Priorities for a comprehensive obesity strategy

Linda Bauld, University of Stirling
& Cancer Research UK

Outline

- Cancer prevention and obesity
- Why a comprehensive approach is needed
- Priorities for action
  - Awareness
  - Population level interventions
  - Individual level interventions

THE OBESITY PROBLEM IN SCOTLAND

SCALE DOWN CANCER

Scotland's levels of obesity are the worst in the UK.

Over a quarter of Scottish children and **two-thirds** of Scottish adults are either overweight or obese.

LET'S BEAT CANCER SOONER
cruk.org/ScaleDownCancer

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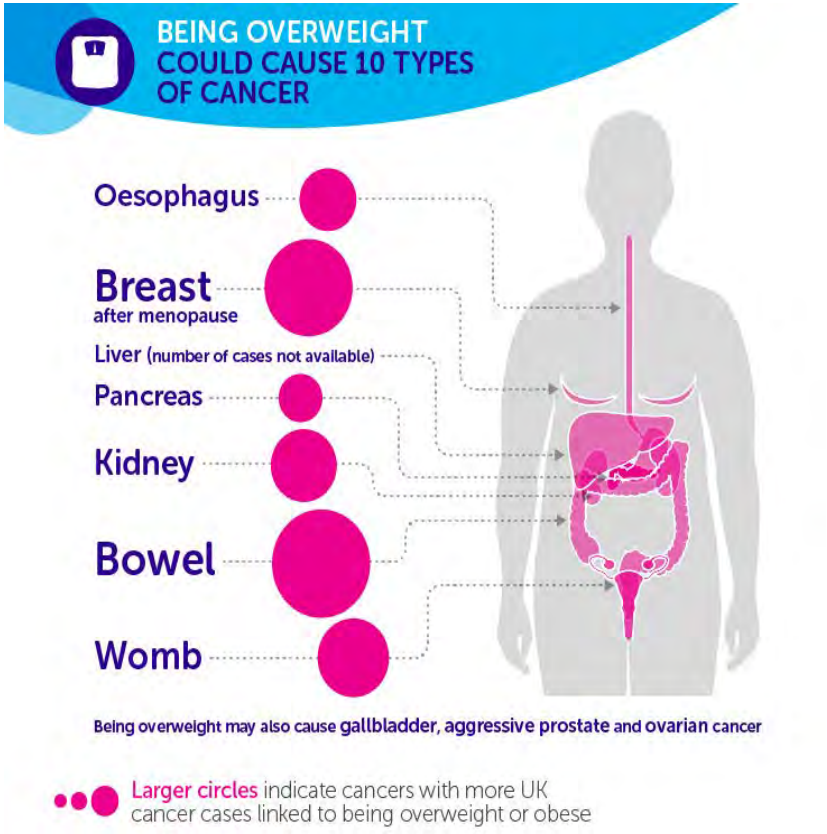
Cancer Prevention Ambitions

Prevent

1. Create a “tobacco free” UK by 2035 (less than 5% prevalence)
2. Stall and see a decline in the proportion of adults who are overweight and obese and see a significant decline in the proportion of children who are overweight and obese
3. Reduce overall consumption of alcohol with an emphasis on hazardous and harmful drinking
4. Stall or reduce the incidence of melanoma, through limiting harmful UV radiation exposure

Obesity and Cancer

- Overweight and obesity is responsible for around 18,100 cancers in the UK every year. It's the leading preventable cause of cancer in non-smokers.
- If current trends continue, it will lead to a further 670,000 cancer cases over the next 20 years.
- Overweight and obesity is linked to some of the most common types of cancer like breast and bowel cancer –and some of the hardest to treat like pancreatic and oesophageal cancer.



Childhood Obesity

HOW DOES OBESITY IN CHILDHOOD AFFECT CANCER RISK AS AN ADULT?

