

CICER
Tacaíocht don Treoirline Chliniciúil
Clinical Guideline Support

THE MANAGEMENT OF OBESITY IN ADULTS

Protocol for a review of international clinical guidelines

FEBRUARY 2025



Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin

**NATIONAL
CLINICAL
EFFECTIVENESS
COMMITTEE**



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Board

About CICER

In 2016, the Department of Health requested that the Health Research Board (HRB) fund an evidence synthesis service to support the activities of the Minister-appointed National Clinical Effectiveness Committee (NCEC). Following a competitive process, HIQA was awarded research funding spanning the period from 2017 to 2024 to produce the evidence to support the development of National Clinical Guidelines. This funding was renewed through a competitive process to support the work of the Centre in Ireland for Clinical guideline support and Evidence Reviews (CICER) from 2024 to 2028. CICER comprises a dedicated multidisciplinary research team supported by staff from the Health Technology Assessment team in HIQA, the Discipline of Public Health and Primary Care in the School of Medicine in Trinity College Dublin, as well as national and international clinical and methodological experts.

With regard to clinical guidelines, the role of the CICER team is to independently review evidence and provide scientific support for the development, by guideline development groups (GDGs), of National Clinical Guidelines for the NCEC. The CICER team undertakes systematic reviews of the clinical effectiveness and cost-effectiveness of interventions included in the guidelines, as well as estimating the budget impact of implementing the guidelines. The CICER team also works closely with the GDGs and provides tailored training sessions; assists in the development of clinical questions and search strategies; performs systematic reviews of international clinical guidelines and supports the assessment of their suitability for adaption to Ireland; and supports the development of evidence-based recommendations informed within the National Clinical Guidelines.

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List of abbreviations that appear in this report

AGREE	Appraisal of Guidelines for Research and Evaluation
BMI	body mass index
CPG	clinical practice guidance
CICER	Centre in Ireland for Clinical guideline support and Evidence Reviews
EASO	European Association for the Study of Obesity
EVOLVE	giving patients a mEaningful VOice in the design and deLiVery of carE
GDG	guideline development group
GRADE	Grading of Recommendations, Assessment, Development, and Evaluations
HSE	Health Service Executive
ICPO	Irish Coalition for People Living with Obesity
MOC	model of care
NCEC	National Clinical Effectiveness Committee
NCG	National Clinical Guideline
PICO	population, intervention, comparison, outcome
PICS	population, interest, context, search period

1 Background

1.1 Description of the condition

Obesity is defined as a complicated chronic disease in which excessive or dysfunctional adiposity impairs health.^(1, 2) Obesity adversely affects multiple physiological functions of the body, increasing the risk of developing numerous diseases including cardiovascular disease, diabetes mellitus, several types of cancer, and a range of musculoskeletal disorders as well as poor mental health.^(2, 3) The combined effects of obesity can have a profound negative impact on an individual's quality of life, and are associated with an increased risk of all-cause mortality.⁽⁴⁾ Furthermore, individuals may experience weight bias, stigma and discrimination associated with obesity, which can negatively impact wellbeing, productivity in the workplace, and lead to health and social inequalities.^(3, 5) Although obesity is a chronic condition in childhood and adolescence and has significant life-long sequelae, the focus here is on obesity in adults aged 18 years and older.

