

SURGERY

Following two NHS reports, one published April 2013 by the NHS that approved the commissioning of surgical treatment for severe and complex obesity subject to very strict guidelines (<http://www.england.nhs.uk/wp-content/uploads/2013/04/a05-p-a.pdf>), and the previously mentioned NICE Guideline "Lifestyle weight management services for overweight or obese adults" (<http://www.nice.org.uk/guidance/ph53>), the NHS has revised its NHS Choices webpages (<http://www.nhs.uk/Conditions/Obesity/Pages/Treatment.aspx>) to read as follows:

Weight loss surgery, also called bariatric surgery, is sometimes used to treat people who are severely obese.

This type of surgery is usually only available on the NHS to treat people with severe obesity that have not responded to other measures.

Severe obesity is defined as:

- having a body mass index (BMI) of 40 or above
- having a BMI of 35 or above and having another serious health condition that could be improved if you lose weight, such as type 2 diabetes, obstructive sleep apnoea or high blood pressure

In rare cases, surgery may be recommended as the first treatment if your BMI is 50 or above.

There are four main types of operations, gastric banding, gastric bypass, sleeve gastrectomy and duodenal switch.

There are major potential side effects and risks associated with the operation and people need careful assessment, including counselling, to ensure they are fit enough.

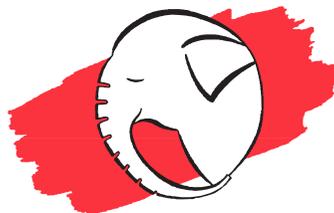
People who have surgery lose around 25–44kg within a year or two of their operation.

MORE INFORMATION

More information about all these treatments can be found on this NHS Live Well website.

The Sleep Apnoea Trust's
Phone Help Line is:

0800 025 3500
Freephone



SLEEP APNOEA TRUST ASSOCIATION

*WORKING TO IMPROVE THE LIVES OF SLEEP APNOEA
PATIENTS, THEIR PARTNERS AND FAMILIES*

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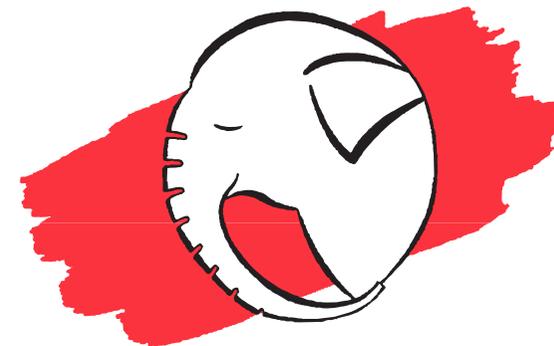
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Patron: The Earl of Buckinghamshire
Registered Charity No 1056963

The Sleep Apnoea Trust is mainly managed
by unpaid volunteers

Disclaimer

The information in this publication is given for general information purposes only. It is in no way intended to replace the professional medical care, advice, diagnosis, or treatment of a doctor. If you are worried about any aspect of your health, you should consult a doctor in person.



WEIGHT LOSS AND SLEEP APNOEA

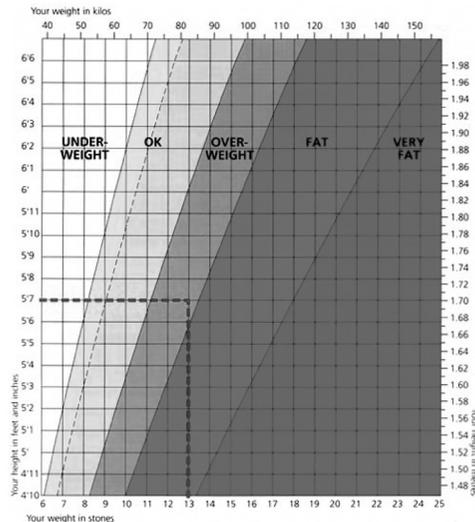
THE FACTS

WEIGHT LOSS & SLEEP APNOEA

Many people who have obstructive sleep apnoea are overweight. The increased body weight, particularly around the neck, causes snoring and stopping breathing episodes during sleep. People who lose weight usually improve their obstructive sleep apnoea, as well as improving their general health – blood pressure, diabetes risk and heart disease.