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cruk.org/health

Source: cruk.org/childhoodobesity

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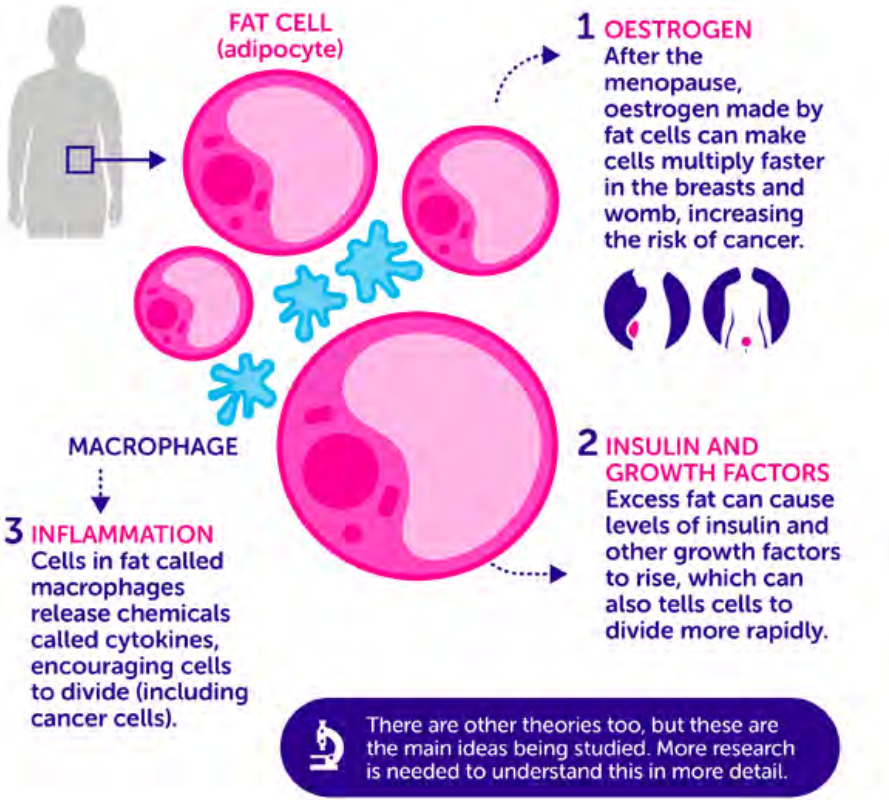
How Could Obesity Lead to Cancer?

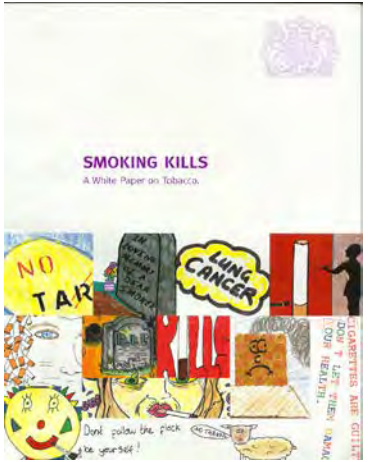


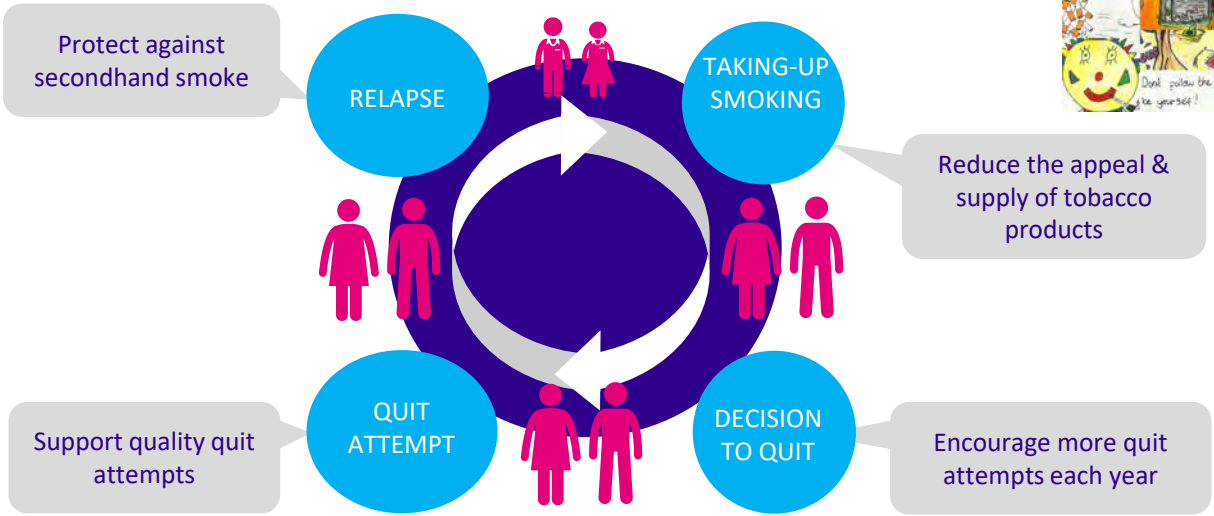
Our physiology has been moulded by famine

