

# Effective Health Care

# Treatment of Obesity in Children and Adults Nomination Summary Document

# **Results of Topic Selection Process & Next Steps**

- This topic was found to be addressed by several existing and in-process AHRQ reports. Given that the existing AHRQ products cover this nomination, no further activity will be undertaken on this topic.
  - Whitlock EP, O'Connor EA, Williams SB, Beil TL, Lutz KW. Effectiveness of Weight Management Programs in Children and Adolescents. Evidence Report/Technology Assessment No. 170 (Prepared by the Oregon Evidence-based Practice Center under Contract No. 290-02-0024). AHRQ Publication No. 08-E014. Rockville, MD: Agency for Healthcare Research and Quality. September 2008. <a href="http://www.ahrq.gov/downloads/pub/evidence/pdf/childweight/chweight.pdf">http://www.ahrq.gov/downloads/pub/evidence/pdf/childweight/chweight.pdf</a>

#### In-process reports include:

- A targeted systematic review titled Effectiveness of Primary Care Interventions for Weight
  Management in Children and Adolescents being conducted for the U.S. Preventive Services Task
  Force to facilitate the update of their 2005 recommendations on childhood obesity.
- McTigue K, Harris R, Hemphill MB, Bunton AJ, Lux L, Sutton S, Lohr K. Screening and Interventions for Overweight and Obesity in Adults. Evidence Report/Technology Assessment No. 21 (Prepared by the Research Triangle Institute Evidence-based Practice Center under Contract No. 290-97-0011). Rockville, MD: Agency for Healthcare Research and Quality. December 2003. <a href="http://www.ahrq.gov/downloads/pub/prevent/pdfser/obesser.pdf">http://www.ahrq.gov/downloads/pub/prevent/pdfser/obesser.pdf</a> (Update in progress)
- In addition, an AHRQ review on physical activity and healthy diet that may have significant overlap with this nomination is currently in progress for the U.S. Preventive Services Task Force (USPSTF).

## **Topic Description**

**Nominator:** Public payer

**Nomination** The nominator is interested in the broad issue of obesity management and treatment for

**Summary:** adults and children, including obesity programs and medical management.

**Key Questions** 

from Nominator: None

#### **Considerations**

■ This topic meets EHC Program appropriateness and importance criteria. (For more information, see <a href="http://effectivehealthcare.ahrq.gov/index.cfm/submit-a-suggestion-for-research/how-are-research-topics-chosen/">http://effectivehealthcare.ahrq.gov/index.cfm/submit-a-suggestion-for-research/how-are-research-topics-chosen/</a>)

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#### Treatment of Obesity in Children

- This topic was found to be addressed by the 2008 AHRQ report titled Effectiveness of Weight Management Programs in Children and Adolescents, which evaluated a total of 39 studies reporting weight management outcomes after behavioral interventions, pharmacological approaches combined with behavioral interventions, or bariatric surgeries in obese children and/or adolescents aged 5 to 18 years. Key questions from this report include:
  - 1. Do weight management interventions lead to BMI reduction or stabilization in children and adolescents who are obese (≥95th BMI percentile) or overweight (85-94th BMI percentile)?
    - a. Behavioral Interventions
    - b. Pharmacological Interventions
    - c. Surgical Interventions
  - 2. Do weight management interventions help children and adolescents who were initially obese (≥95th BMI percentile) or overweight (85-94th percentile) maintain BMI improvements after the completion of an active intervention?
    - a. Behavioral Interventions
    - b. Pharmacological Interventions
    - c. Surgical Interventions
  - 3. Are there harms associated with weight management interventions to help children and adolescents reduce or stabilize BMI who are obese (≥95th BMI percentile) or overweight (85-94th BMI percentile)?
    - a. Behavioral Interventions
    - b. Pharmacological Interventions
    - c. Surgical Interventions
  - 4. Are there other beneficial outcomes to weight management interventions in children and adolescents who are obese (≥95th BMI percentile) or overweight (85-94th BMI percentile) (i.e., improvements in diet or physical activity or reduction in risk factors, such as lipid level, insulin resistance, etc.)?
  - **5.** If effective behavioral weight management interventions are found (see KQ1).
    - a. Are there specific components of the interventions that affect the effectiveness of the programs?
    - b. Are there population or environmental factors that affect the effectiveness of the programs?
- This topic was also found to be addressed by an in-process targeted systematic review titled Effectiveness of Primary Care Interventions for Weight Management in Children and Adolescents that focuses on both the benefits and potential harms of primary care-feasible interventions. Key questions from this update report include:
  - 1. Do weight management programs (behavioral, pharmacological) lead to BMI, weight, or adiposity stabilization or reduction in children and adolescents who are obese (≥95th BMI percentile) or overweight (85-94th percentile)?
    - a. Do these programs lead to other positive outcomes (e.g., improved behavioral or physiologic measures, decreased childhood morbidity, improved childhood functioning, or reduced adult morbidity and mortality)?
    - b. Do specific components of the programs influence the effectiveness of the programs?
    - c. Are there population or environmental factors that influence the effectiveness of the programs?

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- 2. Do weight management programs (behavioral, pharmacological) help children and adolescents who were initially obese or overweight maintain BMI, weight, or adiposity improvements after the completion of an active intervention?
  - a. Do these programs lead to other positive outcomes (e.g., improved behavioral or physiologic measures, decreased childhood morbidity, improved childhood functioning, or reduced adult morbidity and mortality)?
  - b. Do specific components of the programs influence the effectiveness of the programs?
  - c. Are there population or environmental factors that influence the effectiveness of the programs?
- 3. What are the adverse effects of weight management programs (behavioral, pharmacological) attempting to stabilize, reduce, or maintain BMI?

### **Treatment of Obesity in Adults**

- This topic was found to be addressed by an in-process update to the 2003 AHRQ report titled Screening and Interventions for Overweight and Obesity in Adults. Key questions from the 2003 report include:
  - 1. Is there direct evidence that screening for obesity improves health outcomes?
  - **2.** What is the prevalence of overweight and obesity?
  - 3. Is there a reliable and valid screening test?
  - 4. Do any of the interventions below lead to sustained weight reduction or improved glucose tolerance, lipid status, or blood pressure:
    - a. Counseling and behavioral treatments?
    - b. Medications?
    - c. Surgery?
  - 5. Do any of these interventions lead to improved health outcomes?
  - 6. What are the harms of screening and treatment?
- This topic also has some overlap with an in-process AHRQ review on physical activity and healthy diet for the U.S. Preventive Services Task Force. The key questions for this in-process report include:
  - 1. Do primary care-relevant behavioral counseling interventions for healthy diet and/or physical activity improve cardiovascular disease (CVD) health outcomes (e.g., prevent morbidity and mortality) in adults?
  - 2. Do primary care-relevant behavioral counseling interventions for physical activity and/or healthy diet improve intermediate outcomes associated with CVD (e.g., lipids, blood pressure, glucose tolerance, weight, BMI) in adults (including older adults)?
  - 3. Do primary care-relevant behavioral counseling interventions for physical activity and/or healthy diet change associated health behaviors in adults?
  - **4.** What are the adverse effects of primary care-relevant behavioral counseling interventions for physical activity and/or healthy diet in adults?

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