Obesity: The Scourge of Modern Civilisation!

Monday 6th - 7th October 2008
It is my great pleasure, on behalf of the Trustees of NOF, to bid you a very warm welcome to this our 6th Annual Conference.

In planning the programme we have been extremely receptive to suggestions for future years. My colleague, Jane DeVille-Almond has been doing extensive research on childhood obesity and has returned with important messages about collaborative working, which our guests from there will be sharing with us.

I hope you enjoy your time with us – as always we are open to suggestions for future years. My very best wishes to you all.

Colin Waine
Chairman, National Obesity Forum

The National Obesity Forum wishes to acknowledge their gratitude to the following Gold sponsors:

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Luc Van Gaal studied medicine at the University of Antwerp, where he graduated in 1978. He obtained a specialist degree in internal medicine and afterwards a specialist degree in endocrinology and metabolism in 1983. Since 1992 he has been Professor of Medicine at the Antwerp University Hospital. In 1998 he became Professor of Medicine at Antwerp University and is currently head of the department of Endocrinology, Diabetology and Metabolism of the University Hospital.

Professor Van Gaal's main clinical and research interests are related to obesity, type 2 diabetes and lipid metabolism. He is a member of many scientific, national and international societies and a member of the Editorial Board of a series of scientific journals. He is board member of the Belgian Association for the Study of Obesity (BASO) and Past-President of the Belgian Diabetic Society. He is also involved in the scientific activities of the Obesity Prevention Programmes of the European Society for the Study of Obesity (ESSO) and the International Obesity Task Force (IOTF) programmes. He is the running secretary of the Belgian Endocrine Society. In 2000, he was the co-President of the 10th European Congress on Obesity, organized in Antwerp in May 2000.

He has published more than 220 papers in international medical journals, mainly in the areas of general endocrinology, obesity, diabetes and lipids and has contributed to a number of textbooks about obesity.
Dr Ashley Adamson  Chair  BSc, SRD, PhD, RPHNutr

Ashley graduated with BSc and State Registration in Dietetics in 1987 and worked until 1989 in the NHS in London. In 1989 she moved to Newcastle and took up a research associate post at University of Newcastle measuring the diets of 11 to 12 year old children; she completed her PhD thesis on the diets of adolescent students graduating in 1993. In 1992 Ashley returned to London and worked as a dietitian in the community and in primary care in North and East London. In 1995 Ashley returned to Newcastle to take up a post as Lecturer in Nutrition in the newly formed Human Nutrition Research Centre (HNRC). She was promoted to Senior Lecturer in 2005.

In Newcastle Ashley is group lead for Public Health Nutrition in the HNRC. Research in the group focuses principally on nutrition epidemiology and interventions for the promotion of healthy body weight and diet in children and young people. Previous work has included evaluation of land interventions for obesity in primary care (the BID project). In Jan 05 Ashley was awarded a Department of Health National Public Health Career Scientist Award for the period 2005-2010 with a programme of work entitled: ‘Meeting the challenge of the obesity epidemic in children and young adults’. Ashley has previously served on BDA research committee and Nutrition Society council and is currently serving as a member of the BDA Road-First planning committee and Nutrition Society programmes committee. She is a member of the Association of the Study of Obesity.
The Adipocyte and its Many Functions

Dr Andrew Brewster is a full time general practitioner in Reading with specialist interests in obesity and type 2 diabetes; he became a Trustee of the National Obesity Forum in February this year.

Andrew has set up a two session expert patient weight management programme at his surgery. The focus of the programme is to explain to patients the impact of weight on health and in particular the importance of body fat partitioning and role of abdominal obesity in relation to associated comorbidities. The programme aims to give patients the knowledge and skills necessary for successful weight management and weight reduction. Andrew has also set up the concept of Cut the Waist which aims to raise awareness of an important public health message aimed at encouraging all individuals to reduce their abdominal circumference.

The Adipocyte Principle

Based on a virtual book, the Adipocyte Principle illustrates how extraordinary deductions can be made regarding obesity co-morbid diseases through knowledge of ectopic fat deposition and the concept of “fat overflow” will be discussed within the context of adipocyte size. The development of healthy adipose tissue reflects an individual’s capacity for functional adipocyte differentiation and proliferation – the so-called “metabolic sink.”