Body mass index (BMI – calculated as weight in kilograms divided by height in metres squared (kg/m^2)) is frequently used as a method to classify obesity and is considered to be a reasonably good measure of adiposity at the population level,⁽¹⁾ with a BMI of $\geq 30\text{kg}/\text{m}^2$ defined as obesity.⁽⁵⁾ BMI is frequently used in epidemiological research as a method of classifying excess body weight and potential associated health risks. On a population level, as BMI increases, both the risk of developing associated diseases and the risk of all-cause mortality increase.^(1, 4-6) However, while BMI is a reasonably good measure of general adiposity, it does not accurately measure total or regional adiposity and is not a standalone tool for identifying adiposity-related complications at an individual level.⁽²⁾ On an individual level, obesity-related health complications can occur for a variety of reasons, and there is often a synergistic effect between the mass, location and distribution of adiposity alongside a person's genetic predisposition and health inequalities.⁽²⁾ Dysfunctional adiposity arises when a positive energy balance is sustained over time and is characterised by ectopic triglyceride storage in tissues such as the liver, heart, pancreas and abdominal viscera.^(5, 7, 8) Dysfunctional adiposity plays a role in obesity-related health complications, including in the development of insulin resistance, Type 2 diabetes, hypertension, dyslipidaemia, non-alcoholic fatty liver disease, cardiometabolic risks, and cardiovascular disease.^(5, 7, 8)

Globally, the prevalence of obesity has increased over the last 30 years and has doubled in Ireland during this time period.⁽⁵⁾ As of 2019, approximately 23% of adults living in Ireland were classified as obese based on BMI, with an additional 37% of adults considered overweight (BMI of 25-29.9 kg/m^2).⁽⁵⁾ The prevalence of obesity differs by demographic factors such as age, sex, and ethnicity. In Ireland, ethnic minority groups (such as people from the Traveller community or asylum seekers) and people with disabilities are at increased risk of developing obesity.⁽⁵⁾ Similarly, socioeconomic factors are associated with obesity, with

adults living in disadvantaged areas more likely to be overweight or obese than adults living in more affluent areas.⁽⁵⁾

There have been substantial advances in recent years in understanding the appropriate management of both overweight and obesity, with a focus on improving patient-centred and functional outcomes as well as social and economic participation, rather than focusing on weight loss alone.⁽⁵⁾ Clinicians are expected to discuss weight early on with patients, while also taking into account a person's life circumstances that may have led to the development of obesity and considering interventions that are reflective of the complex causes of obesity.⁽⁵⁾ There is growing evidence that obesity is stigmatised by the public,^(9, 10) media,^(11, 12) and clinicians,^(13, 14) and that those with lived experience of obesity have been traditionally excluded from the policy development process.⁽¹⁵⁾ Researchers have noted a need to involve those with lived experience more meaningfully in research design and guideline development.⁽¹⁶⁻¹⁸⁾

In 2021, the *Model of Care for the Management of Overweight and Obesity* was launched by the Health Service Executive (HSE), the National Clinical Programme for Obesity, and the Royal College of Physicians of Ireland.⁽¹⁹⁾ The document outlines the requirement for a holistic, integrated approach to the identification, early intervention and treatment of obesity in Ireland. The model of care (MOC) sets out five levels of care for adults living with overweight or obesity, ranging from general practice and primary care (level 0 and level 1) through to community or acute specialist ambulatory care (level 2 and level 3) and specialist hospital care for individuals with complex obesity and obesity-related complications (level 4).⁽¹⁹⁾ The MOC identified the need for both local and national clinical guidelines to support the model's implementation.⁽¹⁹⁾

1.2 Clinical practice guidelines on obesity in adults

In 2022, a clinical practice guideline (CPG) on *Obesity in Adults in Ireland* was published.⁽²⁾ The guideline was developed by the Association for the Study of Obesity on the Island of Ireland (ASOI), the Irish Coalition for People Living with Obesity (ICPO), and the National Clinical Programme for Obesity, alongside a multidisciplinary team comprised of 70 specialists from a range of both academic and clinical disciplines. The Irish clinical practice guideline was adapted from the Obesity Canada and Canadian Association of Bariatric Physicians and Surgeons *Canadian Adult Obesity Clinical Practice Guidelines 2020*,⁽²⁰⁾ as part of a project by Obesity Canada and the European Association for the Study of Obesity (EASO) to pilot the adaptation of the Canadian CPGs.^(2, 21)