…and is ill-equipped to handle 21st century environments

We need a comprehensive strategy for a complex problem

We've used comprehensive action to address tobacco use





… and we've advocated for comprehensive alcohol policy…

- With action at the Population Level key, focusing on:
  - PRICE
  - PROMOTION
  - PRODUCT
  - PLACE
- Complemented by individual-level interventions (behaviour change, treatment)

What can we do?

1. Raise Awareness

Awareness is low

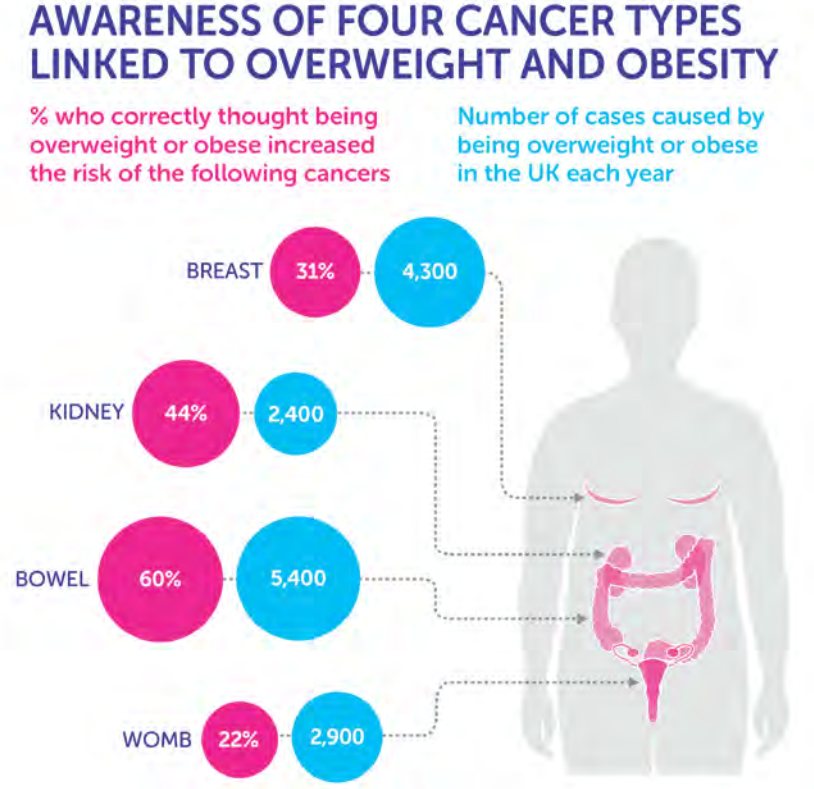
- AIM: To measure public awareness of the link between obesity and cancer in the UK adult population

- METHODS:

Online cross-sectional survey

3293 participants (adult, UK-wide)

- KEY FINDINGS: Low levels of awareness with only 1 in 4 linking obesity and cancer when unprompted




OB_S__Y
causes cancer
Guess what is the biggest preventable cause of cancer after smoking.
CANCER RESEARCH UK
Welcome to Birmingham New Street Station

What can we do?

