

The Weight Watchers Referral Scheme

Working with the NHS for effective weight management



The Weight Watchers Referral Scheme



Summary

The Foresight report (Foresight 2007) projected that by 2050 60% of adults will be obese. In response, the cross government obesity strategy (Healthy Weight, Healthy Lives) acknowledged that people who are overweight and obese should be offered help and identified primary care as a key channel for first line treatment.

Clinical guidance (NICE, 2006) and national policy (DH, 2006) both recommend that overweight and obese patients are offered a choice of treatment options. Yet many practitioners working in primary care, say their capacity to carry out effective weight management interventions themselves is very limited. Weight Watchers is one service solution for the NHS and a recent economic analysis has shown it to be cost-effective (Trueman and Flack 2006). The NICE guidance on obesity noted Weight Watchers as the only commercial slimming programme with good quality data underpinning its effectiveness (Heshka et al 2003, NICE, 2006).

The Weight Watchers Referral Scheme, developed through careful piloting, offers the NHS a subsidised package to bring the Weight Watchers weekly support to overweight and obese patients.

Local primary care organisations (PCOs) can purchase a 12-week course for their patients at a subsidised price. For this Weight Watchers will provide:

- 12 weeks meeting attendance under the care of a trained Weight Watchers leader
- Feedback to the primary care organisation on patient attendance and weight loss outcomes
- Effective support to all partners – NHS and patients – to ensure smooth running of the scheme

The scheme means that GPs and other health care professionals can broaden the range of weight management options they can offer to their patients.

“Primary care organisations and local authorities should recommend to patients, or consider endorsing, self help, commercial and community weight management programmes only if they follow best practice.” NICE (2006)

“Yes the more I think about it – I’m happy with Weight Watchers ‘on prescription’. It’s a fantastic idea. Although it’s not for everybody, I bet many patients will benefit.” Dietitian, W Yorkshire

“In our PCT we have guidelines for obesity management in Primary Care, which advises recommending overweight patients to commercial slimming groups, where appropriate – to spread the work load.” GP, W Yorkshire

What is Weight Watchers offering?



The Weight Watchers Referral Scheme delivers:

Affordable care

A 12 week course to attend Weight Watchers meetings is offered to the NHS at reduced rates to standard fees.

Feedback on patient outcomes

PCOs will receive feedback about every patient's attendance and weight loss outcomes with Weight Watchers. Individualised data will be fed back at intervals agreed with the PCO.

Effective support

Weight Watchers has an extensive and well established infrastructure of trained leaders and area managers to provide support at three levels: for PCOs, for health professionals and for referred patients to ensure that locally schemes run smoothly.

Inherent to this referral service Weight Watchers has:

An approach in line with best practice standards from NICE (2006).

An evidence based programme with robust data underpinning its long term effectiveness backed up by action based research from NHS pilots (see page 4).

An intervention based on a behavioural approach allowing patients to negotiate personalised lifestyle change by focusing on the key lifestyle habits affecting people's weight.

Effective leaders who are carefully selected. They have all lost weight themselves and can empathise with members. All leaders are trained to deliver effective behavioural change techniques and their performance is constantly monitored.

Weight Watchers has experience of running meetings throughout UK communities including; in deprived and ethnically diverse areas. Their leaders are part of the local community and have local knowledge of local needs. Meetings are held in local venues at various times – during the day, after work or later in the evening throughout the week and at weekends. The programme is available on CD or in large print format for those with reading, sight or language difficulties. It is also available in Braille.

A quality assured network of over 6,000 meetings a week maintained by: careful leader selection, comprehensive leader training and ongoing support and by the central production of our programme materials. Medical and scientific advisors ensure that materials are in line with current health advice and Government recommendations.

A strong heritage of over 45 years expertise in weight management and more recent experience of working with the NHS.