1.3 Purpose of this review

The developers of the 2022 CPG on *Obesity in Adults in Ireland* have applied for the guideline to become part of the suite of National Clinical Guidelines (NCGs) under the National Clinical

Effectiveness Committee. As the 2022 pilot adaptation project focused on the adaptation of the Canadian guidelines, a review of clinical guidelines on the management of obesity in adults was not conducted at that time. The purpose of this review is to identify and appraise current national or international clinical guidelines on the management of obesity in adults, to identify guidelines that could potentially be used as part of an ADAPTE process⁽²²⁾ to support the development of an NCG on the management of obesity in Ireland.

2 Methods

This protocol outlines the planned approach to conducting a systematic review of clinical guidelines on the management of obesity in adults. This review has been prospectively registered on the International PROSPEctive Register Of systematic reviews (PROSPERO) (registration number: CRD42025641371).

2.1 Review question

This review will consider the following question:

- What relevant clinical guidelines on the management of obesity in adults (aged 18 years and above) are currently in use nationally and internationally?

The review question was formulated in line with a modified version of the PICO (Population, Intervention, Comparison, Outcome) framework, as presented in Table 2.1.

Table 2.1 Population, Interest, Context, Search period (PICS) for review of obesity guidelines

Population	Adults (aged ≥ 18 years) living with obesity (defined as BMI ≥30kg/m ²)
Interest	<p>Clinical guidelines that describe the management of obesity in adults, including one or more of the following topics identified as of interest by the GDG:</p> <ul style="list-style-type: none"> ▪ Reducing weight bias in obesity management, practice, and policy ▪ Medical nutrition therapy in obesity management ▪ Physical activity in obesity management ▪ Effective psychological and behavioural interventions in obesity management ▪ Pharmacotherapy in obesity management ▪ Bariatric surgery, including selection and preoperative work-up, surgical options and outcomes, and postoperative management ▪ Primary care and primary healthcare in obesity management ▪ Emerging technologies and virtual medicine in obesity management
Context	<ul style="list-style-type: none"> ▪ Clinical guidelines (national or international) as defined in Table 2.2 ▪ Regional or hospital-specific guidelines will be excluded
Search period	2019-present

2.2 Search strategy

Electronic searches will be conducted in MEDLINE, Embase, CINAHL, and PsycINFO. The search terms are provided in Appendix 1 and include database-specific thesauri and free-text terms. Grey literature sources will also be searched, including guideline repositories, guideline developer websites, websites of national ministries of health, and specific clinical specialty websites. The full list of grey literature sources is provided in Appendix 2. Members of the guideline development group (GDG) will also be consulted to identify any other relevant national and international clinical guidelines based on their expert knowledge.

2.3 Eligibility criteria

The inclusion and exclusion criteria for this review are provided in Table 2.2. Clinical guidelines will be defined as ‘systematically developed statements about specific health problems, intended to assist practitioners and patients in making decisions about appropriate health care’, as per the ADAPTE collaboration definition.⁽²²⁾

Table 2.2 Inclusion and exclusion criteria

Inclusion criteria	Exclusion criteria
Guidelines that: <ul style="list-style-type: none"> ▪ Include recommendations for adults (aged ≥ 18 years) ▪ Clearly state the systematic approach and evidence base that underpins the guideline recommendations ▪ Provide recommendations relating to at least one of the following: <ul style="list-style-type: none"> ▪ Reducing weight bias in obesity management, practice, and policy ▪ Medical nutrition therapy in obesity management ▪ Physical activity in obesity management ▪ Effective psychological and behavioural interventions in obesity management ▪ Pharmacotherapy in obesity management ▪ Bariatric surgery, including selection and preoperative work-up, surgical options and outcomes, and postoperative management ▪ Primary care and primary healthcare in obesity management ▪ Emerging technologies and virtual medicine in obesity management ▪ Include a rating of the quality of evidence that underpins the recommendations using an approach such as the Grading of Recommendations Assessment, Development and Evaluation (GRADE)⁽²³⁾ ▪ Are novel or have been adapted. 	Guidelines that: <ul style="list-style-type: none"> ▪ Describe the management of obesity as part of a guideline on another health condition ▪ Are at a regional, local, or non-national healthcare organisation level ▪ Refer only to children/adolescents aged <18 years ▪ Have been superseded by a more recent guideline ▪ Are adopted directly from, or duplicate, another guideline ▪ Were published prior to 2019 (given recent developments in the management of obesity, guidelines from prior to 2019 would not reflect current best practice) ▪ Not available in English.