Maintaining normal weight and healthy functional fat mass amidst the irresistible pressure of positive energy balance encountered within our society represents an increasingly unlikely scenario. Evolutionary maladaptation to our new obesogenic environment manifests as poor health related to poor “fat health.”

As an illustration of poor fat health, the role of intramyocellular fat, dysfunctional visceral fat mass, adipositis and associated derangements in adipocytokines will be discussed in relation to the development of insulin resistance and dyslipidaemia. The concept of “metabolic obesity” rather than metabolic syndrome is considered as a more apt description of the metabolic consequences of expanded visceral fat mass and accumulated ectopic fat depots.

The reader of the Adipocyte Principle is encouraged to consider that methods currently used to assess the obese patient may in the course of time prove a rather oversimplified approach.

Is the concept of BMI and Metabolic Syndrome simply “painting by numbers?” Should we continue our involvement in these concepts as part of our ongoing attempt to understand the biology of the obese person?

The finale of the Adipocyte Principle is a call to arms: Let us begin to really understand obesity - Let us take on board the lessons of the Adipocyte Principle and truly learn how to paint!
Abstract

The recent increase in the worldwide prevalence of obesity has understandably focused attention on the environmental determinants of this "epidemic". While identifying the relative contributions of the factors underlying this recent trend is critical, a comprehensive understanding of the causes of obesity will need to explain why, even in high-risk populations, many people remain lean. Contemporary studies indicate that the heritability of adiposity remains high, even in the face of a strongly obesogenic environment. While the role of inheritance has long been appreciated, only recently have we begun to develop a genuine understanding of the critical role of specific molecules in sensing the state of nutrient storage and regulating food intake and energy expenditure. Notably, a number of single gene disorders resulting in human obesity have been uncovered and, strikingly, all of these defects impair the central control of food intake. Early indications are that common genetic variants influencing adiposity on a population level impact on the same processes. While the rising prevalence of obesity is related to increasing ease of access to high-energy palatable food combined with diminishing requirement for physical activity, differences in inter-individual susceptibility to obesity are likely to be related to inherited variation in the efficiency of central control mechanisms influencing eating behaviour. Such a construct understandably court unpopularity as it can appear to diminish the importance of human free will and is perceived by some as an "excuse" for otherwise controllable behaviour. We argue that a view of obesity that emphasises the profound biological basis for inter-individual differences in responding to the challenges of achieving a healthy control of nutrient intake should result in a more enlightened attitude to people with obesity with a consequent reduction in their experience of social and economic discrimination. In the longer term, this may also lead to more efficacious, individually-targeted approaches to the treatment and prevention of obesity.
Dr David Haslam is a GP with a special interest in obesity and cardiometabolic disease, Physician in Obesity Medicine at the Centre for Obesity Research at Luton & Dunstable Hospital, and Clinical Director of the National Obesity Forum (NOF) in the UK.

He took charge of formulating the guidelines for adult obesity management in primary care and produced the first Primary Care guidelines for management of childhood obesity with the Royal College of Paediatrics and Child Health. He is a member of the National Obesity Forum, a member of the PCOS UK, a Director of the charity Foundations, a member of the Counterweight Board, a Visiting Lecturer at Chester University and Visiting Fellow at the Postgraduate Medical School of Herts & Beds. David has articles widely published in journals and papers and speaks internationally on obesity and related diseases. His books include ‘Your Questions Answered- Obesity’ in the popular YQA series, and his next major work is a book on the history of obesity, gluttony and sloth, due to be published in 2008.
Dr. Lopez-Jimenez completed his cardiology and research training at Harvard Medical School and Harvard School of Public Health. He is an Associate professor of Medicine at Mayo Clinic College of Medicine and staff cardiologist at Mayo Clinic and the director of the Cardiometabolic Program and the Clinical Director of the Cardiovascular Health Clinic. His research interests focus on the effects of obesity and related conditions on the heart. He has received several recognitions from national and international associations, including the American College of Cardiology Junior Investigator Award and the American Heart Association. He has been a guest speaker in more than 30 institutions in 6 countries and has more than 75 peer-reviewed publications in scientific journals.