Weight Watchers meets NICE standards

NICE 'Best Practice' Standards	Weight Watchers	How Weight Watchers meets NICE standards
Helping people to decide on a realistic healthy target weight (usually 5-10% of their starting weight).	✓	Leaders encourage members to aim for an initial weight loss goal of 5% of their starting weight, then 10% of their starting weight.
Aiming for a maximum weekly weight loss of 0.5 – 1kg.	✓	Weight Watchers healthy eating plans are designed to achieve a daily calorie deficit of 500kcal, which will result in about a 0.5-1kg weight loss per week. Leaders encourage members to go for slow but sustained weight loss over a long period of time.
Focusing on long term lifestyle changes.	✓	Both the programme material and leader training focus on using a behavioural approach. This empowers members to develop their own coping strategies for long term lifestyle changes. Leaders are equipped with communication strategies, a working knowledge of the stages of change model and an understanding of the importance and confidence realisations to drive and sustain motivation.
Addressing both diet and physical activity, and offering a variety of approaches using a balanced, healthy eating approach.	✓	Group leaders and programme materials provide a framework for healthy eating, physical activity and lifestyle change. Healthy eating plans are based on consensus scientific advice (COMA, 1984, 1991).
Offering practical safe advice about being more active.	✓	Physical activity is a central part of the Weight Watchers programme both in boosting everyday activity and reducing sedentary behaviours. Weight Watchers own research suggests that many overweight and obese people are chronically disengaged with physical activity and initially are far more likely to build effort into everyday activity than take part in formal exercise sessions.
Including some behaviour-change techniques, such as keeping a diary and advice on how to cope with 'lapses; and high risk situations.	✓	Leaders use an array of practised behavioural techniques and tools with members within meetings. For example members use food and activity diaries to reflect upon their week, set goals and evaluate their progress.
Providing ongoing support	✓	Members attend weekly meetings where they receive input and support from their leaders as well as their peers. Weight Watchers believes that such support is key to keeping people on track in the long term and research to confirm this (Truby et al 2006, Poulter and Hunt 2007). Sacks, F et al (2009) Comparison of Weight Loss Diets with Different Compositions of Fat, Protein and Carbohydrates. NEJM vol 360; 9, 859-973

"I'm in the right postcode to get it on the NHS. It worked well for me because all my life I've never taken anything for nothing. But this felt like someone was watching, sort of keeping an eye on me. Because the health service was giving me the help to lose weight for free, I had to make it work."

Molly, Patient, Ayrshire

Does Weight Watchers work?

Published studies

There is good evidence for the efficacy of Weight Watchers methods and particularly for maintenance of weight loss over the longer term (Table 1).

Table 1 The effectiveness of Weight Watchers

Study	Weight loss (kgs)	Duration of follow up
Heshka et al 2000	4.8 kg	6 months
Truby et al 2006	6.6 kg	6 months
Heshka et al 2003	2.9 kg	24 months

Two further studies have shown that over 50% of Weight Watchers members who reached their target weight 5 years previously, had retained a weight loss of at least 5% of their starting weight (Lowe et al, 2001, 2004). This compares very favourably with most other weight loss interventions in which virtually all weight successfully lost is regained at 5 years (Institute of Medicine, 1995).

NICE (2006) reported that Weight Watchers is the only commercial group slimming programme with good quality data underpinning its effectiveness. A similar conclusion was made in a systematic review of commercial weight loss programmes and the published evidence supporting their efficacy (Tsai and Wadden, 2005). Copies of these papers plus further details on the science underpinning Weight Watchers efficacy is available from Weight Watchers.

Contact

Email referral@weight-watchers.co.uk

Or call 01628 415 287

NHS Pilots

Weight Watchers has considerable experience of working in partnership with PCOs. Ongoing evaluation since the early pilot courses means the scheme has evolved, with the aim of getting it right and making sure it is effective for all involved.

An early analysis of data from 1058 referrals from 21 PCTs showed that:

- 55% of patients attended every meeting for 12 sessions
- These patients lost on average 5.2kg over 12 weeks and 54% lost 5% or more of their initial weight
- Of all the 1058 courses initiated, 36% resulted in 5% weight loss or more (Poulter and Hunt, 2008)

“From the pilots and published research PCTs can estimate that over one third of patients will lose at least 5% and a fifth will lose 10% or more of their starting weight with Weight Watchers over 12 weeks.”

Is Weight Watchers cost effective?