Key: GRADE - Grading of Recommendations Assessment, Development, and Evaluation

2.4 Selection of eligible publications

All citations identified from the collective search strategy (see Appendix 1) will be exported to EndNote (Version 20) for reference management, where duplicates will be identified and removed. Using Covidence (www.covidence.org), two reviewers will independently review the titles and abstracts of the remaining citations to identify those for full-text review. The full texts will be obtained and independently evaluated by two reviewers applying the defined inclusion and exclusion criteria. Where disagreements occur, discussions will be held to reach consensus and, where necessary, a third reviewer will be involved. Citations excluded during the full-text review stage will be documented alongside the reasoning for their exclusion and included in a study flow diagram.

2.5 Data extraction and management

Data will be extracted from guidelines and peer-reviewed articles by one reviewer and checked for accuracy and omissions by a second. Where disagreements occur, discussions will be held to reach consensus and, where necessary, a third reviewer will be involved. Data extraction will be conducted in Microsoft Excel, using a purposefully designed data extraction form (Appendix 3). The data extraction form will be piloted and refined as necessary.

2.6 Quality appraisal

Two reviewers will independently assess the quality of included guidelines using the Appraisal of Guidelines for Research & Evaluation (AGREE) II instrument.⁽²⁴⁾ AGREE II scores will be calculated and reported in accordance with the AGREE II manual, including the average percentage score and the overall assessment score. Significant discrepancies for any domain will be discussed and, where necessary, reviewed by a third member of the research team. To assess the extent to which individuals living with obesity were involved in guideline development, we will use the EVOLVE (mEaningful VOice in the design and deLiVery of carE) framework.⁽²⁵⁾ The EVOLVE framework was developed in collaboration among guideline development groups, researchers, clinicians, and patient organisations with the aim of facilitating meaningful patient involvement in guideline development. Two reviewers will independently assess whether there was evidence of individuals with obesity being engaged overall and at each stage of the guideline development process⁽²⁵⁾ as listed in Table 2.3. Discrepancies will be discussed to reach consensus and, where necessary, reviewed by a third member of the research team.

Table 2.3 Stages of the guideline development process defined by the EVOLVE framework

<ul style="list-style-type: none">▪ Panel membership▪ Prioritise questions▪ Research priority setting▪ Develop scope of guidelines▪ Formulate questions▪ Choose outcomes▪ Consensus meeting	<ul style="list-style-type: none">▪ Assess certainty of evidence▪ Write guideline▪ Highlight patient preferences▪ Review draft guideline▪ Actively disseminate guidelines▪ Patient information tools▪ Instigate update
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2.7 Data synthesis

As the main data to be extracted for this review is descriptive in nature, a narrative synthesis of included guidelines will be produced.

2.8 Currency of guidelines

As recommended by the ADAPTE methodology,⁽²²⁾ currency of the included guidelines will be assessed by reviewing the publication date of the guideline and the dates covered by the most recent evidence search, to ascertain whether the most current evidence has been included. If a significant number of relevant guidelines are returned following full-text review, currency and or quality (including extent of patient involvement per the EVOLVE framework) will be used as considerations for inclusion.