Normal Weight Obesity

The gold standard definition of obesity is an excess in body fat of >25% in men and >35% in women. However, clinicians and epidemiologists often rely on body mass index (BMI) as a means of defining the presence of adiposity or obesity. However, a significant limitation of using BMI is its failure to differentiate between body fat and lean mass, especially in patients with a BMI < 30 kg/m². An excess in adiposity has been clearly associated with numerous co-morbidities, including insulin resistance, altered lipid metabolism, heightened sympathetic tone and endothelial dysfunction. Therefore, it is important to correctly identify an excess in body fat in patients from a public health standpoint. By misclassifying patients with excess body fat as non-obese, we miss the opportunity to intervene and reduce health risk in such individuals. Our research has proved that one out of every five subjects with normal BMI in the US population has an excess in body fat. These normal weight obesity subjects have several cardiovascular disturbances, an increased prevalence of metabolic syndrome. Normal weight obesity subjects appear to be at higher risk for total and cardiovascular mortality.

Dr. Francisco Lopez-Jimenez
MD, Mayo Clinic College of Medicine - USA

Obesity and Dyslipidaemia

Dr. Jonathan Morrell has been a GP for 20 years and is now based in Hastings where he is also a hospital practicitioner in cardiology. He was a founding member of both HEART UK and the Primary Care Cardiovascular Society and is also a member of the British Cardiovascular Society. He is Executive Editor for the Drugs in Context publications group and is an editorial board member, reviewer and contributor to a range of other medical journals. He is the author of eleven books, mostly on the prevention of heart disease including the recently published ‘Lipids – Your Questions Answered’, ‘Best Medicine Simple Guide to Cholesterol’ and ‘Pocket Science – Lipid Disorders’. Dr Morrell’s current research interests include the European Society of Cardiology’s CHA2DS2-VASc Factor project, the REACH Registry and the BDA and INSPIRE-AC studies.

Abstract

The epidemiology of obesity is well known. Globalisation of unhealthy lifestyles is responsible for the modern obesity epidemic and both increasing BMI and waist circumference are associated with the development of features of the metabolic syndrome, type 2 diabetes mellitus, adverse cardiovascular events and increased all cause mortality. Whilst obesity is probably an independent cardiovascular risk factor, multivariate analysis shows that much of the effect is explained by its component risk factors particularly dyslipidaemia, hypertension, and insulin resistance.

Obesity is a common cause of secondary hyperlipidaemia and associates any primary hyperlipidaemia. Typically, the triglyceride seen in obesity manifests as raised total and LDL cholesterol (LDL-C), raised triglycerides and lower levels of HDL cholesterol (HDL-C). Obesity increases cholesterol synthesis, but more so in some than others and therefore the increase in total and LDL-C is variable and sometimes not pronounced. In obesity (particularly abdominal obesity), free fatty acid flux from adipose cells increases liver manufacture and secretion of triglyceride-rich very low density lipoprotein (VLDL). Normally VLDL is broken down quickly to provide triglycerides for energy and storage as well as cholesterol for cells. Insulin resistance slows the breakdown of triglyceride-rich lipoproteins which, being more persistent, can exchange their triglyceride for cholesterol from HDL-C and LDL-C. The resulting triglyceride-rich LDL-C and HDL-C then lose their extra triglyceride in the liver resulting in smaller and denser varieties. Small, dense LDL-C is more readily oxidised in the tissues and therefore, potentially more atherogenic. Small, dense HDL-C may be less protective but this is less clear.

All forms of hyperlipidaemia associated with obesity will improve with weight loss. Management includes dietary energy restriction, increased physical activity and the use of both weight reducing and lipid-lowering drugs.
15:25  Salt and soft drinks – a hidden link to obesity

Dr Feng He  
Senior Research Fellow  
In Blood Pressure Unit of St George’s, University of London

15:45  Mapping Obesity  
Roche Sponsored lecture

Prof Colin Waine  
Jane is an Independent Nurse Consultant and free lance journalist who specialises in Men's Health and Obesity in Primary Care. She works at the cutting edge of innovation and has had much national and local press coverage appearing on many TV and radio shows including Diet Junkies (BBC2) Fat Chance (ITV) ‘taxing the fat’ More4, March 2007 was featured in the money programme on BBC2 about obesity and men and ‘Half Ton’ hospital which was an ITV as a Trevor McDonald special. Dispatches ‘the truth about your food’ Channel 4 and ‘downtown’ Channel 4 (part series started March 18th 2008).