2. Advocate for population level policies

We need to change the policy environment

The future of millions of children, the sustainability of the NHS, and the economic prosperity of Britain all depend on a radical upgrade in prevention and public health

Simon Stevens “NHS Five Year Forward View”

Public Health England

healthier scotland
SCOTTISH GOVERNMENT

Scotland can do better than this

The much delayed childhood obesity plan was published by UK Government on 18th August

- No mention at all of food marketing
- Only a voluntary commitment to reduce sugar
- Plan to consult on the sugar levy

Previous ‘roadmaps’ exist

- Investment in early life interventions
- Controlling the availability of and exposure to obesogenic food and drink
- Increased walkability/cyclability of the built environment
- Increasing responsibility of organisations for health of employees
- Targeting health interventions for those at high risk or already obese

Government Office for Science (2007)

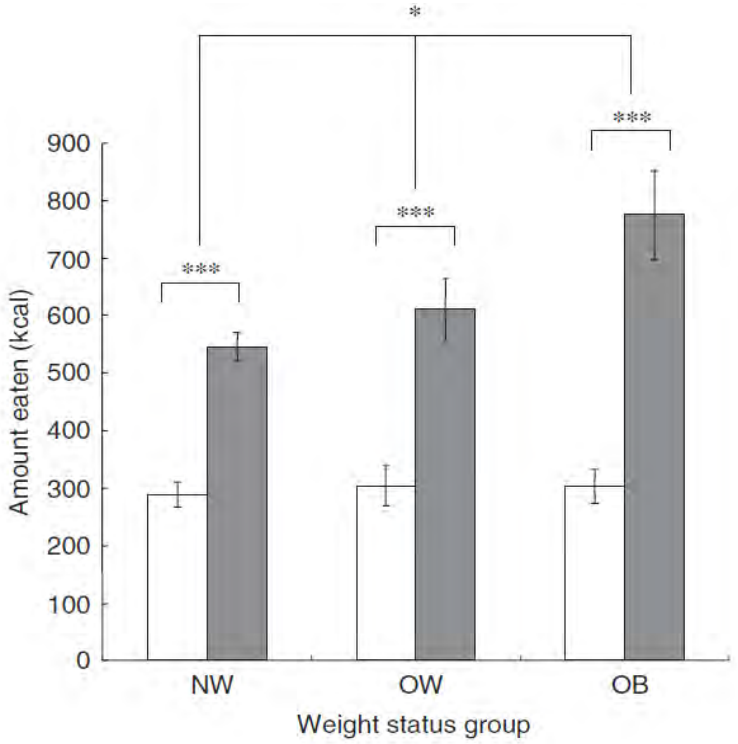
What can we do?

2. Advocate for population level policies

Price
Promotion
Place
Product

Promotion

- **Food marketing to children increases energy intake, especially among the obese**
- Exposure to food advertisements increased subsequent energy intake in all children
- The increase was greater in obese children (155%) and the overweight children (101%) than the NW children (89%).



