loss over 6months to 1 year (7).

Below is a guide only:

- (2.5kg in 4 weeks target given at initial assessment)
- 2.5% body weight loss over 6 weeks
- 5% body weight loss over 12 weeks.
- 10% body weight loss over 24weeks.

6. Discharge patient if not meeting target weights using your clinical judgment.

7. If a patient becomes pregnant, discharge from clinic as weight loss is not encouraged during pregnancy. However, you can refer the patient onto 'Weigh to A Healthy Pregnancy' programme if their BMI is ≥40kg/m^2. It may also be useful to provide a 'Good Food for Mums To Be' leaflet.

8. Complete relevant GP letter on the first review and then every 3 months.

8. Discharge after one year
    - If patient requires ongoing dietetic input, they can be reviewed in RVH general medical clinic or referred to their local community dietetic service.
    - If referring to another dietitian for ongoing review request they continue to update patients' consultant with progress.
    - Alternatively, patients consultants can re-refer them back into the clinic.
    - Provide advice on weight maintenance if appropriate.

References

1. CREST (2005) Guidelines for the management of obesity in secondary care.
2. NICE (2014). Obesity: the prevention, identification, assessment and management of overweight and obesity in adults and children. [https://www.nice.org.uk/guidance/cg189/chapter/1-Recommendations#lifestyle-interventions].
3. RHT Dietetic Department Protocol: Outpatient management.
4. BHSCT Dietetic Department Protocol: Measurement of weight and height in adults.
5. BHSCT Dietetic Department Protocol: Record Cards / Record Keeping.
6. A pocket guide to clinical nutrition. Parenteral and Enteral Nutrition Group (PENG) of the British Dietetic Association (BDA).
7. Moran LJ, Hutchison SK, Norman RJ, Teede HJ. Lifestyle changes in women with polycystic ovary syndrome. *Cochrane Database of Systematic Reviews* 2011, Issue 7. Art. No.: CD007506. DOI: 10.1002/14651858.CD007506.pub3.
8. Moran LJ, Pasquali R, Teede HJ, Hoeger KM, Norman,RJ. Treatment of obesity in polycystic ovary syndrome: a position statement of the Androgen Excess and Polycystic Ovary Syndrome Society. Obesity treatment in PCOS 2009, Vol. 92, No. 6.