Take control of your weight
Safe ways to lose weight for heart health

Get active
Do more things
Enjoy life
Feel better
Gain confidence

In association with WEIGHTCONCERN
Who is this booklet for?

We have written this booklet to help adults with a BMI of 30 or greater to find out more about weight management services and treatments. If you have been overweight for a long time, this is probably not the first time you have tried to lose weight. Some of your attempts may have worked for a while, but you may have struggled to find a long-term solution.

We look at the services and treatments that can help you lose weight successfully and permanently – either on your own, or with the support of medical staff and weight management specialists. We explain what treatments you might be entitled to on the National Health Service (NHS) and how to find out if they are available in your local area.

This information is not a substitute for the advice your GP or specialist may give you, based on his/her knowledge of your overall health. But it should make you aware of the treatment options available. You can discuss these further with your GP or specialist.

This booklet is not intended for:

- **Children and young people aged 18 and under.** They need a very different type of support while they are still growing and developing.
- **Women who are pregnant.** Please ask for professional help if you are pregnant and concerned about your weight or if you have other health conditions.

If you are trying to lose weight for the first time, or you have a BMI of less than 30, the following booklets from the British Heart Foundation (BHF) may be more helpful for you at this stage:

- **So you want to lose weight… for good**
- **Eating well**

A note about definitions

In this booklet you’ll come across the terms ‘obesity’ and ‘obese’.

**Obesity** is a commonly used medical term to describe the accumulation of excess body fat that presents a risk to health. It is defined by a body mass index (BMI) of 30 or greater.

**Obese** is the medical term used to describe someone with a BMI of 30 or greater. We look at this more on page 5.

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**Contents**

- Why take control of your weight? 3
- What is obesity… and how is it measured? 5
- Weight gain over time 11
- Weighing up the risks 16
- Tackling your weight … where do you start? 21
- Facing the challenges 22
- What can I do myself? 25
- Other self-help approaches 28
- What are the support and treatment options? 31
- What’s available locally? 32
- Dietary treatment 37
- Supported physical activity 45
- Lifestyle change skills 51
- Weight loss medicines 55
- Weight loss surgery 59
- Useful information 67
- Checklist of options 68
- The science behind popular diets 71
- Private treatment 76
- Useful contacts 79

**How the British Heart Foundation can help you** 82

**Acknowledgements** 87
Why take control of your weight?

You are not alone. The UK population has gradually been getting more and more overweight. In recent years there has been a significant increase in the number of people who are overweight or obese.

The 2007 Health Survey for England found that 24 per cent of men and women in England were obese – that’s roughly one in every four people. Recent reports suggest that if we continue as we are, by 2050, 60 per cent of men and 50 per cent of women could be obese. People in Northern Ireland, Scotland and Wales are likely to face a similar situation.
Why take control of your weight?

What is obesity... and how is it measured?

Obesity is a medical term used to describe the accumulation of excess body fat that presents a risk to health. The terms ‘obese’ and ‘obesity’ have been inappropriately associated with very extreme cases of weight gain, excessive eating and even negative character traits. But in fact, almost a quarter of the UK population meet the medical criteria for obesity – it’s more common than many of us realise.

If you look at the body mass index (BMI) chart on the next page, anyone who falls into the dark green shaded area is, in medical terms, ‘obese’.

Excess body fat is not just harmless tissue that you carry around as extra padding. The problem is that fat in your body is an active substance: it produces hormones and other substances that can put you more at risk of heart disease, type 2 diabetes and certain cancers. The extra weight itself may lead to wear and tear on joints, resulting in joint or back pain.

This is why there are a number of organisations encouraging us to work towards being a healthier weight.
Why take control of your weight?

Health professionals use a measurement called **body mass index** (BMI) to find out whether you are the right weight for your height. BMI can help to identify whether you are at risk of weight-related health conditions.

A BMI of 25 and over is classed as overweight, and a BMI of 30 and over is classed as obese.

**Obesity**, or having a BMI of 30 or more, is associated with increased health risks.

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### How overweight am I?

Health professionals use a measurement called **body mass index** (BMI) to find out whether you are the right weight for your height. BMI can help to identify whether you are at risk of weight-related health conditions.

A BMI of 25 and over is classed as overweight, and a BMI of 30 and over is classed as obese.

**Obesity**, or having a BMI of 30 or more, is associated with increased health risks.

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**If your BMI is...**

**You are...**

Less than 18.5 Underweight – you may need to gain weight.

18.5 – 24.9 Ideal – you are a healthy weight, and should aim to stay that way.

25 – 29.9 Overweight – it’s a good idea to lose some weight, or at least try to stop further weight gain.

30 + Obese – losing weight may improve your health.

**This BMI chart can be helpful as a quick guide to assessing weight in most adults. However, it does have some limitations:**

Adults of South Asian populations living in the UK have a higher-than-average risk of developing heart disease and type 2 diabetes, so BMI may underestimate their health risks. That’s why there are different waist measurements for South Asian men and women on page 9.

Because muscle weighs more than fatty tissue, adults with a very athletic build could fall into the overweight or obese bands even though they have a healthy amount of fat. So BMI in athletic people may not be accurate.