Open bars: Toy adverts; Shaded bars: Food adverts

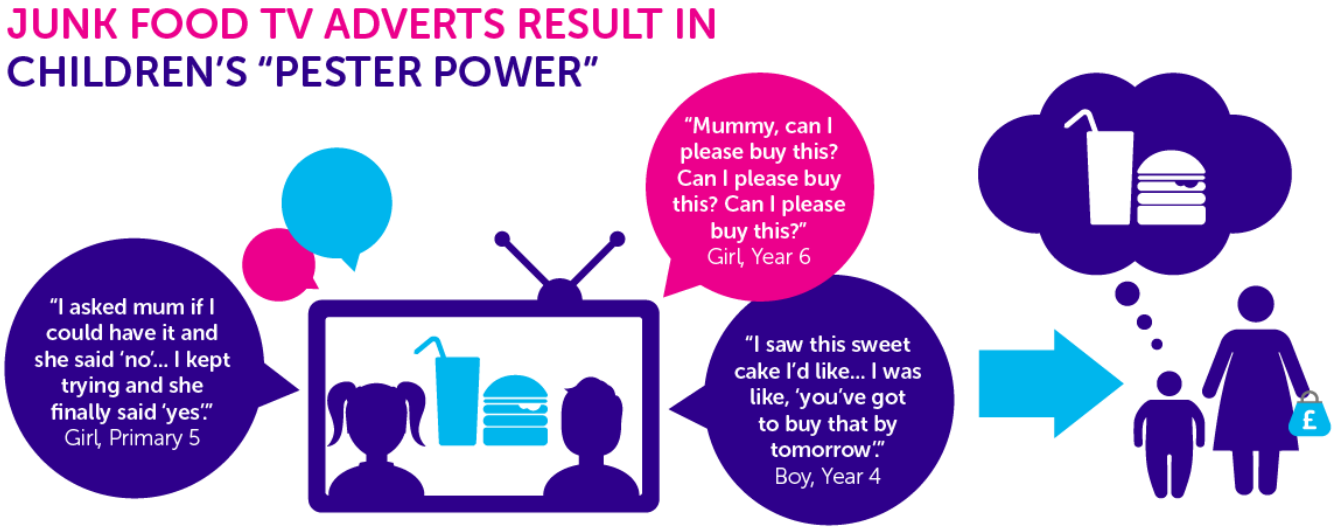
Source: Halford, Boyland, Hughes et al (2008) Pub Health Nutr. 11 (9), 897- 904

‘Ad Brake’ Study

- AIM: To investigate how children engage with unhealthy food advertising on television

- METHODS:
- Children aged 8-12
- 4 English schools, 2 Scottish schools
- 25 focus groups, 137 children in total

Ad Brake Results



Ad Brake Results

This study has shown that, despite current regulations, children are still engaging with junk food advertising on television and it is influencing their behaviour.

As a consequence, if public health policy aims to reduce the intake of junk food in the UK in the future, young people's current exposure to junk food adverts will need to be addressed.

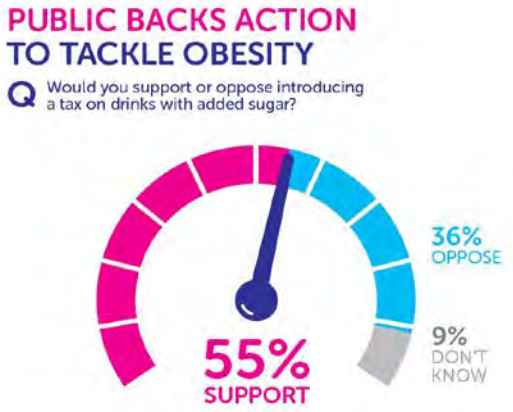
Price

Overall, all the studies reviewed here clearly show that pricing is one of the strongest – if not the strongest – marketing factors predicting increased energy intake and obesity, and this is why lower-income consumers are predominantly affected by these conditions'

Source: Chandon, O and Wansink, B (2012) Does food marketing make us fat? A review and solutions, *Nutrition Reviews*, 70, 10, 571-593

