UK National Screening Committee
Screening for obesity in children –an evidence review

Consultation comments pro-forma

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Do you consent to your name being published on the UK NSC website alongside your response? **Yes**			
For which evidence summary are you submitting comments? • **Screening in children up to 5 years old**			

Section and / or page number	**Text or issue to which comments relate**	**Comment** *Please use a new row for each comment and add extra rows as required.*
Purpose/aim of the review p5	'Studies in children aged 6 years were mostly included in this review, although some studies have considered children of 6 years alongside older children so have been covered by the 7-11 review'	It is unclear why this review was not for children aged up to and including 6 years.

Findings and gaps in the evidence p6	'The association with type 2 diabetes only just reached statistical significance'	This means it was statistically significant.
Findings and gaps in the evidence p7	'There is minimal data on potential adverse effects from providing interventions to young children and their parents'	No evidence of adverse effects of multicomponent interventions in young children was identified. It is not clear why this statement is considered part of a rationale for not screening.
Recommendations on screening that can be made on the basis of the current review p7	'Level of evidence insufficient to support a recommendation for screening in children ≤5 years-including children at school entry (aged 4-5….)'	Although it is not classed as a screening programme, the National Child Measurement Programme has been instrumental in ascertaining the scale of the childhood obesity problem in England. In addition it has been shown to improve parental awareness of overweight and obesity in their children and has provided evidence of need for the provision of weight management services in different geographical areas and childhood demographics. The need for commissioning of weight management services in many areas of the country has been established as a result of this valuable data source.
Basis for current recommendation p9	'Primary prevention of obesity in children was likely to be the most cost effective step, and it was uncertain whether all effective preventative strategies have been implemented'	We agree that primary prevention is critical and support the current work in this area (most notably by PHE). Nonetheless while primary prevention may be required, it will not address the issue of overweight or obesity in children already affected. In our view, this is not a good reason not to screen.
Summary: criterion 2 not met p21	'Therefore assessment around age 4-5 may only identify a small proportion of those who will become obese in adolescence and adulthood'	This does not suggest that screening should not take place, rather that the optimal age for screening is not clear from this limited data. Generally prospective cohorts suggest that overweight or obesity age 4-5 increases risk of overweight or obesity in later childhood/adolescence (p32). Although there are inconsistencies in the data, 'overweight or obesity at age 5 years generally predicts later overweight/obesity' (p18) appears to contradict the summary. In addition, the recent publication of retrospective and prospective data of >50,000 children suggests that tracking of obesity from young children

		(3 years) into adolescence is the norm (https://www.nejm.org/doi/full/10.1056/NEJMoa1803527). We would also like to draw attention to the current consultation on mandatory calorie labelling for foods and drinks in the out-of-home sector (https://www.gov.uk/government/consultations/calorie-labelling-for-food-and-drink-served-outside-of-the-home). Part of the stated evidence base for this is that 'obese children tend to remain overweight and become obese adults. Moreover, the more obese the child is, the higher the chance of them becoming an obese adult'. We urge that this new evidence is taken into account.
Conclusions p32		We accept the limitations to the data which make conclusions difficult to reach. However a lack of evidence is not the same as evidence of no effect. In our view, this review helps to clarify the research data required, but it does not establish that there is no need for screening. We note the publication of the recent report on child health from the Royal College of Paediatrics and Child Health (https://www.rcpch.ac.uk/resources/state-child-health). The recommendations of the report include 'opportunistic recording of weight and BMI of all children (2-18 years) once a year'. The findings and recommendations of this rapid review are in stark contrast to that of experts and practitioners in the area of child health.
Limitations of the rapid review process p33		We accept the limitations of this rapid review. **However we strongly disagree that on the basis of the evidence presented that screening in this age group should not be recommended. We urge the committee to reconsider and in particular to take the new data into account.**

Please return to the Evidence Team at screening.evidence@nhs.net **by 21 October 2019**