She has run men’s health surgeries and weight management clinics in many unusual places including a barbers shop, Harley-Davidson showroom, Truck stops, crown green bowling clubs, pubs, working men’s clubs and fishing fairs.

She has also been involved in improving health in the workplace and has worked not only with many small business but also larger companies such as Royal Mail, BT and Arriva PLC.

She has also been involved in improving health in the workplace and has run courses not only with many small business but also larger companies such as Royal Mail, BT and Arriva PLC.

Jane’s latest projects include setting up and launching FREE ‘spare tyre checks’ for men at MOTO motorway service stations across the country where nurses carry out a range of health checks looking at the level of undetected health problems due to weight and large waist measurements and the incidence of ‘the metabolic syndrome’ (2 papers presented at European Conference of Obesity 2008) and results being presented at the 20th World Diabetes Congress in Montreal 2009, and working with Lambeth PCT setting up services with hard to reach groups of men that involve working with Arriva bus travel and the Employment office in Brixton as well as running a stall on Brixton market for a week targeting obese men.

Jane trained as an SRN in Jersey in 1974 later training as a Midwife and Health Visitor in the West Midlands. She also worked as a School Nurse, Public Health Nurse and Practice Nurse.

In 1992 she completed a BA(Hons) in English and German business studies and subsequently worked as Primary Care Editor at the Nursing Times.

Abstract:
Maternal obesity is associated with increased risks to the mother and baby, including the development of pregnancy complications such as gestational diabetes and pre-eclampsia, and an increased risk of high birthweight. Weight management during pregnancy is difficult and interventions to limit pregnancy weight gain have had limited success. Physical activity improves metabolic parameters irrespective of weight, thus interventions to promote physical activity during pregnancy may help reduce obesity related pregnancy complications. There is very limited information about activity levels during pregnancy. In Newcastle, 60 overweight women were followed through their pregnancy to assess their physical activity levels, identify how activity varied during pregnancy and explore what types of activity were most common. Twelve women were interviewed in depth about their experiences. Interventions to encourage pregnant women to remain as active as possible during pregnancy will need to take into account women’s varied situations and motivations. Swimming and walking are likely to be the most readily adopted types of activity.
17:10 The Early Origins of Obesity: The Gateshead Millennium Study
Dr Ashley Adamson

17:25 Balance-It Getting the Balance Right
GETTING THE BALANCE RIGHT – A PRAGMATIC COMMUNITY INTERVENTION PROGRAMME FOR OVERWEIGHT/OBESE CHILDREN IN GATESHEAD.
Cole A 1, Hall T 2, Stones R 1, Halsey A 1, Stones A 3, McKee H 1, Alagumalai S 3, Slade C 3
1 Gateshead Health Foundation Trust, Tyne and Wear, UK
2 Gateshead Primary Care Trust, Tyne and Wear, UK
3 Gateshead Council, Tyne and Wear, UK.

Aims
In Gateshead, a quarter of 10-11 year olds are overweight or obese. Getting the Balance Right is a holistic intervention aimed at tackling this problem in school aged children, specifically, aiming to improve Body Mass Index (BMI) in children completing the pathway of care for a twelve month period.

Methods
After inter-disciplinary consultation, between health, social services and leisure services locally, a pathway of care was developed to identify and assess children who were overweight or obese. Personalised programmes of nutrition and behavioural advice and physical activity were offered to children and families. School health advisors or dieticians did initial assessments; paediatricians reviewed children thought to have underlying medical conditions and all children received coaching by a trained leisure worker. All data are quoted as means. BMI adult equivalent (Adeq) and BMI standard deviation scores (SDS) are given.

Results
Over 30 months, 231 children with a BMI_Adeq of 28.9±5.8 and BMI_SDS of 3.0±0.7 entered the programme. Ninety nine children (11.4±3.3 years, 59% female and 78% obese) attended four dietetic appointment over 6.6±3.1 months and BMI_Adeq decreased by 0.9±1.7 and BMI_SDS by 0.14±0.25 (both p<0.0001). A significant decrease in BMI was maintained and 20 children, who still had not been discharged from dietetic review, attended their ninth appointment at 14.9±3.6 months, when BMI_Adeq had decreased by 1.8±3.1 and BMI_SDS by 0.27±0.44 (p<0.01).