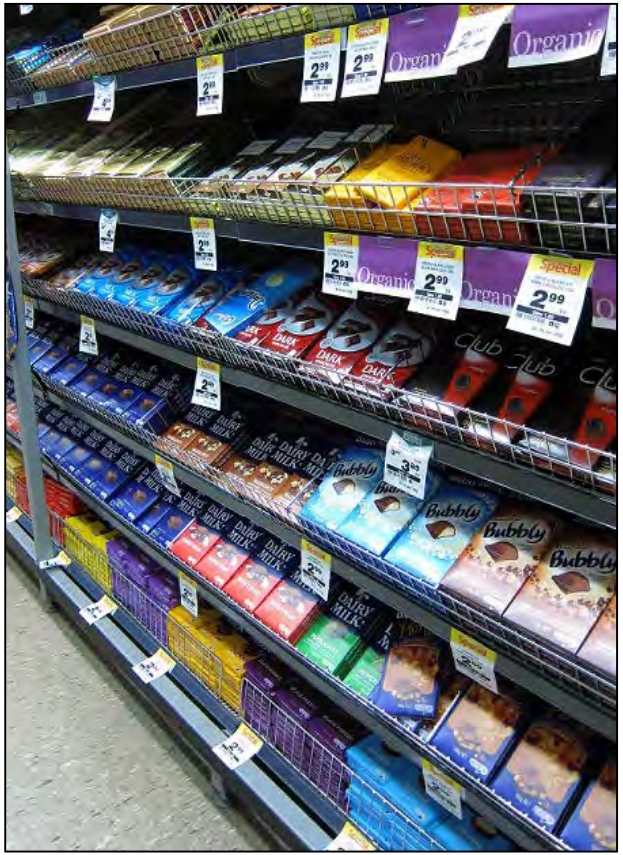
Price

- Health-related food taxes now in place in France, Hungary, Finland, Norway, Mexico, some US states and some South Pacific islands (mostly sugary drinks)
- In Mexico a 10% tax on sugary drinks linked to ~ 10% decline in purchases
- Implementation of UK soft drink industry levy currently out for consultation and facing considerable opposition ….



Price & Promotion

One thing we could change in Scotland would be price promotions on foods high in salt, sugar and fat



THE OBESITY PROBLEM IN SCOTLAND

SCALE DOWN CANCER

Nearly **40%** of all calories are purchased as a result of price promotions.

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THE OBESITY PROBLEM IN SCOTLAND

SCALE DOWN CANCER

7 in 10 adults in Scotland support banning supermarket promotions on unhealthy food.

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What can we do?

1. Support individuals

PAPERS AND ORIGINALS

Effect of general practitioners' advice against smoking

M A H RUSSELL, C WILSON, C TAYLOR, C D BAKER

British Medical Journal, 1979, **2**, 231-235

Summary and conclusions

During four weeks all 2138 cigarette smokers attending the surgeries of 28 general practitioners (GPs) in five group practices in London were allocated to one of four groups: group 1 comprised non-intervention controls; group 2 comprised questionnaire-only controls; group 3 were advised by their GP to stop smoking; and group 4 were advised to stop smoking, given a leaflet to help them, and warned that they would be followed-up. Adequate data for follow-up were obtained from 1884 patients (88%) at one month and 1567 (73%) at one year. Changes in motivation and intention to stop smoking were evident immediately after advice was given. Of the people who stopped smoking, most did so because of the advice. This was achieved by motivating more people to try to stop smoking rather than increasing the success rate among those who did try. The effect was strongest during the first month but still evident over the next three months and was enhanced by the leaflet and warning about follow-up. An additional effect over the longer term was a lower relapse rate among those who stopped, but this was not enhanced by the leaflet and warning about follow-up. The proportions who stopped smoking during the first month and were still not smoking one year later were 0·3%, 1·6%, 3·3%, and 5·1% in the four groups respectively ($P < 0.001$).

The results suggest that any GP who adopts this simple routine could expect about 25 long-term successes yearly. If all GPs in the UK participated the yield would exceed half a million ex-smokers a year. This target could not be matched by increasing the present 50 or so special withdrawal clinics to 10 000.

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Introduction

A potentially highly effective approach to smoking in Great Britain remains virtually untried—namely, collective effort by all 20 000 and more general practitioners (GPs). Over 90% of adults visit their GP at least once in five years,[1 2] the average number of attendances exceeding three in a year,[3] and smokers attend at least as often as non-smokers.[4] Thus GPs see over 18 million of the 20 million smokers in Britain at least once every five years, and most of them much more often. Although mass media may be used to confront smokers on a similar scale, face-to-face communication may be more persuasive,[5] especially for the less-well-educated majority, among whom anti-smoking campaigns have been less effective.

