

Briefing

July 2001

idfa
Infant and Dietetic
Foods Association

Formula Slimming Diets

Nutritionally Sound Scientifically Proven Solutions for Weight Management and Weight Maintenance

To combat the rising problem of obesity a policy is needed that allows for and encompasses all successful options for losing weight - including formula slimming diets

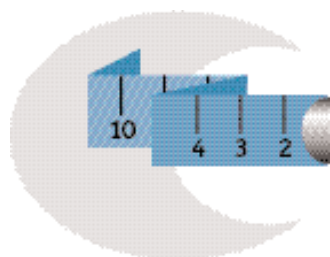
The obesity epidemic

Obesity is not a trivial issue. According to the World Health Organisation' obesity is a 'worldwide epidemic' and is rising in both developed and developing countries. It is estimated that around 250 million people worldwide are obese - about 7% of the adult population.

In Europe alone the prevalence of obesity has increased by between 10-50% in the last 10 years and in England the proportion of obese people in the population has almost trebled.

The most recent figures for the UK were published in February 2001 by The National Audit Office (NAO) in their report 'Tackling Obesity in England²'. Key points from this report are:

- obesity in men and women has tripled since 1980
- 1 in 5 adults is now obese, potentially rising to 1 in 4 adults by 2010
- two thirds of men and over half of women are overweight or obese
- obesity in England is rising faster than in most other European countries
- cost to the National Health Service £0.5 billion annually
- total costs to the wider economy are over £2.0 billion annually
- 18 million working days are lost due to weight related illness
- obesity caused 30,000 premature deaths in 1998 alone
- only 13% of Health Authorities had a plan in place to specifically prevent or treat obesity
- management of overweight and obese patients within the NHS is patchy
- support and counselling are important in successful intervention.



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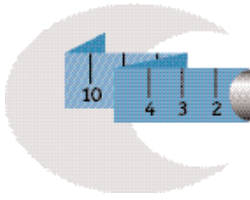
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Table 1: Prevalence of obesity in selected countries (BMI over 30)

Country	Year	Age Range	% Prevalence	
			Men	Women
England	1998	16-64	17.3	21.2
Finland	1991/93	20-75	14.0	11.0
Germany	1990	25-69	17.2	19.3
East Germany	1990	25-65	20.5	26.6
United States	1994	20-74	21.3	26.4

Figures from ASO - originally adapted from Seidell JC Int J Obes 1997; 19:3
Figures for England 1996/98 DH Health Survey for England 1999



Health implications

The health, economic and physico-social consequences of the increasing incidence of obesity are substantial. Obesity is associated with a wide range of diseases, which range from non-fatal conditions such as osteoarthritis to life threatening diseases such as coronary heart disease, stroke, diabetes, gallstones and certain cancers. Table 2 shows the extent to which obesity increases the risk of developing a number of these diseases compared to the non-obese population.

Negative attitudes towards the obese can lead to discrimination in many areas of life including health care and employment and the psychological consequences of obesity can range from lowered self-esteem to clinical depression. Rates of anxiety and depression are three to four times higher among obese individuals.

Cost to society

Recent estimates suggest that between 2 to 8% of the total sick care costs in Western countries are attributable to obesity³. In the UK it has been conservatively estimated by the NAO² that obesity accounts for up to £0.5 billion annually in treatment costs to the NHS and that over 18 million working days are lost due to obesity related illnesses (See Tables 3 & 4).

Table 3: Estimated days of certified sickness absence from those cases of secondary diseases attributable to obesity in England in 1998.

Stated reason for work absence	Estimated days of certified sickness absence attributable to obesity (000)
Type 2 Diabetes	5,960
Hypertension	5,160
Angina Pectoris	2,390
Myocardial Infarction	1,230
Cancers	970
Osteoarthritis	950
Gout	530
Stroke	440
Gallstones	20
Total	17,650

NB. Endometrial, colon, rectal, ovarian and prostate cancer combined

Source NAO Report Tackling Obesity in England, February 2001

More recently the National Institute for Clinical Excellence (NICE) has estimated that (for 1998) direct costs to the NHS for the treatment of obesity are £50 million per year, while indirect costs (e.g. the treatment of co-morbidities such as diabetes and coronary heart disease) amount to a further estimated £1,700 to £1,900 million - between 3.5% and 4% of NHS expenditure.⁴

Management of overweight and obesity

Obesity occurs when an individual gains enough weight such that it seriously endangers health. Some people are more susceptible to weight gain for genetic reasons, but the main cause of obesity is consuming more calories than we expend in our daily lives.

There are many reasons why this might happen including increased sedentary lifestyle, age, gender, genetic and environmental factors. Most evidence suggests that the cause of the rapid increase in obesity in the UK is due to a reduction in energy expenditure associated with an increasingly sedentary lifestyle, rather than changes in diet. However, changes in dietary habits have contributed to a situation where we take in more energy than we need.

Ways to lose weight

There are a number of effective methods for treating obesity and overweight. For example, increased exercise, drug therapy, surgery, reduced energy diets, low fat diets, slimming clubs and commercial formula diets are all possible options. It is important to match individuals to specific treatments. Some of these methods are best

Table 4: The estimated direct costs of treating obesity and its consequences

COST COMPONENT	COST (£MILLION)
Treating obesity	
GP consultations	6.8
Ordinary admissions	1.3
Prescriptions	0.8
Outpatient attendances	0.5
Day cases	0.1
Total costs of treating obesity	9.5
Treating the consequences of obesity	
Prescriptions	247.2
Ordinary admissions	120.7
Out patient attendances	51.9
GP consultations	44.9
Day cases	5.2
Total costs of treating the consequences of obesity	469.9
Total Direct Costs	479.4

Source: NAO Report Tackling Obesity in England, February 2001

Table 2. Estimated increased risk for the obese of developing associated diseases, taken from international studies

Disease	Relative risk	
	women	men
Type 2 Diabetes*	12.7	5.2
Hypertension	4.2	2.6
Myocardial Infarction	3.2	1.5
Cancer of the Colon	2.7	3.0
Angina	1.8	1.8
Gall Bladder Disease	1.8	1.8
Ovarian Cancer	1.7	-
Osteoarthritis	1.4	1.9
Stroke	1.3	1.3

*Non insulin dependent diabetes mellitus (NIDDM)
NB. The BMI range for the pre-obese and non-obese groups used to estimate relative risk varies between studies, which limits the comparability of these data.