An economic analysis of Weight Watchers has been undertaken by the Health Economics Consortium at York University, to assess the relative cost and benefits (in health terms) of Weight Watchers methods. The researchers used a formula they had previously developed for the NICE obesity review (Trueman and Flack, 2006). The findings of this study suggest that Weight Watchers is a cost effective intervention to help prevent and manage obesity. The cost effectiveness ratios generated by the model are towards the lower end of the range of those for other interventions considered during the development of the NICE guideline. Cost per QALY (Quality Adjusted Life Year) of other weight management treatments are shown below.

The authors of the analysis concluded that Weight Watchers is a cost effective use of NHS resources. They went on to state that, unlike many alternative forms of weight management, Weight Watchers is supported by clinical evidence derived from randomised controlled trials with a lasting effect reported in the two-year follow-up.

Weight Management treatments	Cost (£) per QALY*
Lifestyle	
Dietary change with dietitian	£174
Weight Watchers	£1,022
Behavioural with psychologist	£4,360
Exercise with a physiotherapist	£9,971
Anti-obesity medication	
Sibutramine (Reductil)	£3,200 to £16,700
Orlistat (Xenical)	£24,431
Bariatric surgery	
Gastric bypass	£6,289
Gastric band	£8,527

*Data on all except Weight Watchers, taken from Health economics chapter, NICE 2006.

Which patients are suitable?

Research studies of weight loss interventions indicate that different weight management approaches work for different people (Mulvihill and Quigley 2003). Group support may not immediately appeal to all patients. However within the context of the group/social environment, patients attending Weight Watchers meetings have a brief one-to-one consultation with the group leader as they weigh-in every week, ensuring their programme is personalised and tailored to their needs. Research evidence suggests that regular and ongoing contact and support is associated with better weight loss outcomes, so the weekly meeting may be one of the key ingredients of Weight Watchers success. The benefit of regular attendance at meetings is borne out by the results of the first year of the Weight Watchers Referral Scheme. Those patients who have attended meetings more regularly had significantly better weight loss success than those who attended less regularly.

Deciding on referral criteria will be a decision for the local primary care funders of the scheme. The Department of Health and the NOF have issued guidance on the first steps in matching treatment to patient and suggest that referral to organisations providing local support (like Weight Watchers) can be offered as a first line treatment option.

Primary care organisations involved in the referral scheme to date have developed specific referral criteria to target patients based on the health needs of their own communities. Referral criteria typically include:

- BMI (a BMI cut-off)
- Readiness to change (though this is not always easy to assess accurately)
- Age (above 18 years)
- Associated co-morbidities such as coronary risk factors or diabetes.

Weight Watchers can help you develop your own referral criteria by sharing experience gained from partnerships with other primary care organisations.

What About Men?