The role of special withdrawal clinics is limited by the size of the problem. They also attract relatively few smokers, and those who do attend seem to be the most difficult cases, who are highly dependent and have less chance of success. GPs, on the other hand, see all kinds of smokers, including those who are more likely to succeed and will not necessarily need intensive treatment and support. The potential of GPs working collectively is so immense that a genuine success rate of even 5% nationally would be more useful than far higher success rates obtained by more intensive methods at specialised clinics.

In chest clinics,[6 7] screening clinics,[8 9] and hospitals[10] straightforward, firm advice to stop smoking, without any accompanying treatment or support, may be as effective as protracted treatment at special withdrawal clinics. Attempts by GPs to persuade patients to stop smoking have had varied results,[11–14] and it is not clear what the average long-term success rate would be if simple but firm advice to stop smoking were given routinely by GPs to all their patients who smoke cigarettes. We therefore decided to assess this. A printed instruction leaflet was given to some patients to see whether this would increase compliance.[15 16]

Subjects and methods

DOCTORS

Twenty-eight of the 29 doctors in five group practices in London took part; the remaining doctor, who was a smoker, declined. A further nine doctors participated while serving as locums. Of the 28

Brief advice for behaviour change sounds basic, but can work.

The first evidence was from smoking,
Then we had alcohol brief interventions,
And now recent evidence on weight

Even 'Very Brief Advice' (VBA) may make a difference

This involves the 3 'As':
ASK
ADVISE
ACT

Very Brief Advice on Smoking

30 seconds to save a life

ASK

AND RECORD SMOKING STATUS

Is the patient a smoker, ex-smoker or a non-smoker?

ADVISE

ON THE BEST WAY OF QUITTING

The best way of stopping smoking is with a combination of medication and specialist support.

ACT

ON PATIENT'S RESPONSE

Build confidence, give information, refer, prescribe. They are up to four times more likely to quit successfully with support.

REFER THEM TO THEIR LOCAL STOP SMOKING SERVICE

Addiction
REVIEW
doi:10.1111/j.1360-0443.2011.03770.x

Brief opportunistic smoking cessation interventions: a systematic review and meta-analysis to compare advice to quit and offer of assistance

Paul Aveyard[1], Rachna Begh[1], Amanda Parsons[1] & Robert West[2]

UK Centre for Tobacco Control Studies, Primary Care Clinical Sciences, University of Birmingham, Birmingham, UK[1] and Health Behaviour Research Centre, Department of Epidemiology and Public Health, UCL, London, UK[2]

- Advice increases quit attempts by 24%
- Offering support on how to quit increases them by 68% to 117%
- Direct comparison offer help vs offer advice increases quit attempts by 39% to 69%

stop smoking and offer
l by motivation to quit.
oking cessation, nicotine
ıd quit success. Estimates
atistic. Study quality was
ation. **Results** Thirteen
ısed the frequency of quit
s behavioural support for
rect comparison, offering
1.69, 95% CI: 1.24–2.31 for behavioural support and 1.39, 95% CI: 1.25–1.54 for offering medication). There was evidence that medical advice increased the success of quit attempts and inconclusive evidence that offering assistance increased their success. **Conclusions** Physicians may be more effective in promoting attempts to stop smoking by offering assistance to all smokers than by advising smokers to quit and offering assistance only to those who express an interest in doing so.

Keywords Medical care, opportunistic intervention, smoking cessation.