Conclusion
Our pragmatic intervention was a partnership between the PCT, Hospital Foundation Trust and the Council. It has uniquely produced a sustained and significant improvement in BMI in a large cohort. The results compare favourably with other shorter, smaller-scale interventions and other community projects. Our approach could be used in other areas as a strategy to combat the rise in childhood obesity. Funding We are grateful to Gateshead Council and the Dept of Health for funding this project through a local public service agreement. There are no conflicts of interest to disclose.


Dr Anne Dale
Kirsty Brown
Dr Lucy Walker
17:40 Food & the Obesogenic Environment of Young Adults

Dr Amelia Lake is a dietitian and public health nutritionist with the Human Nutrition Research Centre at Newcastle University. A holder of a National Institute for Research Postdoctoral Fellowship, Amelia’s current work is to explore the Obesogenic Environment in young people. This research involves collaborating with urban designers and geographers to examine how the environment interacts with food behaviour in young people. Amelia received her first degree from Glasgow Caledonian University and worked in the Health Service before taking up a research post with Newcastle University, where she completed a PhD. Amelia is a committee member of the Association for the Study of Obesity, a council member for the Nutrition Society and also member of the British Dietetic Association. A regular contributor to her profession’s publications, Amelia has extensive experience of working with non-specialist audiences as well as academics, has produced various training programmes and related material.

Abstract

In order to develop long term solutions to prevent obesity, there is a need for better understanding of the relationship between what we eat and the environmental context in which these food choices are made. The structure of society in terms of the food environment or the ‘foodscape’ has changed rapidly in the UK over the last twenty years. Alongside this change has been an exponential increase in the prevalence of overweight and obesity. This has stimulated research across the world to explain the relationship between aspects of food retailing, diet and health[1]. Research has tended to focus either on the interactions between physical activity and the environment or between nutrition behaviour and the environment. Limited availability of relevant data means there is less evidence regarding the relationship between food choice, dietary habits and the environment. Research needs to focus on both sides of energy balance within an environmental context.

Previous work has tended to focus on food availability in the environment either in terms of the spatial distribution of food shops in relation to the socio-economic status of communities or looking at individual level food intake[2]. To date there has been little research on the impact of food access on risk of obesity[1]. A few studies have examined the environmental factors that may influence adolescent dietary behaviours[3]. Research in this area needs to look beyond access and include additional factors which influence food choice and eating. It is important to understand the mechanisms by which the environment influences food choice and dietary intake[4].

References

Abstract

This study sets out to investigate the effectiveness of a new dietetic telephone support line for discharged weight management patients. The dietetic helpline will run for one year. Patients will be able to call the support line and speak with the study dietitian on a weekly basis whilst being encouraged to self-monitor their weight and waist measurements throughout the study period. Initially qualitative data collected from 10 in depth interviews with a target group of patients will inform the design of the new service. Patients on exit from the study at 6 months will complete an interviewer-administered questionnaire. Quantitative data collection involves weight and waist measurements being taken from 100 patients on entry and exit to the study. Key outcome measures will be weight and waist measurement change in users and non-users of the service. The number of calls received by the service will be recorded to ascertain usage. Frequently asked questions and common themes to calls will also be collated. This evaluative study will find out if the new service is used and what impact continued support will have on patients with weight management challenges and if this service is felt to be beneficial. It is hoped the pilot feasibility study will aid the design of a subsequent randomised controlled trial involving other community dietetic departments in Scotland.
Anne Diamond has been a household name for the past 25 years, working in daily TV, radio and national newspapers. Far from being just a journalist, she pioneered breakfast TV in the early 80s, anchoring TVam and interviewing global leaders, celebrities and top politicians in locations as varied as Sydney Harbour during the Australian Bicentennial, the Brandenburg Gate during the fall of the Berlin Wall, and Hollywood. She started daytime TV with the BBC, and now regularly hosts breakfast and morning radio programmes, often starting her day in the middle of the night! She is the author of many books, both fact and fiction, and is a busy Mum of four boys.