This leaflet gives some information regarding weight loss strategies you may wish to try. Your general practitioner or practice nurse will be able to talk with you more about this.

In June 2014, following the publication of the NICE Guideline PH53 "Lifestyle weight management services for overweight or obese adults" (<http://www.nice.org.uk/guidance/ph53>), the NHS revised its weight loss website pages and now specifically mentions obstructive sleep apnoea (<http://www.nhs.uk/Conditions/Obesity/Pages/Treatment.aspx>). The information it contains is up to date and very informative.



Body mass index (BMI)

Your body's mass index is your weight in kilogrammes, divided by your height in metres squared. For example, $100\text{kg} \div 1.75\text{ squared (the same as } 1.75 \times 1.75) = 32.6$

A healthy body mass index is between 19 and 25. 25–30 is classified as overweight and over 30 as obese.

Body mass index is only a guide to your weight, not an absolute rule.

WHAT SHOULD MY WEIGHT BE?

The chart (left) shows you your ideal weight range for your height, but should be used as a general guide, as everybody is different.

HEALTHY EATING

Think about what you eat and how active you are now. The best plan is to make small changes to what you usually eat and gradually try to be more active. Make changes that you can keep to in the long term. If you lose weight slowly and steadily, you are more likely to keep it off. Do not try and lose more than 0.5–1kg (1–2lb) a week. Some weeks will be better than others. There is no need to weigh yourself more than once a week. Set realistic targets, perhaps 3kg (½ stone) at a time, and reward yourself when you achieve your target (with a CD or a magazine etc.)

Hints:

- Eat regularly, do not skip meals. Try to have 3 meals a day: breakfast, midday and evening meal.
- Cut down on fatty and sugary snacks (crisps, chips, biscuits, chocolate, cakes). If you are hungry between meals, try fresh fruit, raw vegetables, crispbreads, bread sticks, rice cakes.
- Use non-fat cooking methods instead of frying, like grilling, steaming and baking.
- Drink plenty of fluid like tap water, sugar free squash, diet or low calorie drinks. Try not to add sugar to tea or coffee, but use a low calorie sweetener, such as Sweetex, Canderel, Stevia, Hermesetas.
- Keep alcoholic drinks to a minimum as they are high in calories. Try alternating alcoholic drinks with a soft low calorie drink. Use low calorie mixers to make your drinks go further.
- Try not to shop when you are hungry.
- One-off special meals, like birthdays and weddings, should be enjoyed. Spoiling yourself now and again will not undo all your previous efforts to lose weight. If you often eat out, go for the healthier choices.

EXERCISE

Being more active in your day-to-day life can help you lose weight, by burning off calories from the food you

eat and from fat that you have stored in your body. How you become more active depends on what is practical for you.

Try:

- Walking up stairs instead of using the lift
- Walking to work or the shops instead of driving or taking the bus
- Doing more of an activity you enjoy, like swimming, walking, dancing or gardening.

If you are not used to doing much exercise, begin gently, perhaps with 5 minutes a day and build up gradually. It is recommended that people take moderate exercise for 30 minutes most days. Moderate exercise means you should feel warm, be breathing more deeply and with a rise in your heart rate at the end of the exercise, but not in pain or exhausted. If you have health problems or have worries about becoming more active, please check with your doctor.

WEIGHT LOSS PROGRAMMES

Commercially run programmes, such as Weight Watchers or Slimming World, are helpful and can help people to lose more weight than they would on their own. The telephone numbers are in the phone book or online.

TABLETS

There is a tablet which your doctor may be able to prescribe to help you lose weight, if your body mass index is above 27–30. They are suitable for people who have tried dieting and exercise. Dieting and exercise need to continue whilst the tablets are taken. They are usually prescribed for 1 year and they are not given together.

Orlistat, or Xenical, is taken 3 times a day at mealtimes and prevents fat from the diet being absorbed by the gut. People need to have lost at least 2.5kg (5.5 lb) with dieting alone before they start the drug. Side effects include fatty stools, wind, nausea and vomiting and an urgent need to open your bowels. The side effects are lessened by eating a low fat diet. You may need vitamin supplements whilst taking the drug. The drug is stopped if not enough weight is lost after 3 months. Over one year, people can lose about 2–3.5kg (5–7lb).