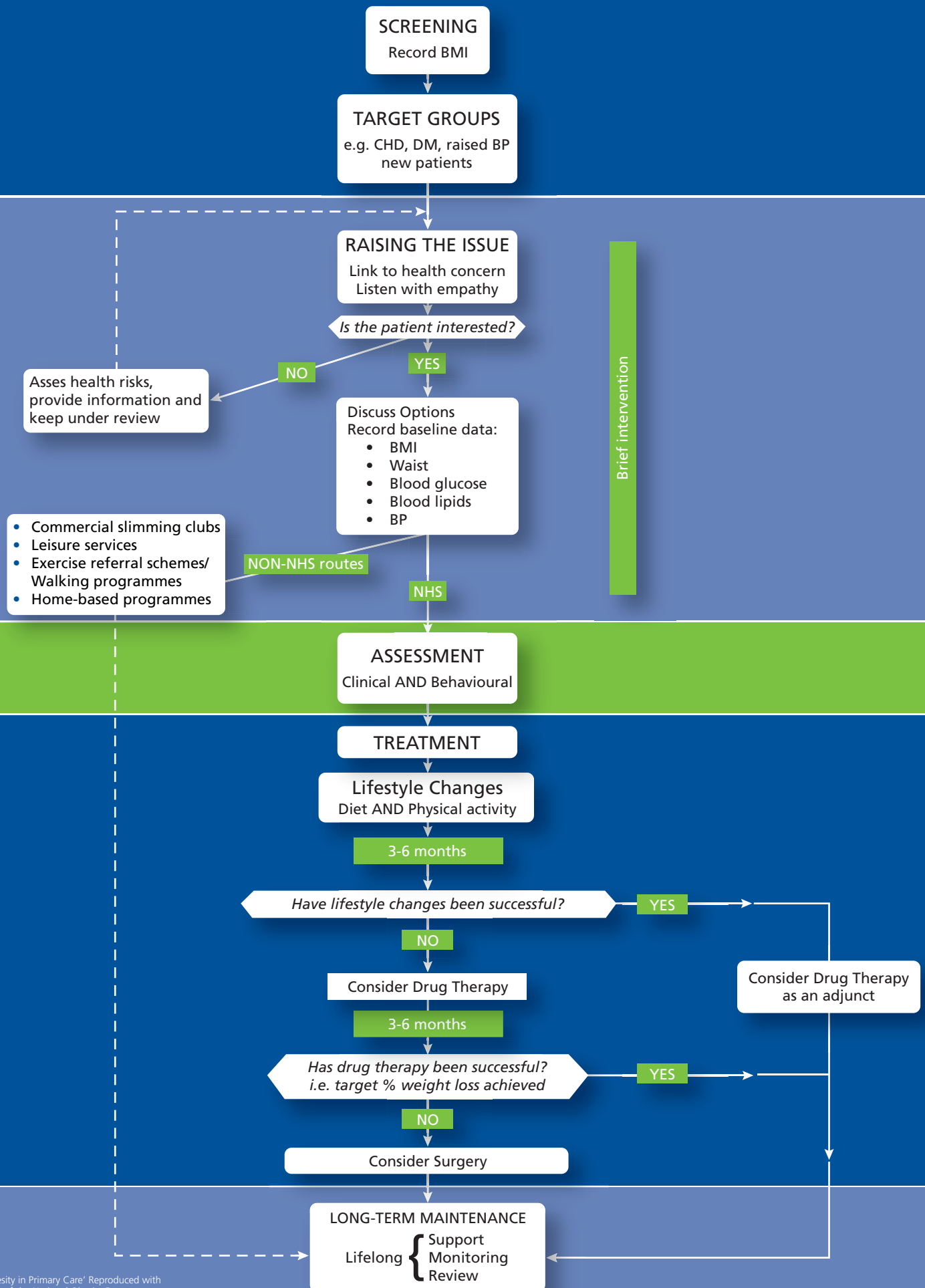
Whilst Weight Watchers seems to appeal particularly to women, a proportion of men do routinely attend meetings and lose weight successfully. Leaders are trained to welcome men into their meetings, be effective in their interventions and create an environment which is sensitive and supportive to their needs. At most Weight Watchers meetings there will be a small number of men attending.



What About Children?

Whilst the Weight Watchers programme and materials are developed for adults, Weight Watchers acknowledges that health service targets focus most on reducing the rising prevalence of obesity in children. Helping children control their weight is somewhat different from dealing with adult weight management and the evidence suggests that childhood obesity is best handled by an overall focus on family lifestyle habits and the influence of parents. Children over the age of 10 years can join Weight Watchers if they have a letter from their GP and support from a parent or guardian with whom they must attend weekly meetings.

Managing Obesity in Primary Care: Management Algorithm



Anglesey Health Board

In Anglesey, just one dietitian working on CHD prevention and cardiac rehabilitation for a population of 60,000 had limited impact.

The Health Board procured the Weight Watchers Referral Scheme using a small surplus in the medicines budget.

They decided to ask each referred patient for a £2 weekly contribution which gained their 'buy-in' and perhaps enhanced their commitment to complete the 12 week course. The income from the patient's contribution helped to buy further sets of referral vouchers for more patients.

A mean 5.6kg of weight loss was achieved over the 12 weeks, an average of 0.5 kg (1lb) a week. A third (34%) of the 176 patients enrolled through the scheme lost at least 5% of their start weight at the end of the 12 week period. An encouraging 56% of patients completed the full 12 week course. Elisa, a 66 year old patient with angina and chronic knee pain, had a BMI of 30.5 and was on the cusp of developing diabetes. Eight months later and two stones lighter.