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Appendix 1: Search strategy

Database: Medline Complete via Ebscohost Run: 17 December 2024			
#	Query	Limiters/Expanders	Results
S17	S5 AND S16	Limiters - Publication Date: 20190101- Expanders - Apply equivalent subjects Search modes - Proximity	1,981
S16	S6 OR S7 OR S8 OR S9 OR S10 OR S11 OR S12 OR S13 OR S14 OR S15	Expanders - Apply equivalent subjects Search modes - Proximity	400,105
S15	TI (guidance OR guideline* or consensus or recommenda*)	Expanders - Apply equivalent subjects Search modes - Proximity	209,915
S14	AB (care N2 (pathway or pathways)) OR TI (care N2 (pathway or pathways))	Expanders - Apply equivalent subjects Search modes - Proximity	11,165
S13	AB (practice N2 (parameter or parameters)) OR TI (practice N2 (parameter or parameters))	Expanders - Apply equivalent subjects Search modes - Proximity	2,067
S12	AB (clinical N2 (pathway or pathways)) OR TI (clinical N2 (pathway or pathways))	Expanders - Apply equivalent subjects Search modes - Proximity	9,755
S11	PT Consensus Development Conference Guideline OR PT Consensus Development Conference, NIH OR PT Guideline OR PT Practice Guideline	Expanders - Apply equivalent subjects Search modes - Proximity	40,097
S10	(MH "Critical Pathways") OR (MH "Health Planning Guidelines")	Expanders - Apply equivalent subjects Search modes - Proximity	12,343
S9	(MH "Clinical Protocols")	Expanders - Apply equivalent subjects Search modes - Proximity	30,303
S8	(MH "Consensus Development Conferences as Topic") OR (MH "Consensus Development Conferences, NIH as Topic")	Expanders - Apply equivalent subjects Search modes - Proximity	3,013
S7	(MH "Practice Guidelines as Topic")	Expanders - Apply equivalent subjects Search modes - Proximity	130,687
S6	(MH "Guidelines as Topic+")	Expanders - Apply equivalent subjects Search modes - Proximity	176,263
S5	S1 OR S2 OR S3 OR S4	Expanders - Apply equivalent subjects Search modes - Proximity	573,516
S4	AB adipos* OR TI adipos*	Expanders - Apply equivalent subjects Search modes - Proximity	142,835
S3	AB (overweight OR over-weight) OR TI (Expanders - Apply equivalent subjects	96,063

	overweight OR over-weight)	Search modes - Proximity	
S2	AB obes* OR TI obes*	Expanders - Apply equivalent subjects Search modes - Proximity	410,735
S1	(MH "Obesity+")	Expanders - Apply equivalent subjects Search modes - Proximity	278,139