Professionally, she is most proud, however, of her reputation as a health campaigner, spearheading awareness drives on a national level concerning cervical cancer screening, autism, dyslexia and vaccination programmes. She marks as her proudest achievement the formation and presentation of the 1991 “Back to Sleep” campaign to prevent cot death, which dramatically reduced the SIDS rate in Britain— from around 2,500 annual deaths to 300. This followed the cot death of her own son, Sebastian. For her part in saving what’s estimated to be around 20,000 lives, Anne was recently awarded the Gold Medal of the Royal College of Paediatrics and Child Health. Now she has turned her attention to the obesity epidemic, since her own well-publicised battle with her weight. Two years ago, Anne underwent gastric surgery – firstly abroad then subsequently here in Britain. Her colourful experience has become both a warning siren and a ray of hope for many patients whose health is in danger because of their weight.

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09:05  Healthy Weight, Healthy Lives

The Implementations

Dr Will Cavendish is Director of Health and Wellbeing at the UK Department of Health. He is responsible for a range of personal and public health areas that are central to the future health of the nation. These include tackling obesity and overweight, reducing alcohol harm, promoting breastfeeding, promoting greater physical activity, improving children and young peoples’ public health, and improving the psychologically healthy workplace and employee health.

He has previously spent two years as Director of Strategy at the Department of Health. Prior to that he was Senior Policy Advisor in the Prime Minister’s Strategy Unit, Special Advisor to the Secretary of State for Education and Skills, and was head of policy for the Labour Party in the run up to the 2001 General Election. He has had a distinguished career as an economist, working for the World Bank and a number of other international agencies, lecturing at Oxford University and Imperial College, and holds a doctorate in economics from Oxford University.

Will Cavendish
Director of Health & Well-Being

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09:40  Beijing; What is the legacy?

Andrée is Chief Executive Officer of the Fitness Industry Association (FIA), public affairs advisor to SkillsActive and board director of Sport England (London Region).

After a seven year career as a Physical Education teacher, Andrée launched her career in the health and fitness industry sector. She has now worked in this sector for over 20 years.

She is an author of the first Exercise and Fitness NVQs and more recently, has represented the industry’s interests at Westminster and Westminster including contributing to the Department of Health’s National Quality Assurance Framework and the recently published White Paper on Public Health. Andrée has been a major driver in the establishment of the Register of Exercise Professionals.

In 1987 Andrée established an instructor training company, Shape Fitness Education, which trained and qualified over 10,000 exercise instructors and personal trainers. She sold the company to Central YMCA and was retained as a director at the CYMCA for a further six years.

Andrée was part of the team which secured Government accreditation for the YMCA awarding body, Central YMCA Qualifications. It awards certificates for exercise qualifications to over 20,000 candidates per year.

Andrée was an accomplished 10,000 meter runner before injury and ex-county hockey player. Cycling is now Andrée’s passion. A committed Chelsea FC season ticket holder Andrée has supported the team for over 20 years.

Andrée joined the FIA in 1999. She is responsible for developing the FIA’s public affairs strategy which is widely recognised as one of the industry’s most compelling ambassadors.

Andrée Dean
CEO- Fitness Industry Association

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Abstract

The rapidly increasing rates of obesity represent a major challenge to the NHS. The costs to the NHS of managing obesity are relatively modest however the costs of managing conditions relating to obesity are estimated to amount to approximately £0.5 billion per annum. The total cost to society, taking into account lost productivity, is estimated to be close to £3 billion.

The NICE guidelines on obesity highlight the need for commissioners to put in place both treatment and prevention. Public health interventions and non-pharmacological interventions have been shown to be highly cost effective. However, their cost effectiveness is highly influenced by the degree to which they can provide sustained weight loss. Studies of a number of commercial weight loss programmes have shown that weight loss can be sustained for as long as 5 years following introduction of the intervention.

When commissioning weight management services, commissioners should consider the evidence available to support interventions designed to prevent and treat obesity. On the basis of current evidence, commercial weight loss programmes may be a cost effective adjunct to services provided by the NHS.
Dr Hilary Jones qualified at the Royal Free Hospital School of Medicine, London, in 1976. Since qualifying he has held a number of interesting posts including single-handed medical officer on Tristan da Cunha in the South Atlantic, and medical trouble shooter for the oil industry in the Shetlands. He became a full time Principal in General Practice in 1982 and a GP trainer in 1987. He now practices part time as an NHS GP.

He joined the breakfast TV station, TVam, in 1990 and has carried on his regular morning slots with GMTV. His sympathetic and laid-back style has made him a popular and respected medical opinion nationwide. He has co-presented The Health Show with Terry Wogan, and presented three series of "Loud & Clear" - a weekly social action programme for Meridian. He has a regular guest slot on Steve Wright's Radio 2 afternoon show discussing medical matters. Hilary has presented a highly successful relaxation programme available on CD/cassette from Deutsche Grammophon, and a second double CD programme, "Music For Wellbeing" with Universal Classics.