Source the National Audit Office Tackling Obesity in England (2001)

suited to particular degrees of overweight but whatever the method it is important that the potential limitations are realised. Ultimately the choice is for individuals taken in consultation with their doctor.

Prevention is also important as being overweight often leads to obesity. Overweight is also easier to treat than obesity, so methods of weight loss that really work are necessary even for the pre-obese.

Formula slimming diets

Formula slimming diets are nutritionally fortified, balanced, calorie restricted products designed to help achieve an energy restricted diet without sacrificing nutritional requirements. Backed by 20 years of scientific research they have been used safely and successfully by millions of people throughout the world. Studies have shown that formula slimming diets are not only very safe but also one of the most effective ways to lose weight and maintain weight loss. (See appendix 1).

There are three categories of product:

- Very low calorie diets replacing the whole day's diet with 400 – 800kcal;
- Low calorie diets replacing the whole day's diet with 800 – 1200kcal; and
- Meal replacements replacing one or more meals with 200 – 400 kcal.

Compared to other weight loss methods, they:

1. Provide guaranteed nutrition – it has been proved that it is difficult or impossible to maintain nutritional

Definitions of obesity

Obesity is defined as a condition where there is an excessive amount of body fat. The amount of body fat in the body is measured using the Body Mass Index (BMI). The BMI is calculated by dividing the body mass or weight (in kg) by the square of the height (in metres) i.e. $\frac{\text{body mass in kg}}{(\text{height in metres})^2}$

BMI < 18.5 = underweight
BMI 18.5 –24.9 = ideal weight
BMI 25-29.9 = overweight
BMI over 30 = obese.

Obesity can also be classified according to where in the body the excess fat is stored. There are two distinct patterns of fat distribution with people sometimes being described as 'apples' or 'pears'. 'Apples' are characterised by fat deposits over the abdomen, whilst fat distribution in 'pears' is more peripheral, often around the hips. Central fat deposition carries a significantly greater health risk than peripheral distribution.

Fat distribution can be assessed by measuring the waist and hip circumference, but the easiest way is to measure waist circumference alone. For men there is an increased risk of ill-health if you waist measures more than 94cm (37 inches) and for women 80cm (32 inches) If the waist measurement is over 102cm (40 inches) for men or 88cm (35 inches) for women the risk is substantially increased.

requirements through the consumption of 'normal' foods alone once daily consumption falls below 1200 kcal. Formula slimming diets deliver exact energy and nutrient intake without calorie counting or fuss;

2. Comply with European legislation and relevant UK standards – in Europe formula slimming diets are controlled by legislation which, for specific categories of products, specifies minimum and maximum amounts of nutrients e.g. protein, fat, linoleic acid (an essential fatty acid), fibre and vitamins and minerals. Labelling and advertising are also controlled.^{5,6,7}

Very low calorie diets (VLCDs) are not covered by this legislation but specific European rules will be adopted in the near future. Currently VLCDs sold in the UK comply with the Department of Health recommendations⁸ for these products which specify calorie contents, minimum amounts of protein and essential nutrients, as well as labelling and marketing;

3. Are palatable and enjoyable – as it can take several months to achieve a target weight, any diet must be palatable and enjoyable enough to be used for long periods. Convenience and ease of use are an important part of any calorie controlled diet. Many dieters find that the use of

commercial products helps them stay on their diet and keeps them motivated;

4. Can remain part of a calorie controlled diet for successful weight maintenance – formula slimming diets can easily be incorporated into a weight maintenance programme. Most manufacturers provide advice on healthy eating as well as recipes. Studies, backed up by practical experience, show that formula slimming foods are used successfully in helping dieters maintain their weight loss.


Conclusion

Clinically proven formula diets and meal replacements from responsible manufacturers are both safe and effective. They comply with European legislation and expert recommendations and meet high standards of nutritional adequacy with a proven track record of helping people lose weight and subsequently maintain their weight loss.

The NAO report identified that only 13% of Health Authorities have a plan in place to specifically prevent or treat obesity and that management of overweight and obese patients within the NHS is patchy. It also acknowledges that support and counselling are important elements in successful intervention. The NHS could not cope

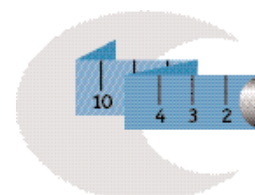
alone with an increasing overweight and obese population. Other options are, therefore, essential.

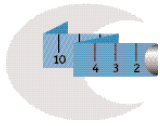
The NAO makes recommendations about co-ordinating government policy on the management of obesity. IDFA supports initiatives on healthy eating and increased physical exercise, but these initiatives alone will not be enough. Overweight and obesity arise for a variety of reasons and require a variety of solutions. Clinically proven formula diets are one such solution. As proven safe and effective weight loss methods they should not be overlooked as a useful tool in the fight against overweight and obesity.

IDFA seeks a national weight management policy that encompasses all successful options for losing weight – including formula slimming diets. 

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Appendix 1

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