(9 stone 12 lbs) her BMI of 25.4 is almost in the 'healthy weight' range. Despite her initial reservations she now believes that the weekly support was the key to her successful weight loss.

"I'd been watching my weight for years. I was eating the right foods – just too much of it. When the nurse suggested I try Weight Watchers, I said I'd have a go but I didn't think for a moment that I'd lose 2 stone. Now I realise it's more than just following a diet. Attending the Weight Watchers meeting with a decent crowd and a really good leader makes so much difference".

At her lower weight she feels so well, has more energy, and has fewer angina attacks. She can now use her exercise bike regularly despite some residual pain in her arthritic knee. Being referred to Weight Watchers through the NHS gave an extra impetus to Elisa's determination to keep to her healthy weight loss plan.

"The referral scheme helped me keep at it because I knew if I dropped out I'd be wasting someone else's money. The first 12 weeks were the most difficult but somehow, the payment from the Health Board was a real incentive to keep me going".
Elisa, Patient, Isle of Anglesey

Elisa agrees with the findings from Weight Watchers research; that staying for the whole meeting every week, not just the weigh-in, means you're more likely to succeed. To keep the weight off, she's now determined to continue attending Weight Watchers – on a self-paying basis - for good.

"My advice to a new person starting today is to come to classes. If you stay every week it gives you the motivation to carry on". Patient, Isle of Anglesey



Weight Watchers leader Pat doing the weekly weigh in with Ellen.



Elisa (referred patient) with Pat Ellis (leader) and Pauline Rigby (dietitian)

Dudley PCT in Partnership with Weight Watchers

The Weight Watchers Referral Scheme is operating in Dudley in the West Midlands. The PCT serves a mixed urban population, with some pockets of real deprivation. Their partnership with Weight Watchers was highlighted in the Department of Health's Commissioning Framework for Health and Well-being (May 2007) as an example of partnership working with a high quality service provider.

Dudley PCT's co-ordinator of the Weight Watchers Referral Scheme said *"In the past we have struggled to find ways of providing equitable access to all for weight loss services. We serve a diverse population and it is not always easy to set up new services that people instantly relate to. Working with Weight Watchers has meant that we can broaden the scope and scale of services across the whole area and offer patients the help that they want in the right place and at a time that suits them"*.

Weight management support

Dudley PCT has developed a scheme to help its population access high quality weight loss programmes. The Obesity Strategy and the Weight Management Pathway were developed via a multi-agency group made up of key organisations within the local health economy. A contract has been set up with Weight Watchers UK to deliver a 12-week programme of community-based group weight management support. Referrals will be available across primary care via GPs and Allied Health Professionals. A monitoring and evaluation framework has been established which includes the monitoring of weight loss in relation to 5% and 10% initial body weight targets. More information is available at www.dudley.nhs.uk

From: Department of Health's Commissioning Framework for Health and Well-being, May 2007. Section 5: Assuring high quality providers for all services.



Toni was referred by Dudley PCT, lost 2.5 stone in weight and then has gone on to become a Weight Watchers Leader.

In Ayrshire two different schemes are running. One is targeting people in deprivation zones through pharmacists and public health nurses and the other is by referral from their GP. In both, patients with a BMI over 30 are eligible.

The co-ordinator, a community dietitian, finds the running of the scheme takes up a significant amount of her time but she and her dietetic colleagues are convinced that referring patients to Weight Watchers makes good sense.

251 patients have been through the Weight Watchers Referral Scheme in Ayrshire. With an average starting body mass index of 37 and a mean age of 48 years, the profile of referred patients in Ayrshire shows careful targeting of patients. To date, 56% of the people referred have completed the full 12 week course, the mean weight loss of all patients (including those who lapsed) is 5 kg (0.4kg a week) and almost a third (28%) have lost a clinically significant 5% of their start weight at the end of 12 weeks.