He writes a topical weekly column in the News of the World and deals with readers' medical problems, medical issues and news each week in Sunday Magazine. He answers readers' health problems in Rosemary Conley's Diet and Fitness magazine each month, and contributes to and edits Family Healthcare with Dr Hilary Jones. He is a regular contributor to a number of medical magazines and journals.

He presents videos for retail and corporate use, chairs and presents at conferences and press briefings and is at ease with after dinner speaking.

He has had six books published, "Before You Call The Doctor", "Your Child’s Health", "I’m Too Busy To Be Stressed", "Doctor, What’s The Alternative?", "Total Well-Being" and "A Change For The Better".
change than anything tried previously and at multiple levels (personal, family, community and national) and the need for partnership across Government, science, business and civil society.

Foresight Project Team engaged a multidisciplinary stakeholder group and applied an innovative methodology that combined both quantitative and qualitative approaches. This included the development of a systems map, qualitative modelling and scenarios, and quantitative modelling and scenarios. The key messages from the report confirmed that tackling obesity required far greater development of a systems map, qualitative modelling and scenarios, and quantitative modelling and scenarios, and qualitative modelling and scenarios. The key messages from the report confirmed that tackling obesity required far greater.

support five action themes –

1. The importance for children to grow up with a healthy weight; 2. The need to promote healthier food; 3. Development of National healthy eating guidelines; 4. Access to information and evidence; 5. Support for weight loss: healthy eating and physical activity. The Foresight Report on Obesity was published in October 2007. The project objectives were to apply a scientific evidence base from a wide range of disciplines to identify a broad range of factors that influence obesity, to apply this to create a better understanding of the relationship between key factors and, in this way, to identify effective interventions. In addition, the project analysed how future levels of obesity might change and the most effective future responses.


Healthy Weight, Healthy Lives included a commitment of additional financial resources to support five action themes –

1. The importance for children to grow up with a healthy weight; 2. The need to promote healthier food; 3. Development of National healthy eating guidelines; 4. Access to information and evidence; 5. Support for weight loss: healthy eating and physical activity. The Foresight Report on Obesity was published in October 2007. The project objectives were to apply a scientific evidence base from a wide range of disciplines to identify a broad range of factors that influence obesity, to apply this to create a better understanding of the relationship between key factors and, in this way, to identify effective interventions. In addition, the project analysed how future levels of obesity might change and the most effective future responses.


14:50 ‘This house believes that childhood obesity should be considered as a child protection issue’

For the motion:
Tam Fry - Child Growth Foundation
Tam Fry, Honorary Chairman, Child Growth Foundation, has spoken for children with growth problems since 1977. Initially, he tried to balance medical lobbying with his day job as a BBC Television producer but succumbed to the unequal struggle in 1988 and became involved full time with the charity.

He immediately combined his past and present interests and has produced the award-winning films accompanying every edition of the Child Growth Surveillance manual, “Health for All Children.” Under his guidance, the Child Growth Foundation introduced the charts without which, any identification, referral and tracking of childhood obesity would be difficult to accomplish.

Against the motion:
Prof Paul Gately - Leeds Met Uni
Paul Gately, PhD, is Carnegie Professor of Exercise and Obesity and Technical Director of Carnegie Weight Management at Leeds Metropolitan University in the United Kingdom. He graduated from Leeds Metropolitan University with a Bachelor of Science degree in Nutrition and Dietetics, and from the University of Sheffield with a PhD in Obesity. He is a registered dietitian and public health nutritionist. His primary research interest is childhood obesity treatment strategies. The PAG at Leeds Metropolitan University evaluated a residential weight loss camp as an intervention for overweight and obese children. He runs the successful Carnegie International Camps and community based weight loss club programmes throughout Britain. Professor Gately was a recent contributor to the International Obesity Task Force World Report and has worked closely with government agencies, health organisations and corporations throughout the United Kingdom and internationally.

15:35 Message from Westminster - Is Obesity Solely a Personal Responsibility?

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The National Obesity Forum wish to thank the following sponsors for their support at this year’s conference:

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