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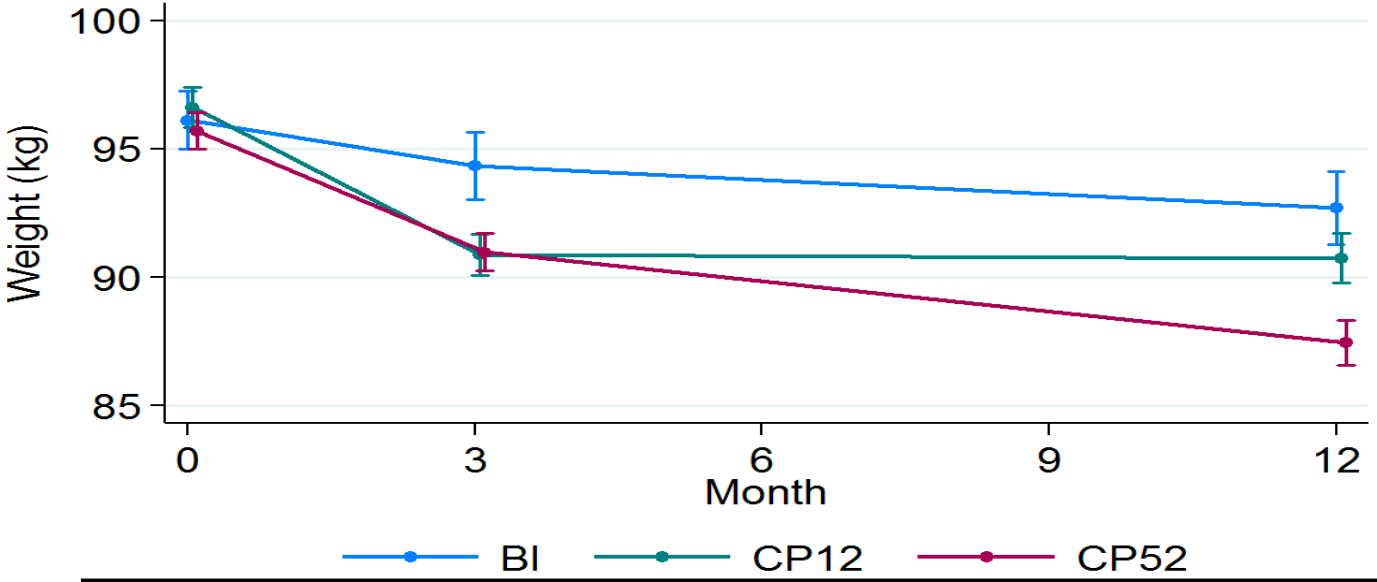
Support in primary care (and referral to a weight loss programme) leads to weight loss



	BI	CP12	CP52	CP vs BI	CP52 vs CP12
MAR	-3.71	-4.91	-7.23	-2.21* (-3.53, -0.89)	-2.65* (-3.99, -1.32)

"While you're here, I just wanted to talk about your weight..."

said the doctor to their patient.

The BWEL (Testing a Brief intervention for WEight Loss in primary care) trial tested the effect of GPs advising people who are overweight about losing weight. At the end of a consultation about another health problem, GPs spent just 30 seconds advising their patient that the best way to lose weight was to attend a weight loss programme and offered an NHS referral to a weight-loss group in their local community.

SECONDS to carry out this brief opportunistic intervention.

ATTENDED the weight management programme they were referred to.

WEIGHT LOSS on average after 1 year compared with 1.04kg in the control group.

LOST 5% of their bodyweight over 12 months.

PATIENTS AGREED that the conversation with their doctor was appropriate and helpful.

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NUFFIELD DEPARTMENT OF PRIMARY CARE HEALTH SCIENCES

Screening and brief intervention for obesity in primary care: a parallel, two-arm randomised trial. Aveyard P *et al.* *Lancet* 2016: DOI: 10.1016/S0140-6736(16)31893-1

Conclusions of the BWeL trial

- Most patients find very brief interventions related to their excess body weight very acceptable
- 1 in 500 people find it unacceptable and unhelpful
- No one found it very unacceptable and very unhelpful
- A very brief intervention of offering help, immediate booking, and creating accountability can motivate over 40% of unselected patients to attend a weight management programme
- This intervention could reduce the weight of the population of people who are obese by 1.5-2.5kg.

EVEN SMALL REDUCTIONS IN OBESITY COULD PREVENT CANCER AND SAVE MONEY

Reducing being overweight and obese by 1% every year could...


#ScaleDo wnCancer
CANCER RESEARCH UK
PREVENT OBESITY
PREVENT CANCER

Thank you

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