Molly (aged 63 years) has diabetes and weighed 15 stone 5lbs (BMI 34). She was on the brink of having to switch from tablets to insulin and was increasingly immobile, waiting for her second knee replacement operation. She decided to try referral to Weight Watchers. After successfully completing the first 12 week course, on reassessment at follow up, she was offered repeat sets of Weight Watchers vouchers. Ten months on she's 3 stone lighter and her body mass index of 29 moves her out of 'obese' and into the 'overweight' category.

"Dietitians are really happy with the scheme. It means people can choose from a range of treatment options to get the help they really need."

Dietitian and Coordinator of the scheme, Ayrshire



Queuing to register with the clerk at the weekly Weight Watchers meeting

She described her decision to tackle her weight as a dramatic turning point in her life. With hindsight she wishes she'd done it much sooner. It would have avoided a lot of pain and suffering – and also, saved the health service a lot of money.



Molly, referred to the scheme by the pharmacist, and has lost 3 stone

"To be honest my weight has never really bothered me over the years. Now I know how much difference it makes being lighter I'm wondering why I didn't do it years ago. I can move around so much more freely and the pain has gone. I have heaps of energy. Now I don't need the second knee done any more. You could say that my losing weight has saved the NHS a fortune! Someone told me a knee replacement costs £10,000." Molly, Patient, Ayrshire

For NHS staff in the community health partnership, the scheme is a creative and effective way of working towards an important target. In Ayrshire the pharmacist is increasingly seen as someone who promotes healthy lifestyles as well as dispensing medicines.

"By enabling pharmacists to refer into an established weight loss programme, it has allowed us to deliver an all round service as well as enhancing our role as public health practitioners. It has placed us in the forefront of delivering healthy lifestyle messages and a health promotion role. It's a win/win for everyone involved."

Healthy North Ayrshire Programme Pharmacist, North Ayrshire Community Health Partnership

How does the scheme operate?

All primary care organisations work slightly differently so our aim is to be as flexible and responsive as possible.

The usual steps in the process are:

STEP 1 Weight Watchers provides you with all the help you may need to set up your scheme locally.

STEP 2 Funding is secured for the Weight Watchers Referral Scheme



STEP 3 Vouchers are supplied within the patient booklet to enable health practitioners to 'prescribe' Weight Watchers to patients. These vouchers cover the registration fee and a 12 week course of meetings.

STEP 4 Weight Watchers provides you (the purchaser) with feedback on your patients attendance and weight loss.



"It's been really good to have a liaison point – someone I can phone to ask a question about a particular patient. I get the statistics back from Weight Watchers head office but I may not necessarily know the patients, as they are often referred directly to Weight Watchers. To help me decide whether or not patients are eligible for a further set of vouchers, I can just phone Pat (the leader) and ask how they're doing." Dietitian and Health Board Coordinator, Isle of Anglesey

"The support from Weight Watchers – head office, customer services, the leaders – as well as the computer generated feedback about patient's progress – has been absolutely excellent." Dietitian, Anglesey Health Board

What is Weight Watchers about?

Weight Watchers provides structured group support to help people lose weight and stay in control for good.

It is based on an infrastructure of community leaders who run weekly meetings held at local venues like schools, church halls and leisure centres. There are around 6,000 meetings per week.

The Weight Watchers programme is designed to support members to understand and adopt healthier lifestyle habits. This programme is underpinned by a mass of theory and research including:

- Weight Watchers own research into the habits of their members who have successfully lost weight and kept it off.
- Evidence indicating that a behavioural approach is a necessary ingredient in successful weight loss and weight maintenance interventions (Health Development Agency 2003).
- Prochaska and DiClemente's (1996) 'Stages of Change' model together with Miller and Rollnick's work on motivational interviewing (Rollnick et al 1999, Miller and Rollnick 2003.)
- Benefits of weekly group support meetings.

Leaders are facilitators, trained in motivational aspects of behaviour change to help people change habits – eating habits alongside physical activity habits as well as thinking habits. Each leader has the skills to make a difference in a short period of time. To build the necessary confidence and motivation there is consistent emphasis on what other successful members say has worked for them.