Appendix 2: Grey literature searches

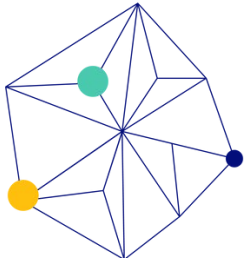
Guideline Sites	URL
Agency for Healthcare Research and Quality, USA	https://www.ahrq.gov/prevention/guidelines
Academy of Nutrition and Dietetics	https://www.eatrightpro.org/practice/guidelines-and-positions
American Association of Clinical Endocrinologists and American College of Endocrinology, US	https://pro.aace.com/clinical-guidance
American College of Cardiology	https://www.acc.org/Guidelines
American Heart Association	https://professional.heart.org/en/guidelines-and-statements
Association for the Study of Obesity on the Island of Ireland	https://asoi.info/guidelines/
Belgian Health Care Knowledge Centre	https://kce.fgov.be/
BMJ Best Practice	https://bestpractice.bmj.com/info/
Canadian Agency for Drugs and Technologies in Health	https://www.cadth.ca/
Canadian Task Force on Preventive Health Care	https://canadiantaskforce.ca/guidelines/published-guidelines/
Clinical Guidelines Committee of the American College of Physicians	https://www.acponline.org/
Danish Health Authority	https://www.sst.dk/en/english/publications?searchWord=clinical%20guideline#/side-1
Department of Health (including National Clinical Guidelines), Ireland	http://health.gov.ie
Department of Veterans Affairs and Department of Defense, US	https://www.healthquality.va.gov/
Endocrine Society	https://www.endocrine.org/clinical-practice-guidelines
European Association for the Study of Obesity	https://easo.org/clinical-guidelines/
Federation Medical Specialists, Netherlands	https://richtlijnendatabase.nl/en/
Finnish Medical Society Duodecim	https://www.kaypahoito.fi/suosituksset
French National Authority for Health	https://www.has-sante.fr/jcms/fc_2875208/en/search-for-a-guideline-an-assesment
Geneva Foundation for Medical Education and Research	https://www.gfmer.ch/000_Homepage_En.htm
German Association of Scientific Medical Societies	https://register.awmf.org/de/start
German Oncology Guideline Program of the AWMF, DKG and DKH	https://www.leitlinienprogramm-onkologie.de/leitlinien
Google	https://www.google.com/
Google Scholar	https://scholar.google.com/
Guia Salud, Spain	https://portal.guiasalud.es/gpc/
Guideline Central	https://www.guidelinecentral.com/
Guidelines International Network international guideline library and registry of guidelines	https://g-i-n.net/international-guidelines-library
Health Service Executive, Ireland	www.hse.ie
Institute for Clinical Systems Improvement, US	https://www.icsi.org/guideline/

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Guideline Sites	URL
International Federation for the Surgery of Obesity	https://www.ifso.com/
Japan Council for Quality Health Care	https://minds.jcqhc.or.jp/search/
Lenus	www.lenus.ie
MAGIC Evidence Ecosystem Foundation	https://app.magicapp.org/#/guidelines
National Academy of Medicine, US	https://nam.edu/about-the-nam/
National Board of Health and Welfare, Sweden	https://www.socialstyrelsen.se/en/regulations-and-guidelines/national-guidelines/
National Health and Medical Research Council Clinical Practice, Australian	https://nhmrc.gov.au/about-us/publications
National Institute for Health and Care Excellence, England and Wales	http://www.nice.org.uk
New Zealand Ministry of Health	https://www.health.govt.nz/publications?f%5B0%5D=topic%3A368
Norwegian Directorate of Health	https://www.helsedirektoratet.no/
Public Health Agency of Sweden, Sweden	https://www.folkhalsomyndigheten.se/the-public-health-agency-of-sweden/
Ravijuhend, Estonia	https://www.ravijuhend.ee/
Royal Australian and New Zealand College of Psychiatrists	https://www.ranzcp.org/clinical-guidelines-publications
Scottish Intercollegiate Guidelines Network	www.sign.ac.uk
Singapore Ministry of Health	https://www.moh.gov.sg/
Socialstyrelsen (Health and Medical Care and Social Services), Sweden	https://www.socialstyrelsen.se/english
Swiss Centre for International Health	https://www.swisstph.ch/en/
The Best Practice Advocacy Centre New Zealand, New Zealand	https://bpac.org.nz/guidelines/
Trip Database	https://www.tripdatabase.com/
UpToDate	https://www.uptodate.com/
US Preventive Services Task Force	https://uspreventiveservicestaskforce.org/uspstf/
World Gastroenterology Organisation	https://www.worldgastroenterology.org/guidelines
World Obesity Federation	https://www.worldobesity.org
World Health Organization	www.who.int

Appendix 3: Data extraction template

Organisation and country	
Guideline title	
First published, last updated	
Key clinical questions	
Search dates	
Population(s)	
Overall setting(s)	
Topics covered in the guideline	
Recommendations, strength of recommendations and level of evidence	
Rating system used for recommendations	
Evidence to Decision process	



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Clinical Guideline Support

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