Physical Activity

The benefits of becoming more active is a message delivered throughout the Weight Watchers meetings and incentivised, as members can earn an extra activity **POINTS**® values by getting active. From the start, members take stock of their activity patterns, set goals, work out how best to build it up and keep it going. Leaders concentrate initially on helping members to find ways to boost everyday activity and build confidence. Inspiration and motivation to get active is a core part of the programme and meetings.

Eating Habits

Weight Watchers is not a fad diet. It is simply about developing sustainable, healthy eating patterns based on more fruit and vegetables, more dietary fibre, cutting back on foods which are higher in fat – particularly saturated fat and limiting intake of sugary foods & alcohol. Through the weekly meetings members receive the necessary coaching and practical tools to make the positive changes in how they think about food but also plan, shop, prepare and select foods in the ultimate drive towards a healthier diet.

"It's changes the whole way I think. I now view food very differently. I'm not hungry. I eat the right things and if the truth be known, I eat more than I ever did before!" Patient, Ayrshire NHS

Frequently Asked Questions

How do Weight Watchers make sure the programme is nutritionally sound?

Weight Watchers have a number of scientific, medical and dietetic experts advising them. These advisors include Paula Hunt, Registered Dietitian and specialist in behavioural change. They input regularly to make sure that the programme and its materials are scientifically sound, evidence based and accurate.

On what evidence is Weight Watchers dietary approach based?

Firstly, Weight Watchers approach to nutrition is underscored by consensus healthy eating guidance set out in the COMA reports (1984, 1991). So the overall thrust is to steer members eating patterns in a healthier direction and in practice this means:

- Eating at least 5 portions of fruit and vegetables per day
- Eating more starchy foods
- Eating less fat – particularly saturated fat
- Reducing intakes of sugar and salt
- Keeping alcohol intake within safe limits

By following the diet plan recommended by Weight Watchers members automatically move towards these changes.

What sort of training do the leaders receive?

Initially leaders receive 30 hours of training to help them become effective change agents. They then have 10 hours of top up training per year. During this training they learn to make verbal interventions and use tools to support their members make lifestyle changes which take them on the road to long term weight control. Leaders do not profess to be experts in nutrition or physical activity – but they are provided with a programme and materials which is designed by specialists in these areas. This ensures accuracy and consistency of messaging across Weight Watchers.

Should patients attend free of charge?

Most PCOs taking part on the referral scheme offer meetings free of charge for their patients. They feel that this minimises any barriers to attendance and provides equal access to all patients regardless of circumstances. However, one or two PCOs have insisted that patients pay the PCO a contribution towards their meeting fee in the belief that this will engender commitment to their treatment. However, analysis to date of attendance rates suggests that there is no difference in attendance rates between PCOs asking for contributions and those offering referral to free meetings.

Do you have a screening tool to help identify patients who will do well on this type of group support?

Work is in progress but this is not available at present. PCOs tend to use their own tools to assess readiness to change and to help match patients to the best treatment for them. Open questioning using some of the prompts below might help to identify patients suited to Weight Watchers:

- How do you feel about trying group slimming like Weight Watchers?
- Have you ever tried group slimming before? How did it work out?
- Have you any experience of going to a weekly group? How did you find it?

How do I set up and run a referral scheme?

Weight Watchers now has a depth of experience of partnership working, being involved with over a third of the country's PCOs in the UK. There is a dedicated team to help the health service set up and run the referral schemes in their area. They can share the experiences of others, give you ideas and provide tools and protocols.

Contact referral@weight-watchers.co.uk or tel. **01628 415287**

The Weight Watchers Referral Scheme

Working with the NHS for effective weight management

Guidance for Health Service Managers

What You Need To Do

If you are interested in talking to someone about setting up a referral scheme in your area – simply contact:

Email referral@weight-watchers.co.uk
or tel. **01628 415287**

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- The Latest guidance on weight management for health professionals is from:**
- NICE (National Institute of Health and Clinical Excellence) see www.nice.org/ and select CG43 Obesity: Nice guideline.
- Department of Health provides a booklet for patients which sets out the options for sensible weight loss called 'Your Weight Your Health'. It also provides a care pathway for primary care professionals to follow in managing overweight and obese patients who routinely present at GP practices.
- See www.dh.uk and select publications