Similarly, as you get older, BMI may underestimate your risk of being overweight, because a greater proportion of your body weight will be fatty tissue rather than muscle.
Why take control of your weight?

Waist measurement

Waist measurement (often called waist circumference) is an easy way to find out if the fat on your body is stored in places that put your health at greater risk.

Science shows that people with a more ‘apple-shaped’ body – with most of their fat in and around their abdomen (middle) – have a greater risk of developing conditions such as heart disease and diabetes, than those with ‘pear-shaped’ figures, where most of the fat is around the hips.

How to measure your waist
1. Find the top of your hip bone and the bottom of your ribs.
2. Breathe out naturally.
3. Place the tape measure midway between these points and wrap it around your waist.
4. Make a note of the measurement.

Guidelines used to assess your waist measurement

<table>
<thead>
<tr>
<th></th>
<th>Your health is at risk if you have a waist size of:</th>
<th>Your health is at high risk if you have a waist size of:</th>
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</thead>
<tbody>
<tr>
<td><strong>Men</strong></td>
<td>Over 94 cm (about 37 inches)</td>
<td>Over 102 cm (about 40 inches)</td>
</tr>
<tr>
<td><strong>Women</strong></td>
<td>Over 80 cm (about 31.5 inches)</td>
<td>Over 88 cm (about 34.5 inches)</td>
</tr>
<tr>
<td><strong>South Asian men</strong></td>
<td></td>
<td>Over 90 cm (about 35.5 inches)</td>
</tr>
<tr>
<td><strong>South Asian women</strong></td>
<td></td>
<td>Over 80 cm (about 31.5 inches)</td>
</tr>
</tbody>
</table>
Why take control of your weight?

Weight gain over time

Weight gain happens when you take in more energy (calories) than your body can burn up. **Becoming overweight isn’t something that happens overnight.**

Eating as little as an extra 50 calories more than you should do every day – about half a biscuit – and gaining just one to two extra kilos every year over ten years, could be enough to shift you from being a healthy weight, to overweight, to obese.

“Life worked all my life and now there’s a huge gaming gap there and food is one of the things that can fill it.”
Physical inactivity
It’s easy to be less active than you should. Having a desk-based job where you are sitting most of the time, having mobility problems or an injury that means that you are less active than you used to be, and sitting in front of the TV for several hours a day, can all mean you burn up less energy than you need to.

Eating habits
Today’s environment makes it much easier to take in more energy than you need and, if you aren’t very physically active, you won’t burn off that extra energy.

If you eat in a hurry or in front of the TV, snack between meals, eat out and eat fast food a lot, it is easy to take in more energy than your body can burn up. Choosing foods and drinks (fizzy, sugary drinks and alcohol) that are high in calories, eating large portions and having second helpings, also make it easier to overeat.

Genetics
You may find that being overweight seems to run in your family. While this could be due to your eating habits, there is some evidence that genes may be responsible in some cases.

Genetic differences may mean that you tend to gain more weight more easily than others, or that the way you break down your food or store fat is different to others. Having genes that increase your risk of gaining weight does not mean that you will automatically do so, but it might mean that you have to work harder to reach, and stay, a healthy weight.

Medical conditions
Hormones play a role in how we grow, develop and maintain our weight. Some medical conditions, such as an underactive thyroid, polycystic ovary syndrome or Cushing’s syndrome, can affect the balance of hormones, and mean that you might put on weight.

Also, some medicines (for example, steroids) can make you gain weight. But these conditions are rare and usually cause symptoms other than just weight gain.
Take a moment to reflect on your weight gain
Identifying the factors that helped or hindered you in the past, can help you to better plan what sort of support you need to lose weight now.

What factors do you think led you to gain weight?

Was your weight gain linked to a particular time in your life – for example, having children, stopping work, giving up smoking?

What factors do you think have helped you to lose weight in the past?

Reflect on the last time you were able to lose weight. What was different between then and now? For example, did you have someone to support you, were you more active, did you have less opportunity to snack between meals?

If you lost weight, then put it back on, what factors do you think caused you to regain weight?

How quickly did the weight come back on again? Why do you think you found it difficult to stick to your changed eating and activity patterns?

What have you learned from previous weight loss attempts that can help you stick with eating or activity changes this time?
Weighing up the risks

The chart on page 7 indicates that as your BMI increases above the healthy range, your risk of developing certain medical conditions also increases. Research shows that if you have a BMI greater than 35, you may have an even higher risk of developing the medical conditions listed below.

It’s important that you are aware of the health risks linked to obesity.

- Periods when you stop breathing during sleep (sleep apnoea)
- Shortness of breath
- Back pain
- Painful joints and osteoarthritis
- Coronary heart disease
- Type 2 diabetes
- Some types of cancer: for example, bowel, kidney, oesophagus (foodpipe), womb and breast cancer in women after the menopause
- Fertility problems; irregular periods in women
- Non-alcoholic fatty liver disease
- Gallstones
- Skin infections and sores

You may already know about, or even have, some of these conditions.

But the good news is that research also shows that losing even small amounts of weight can benefit your health. And you can do this by making small healthy changes to what you eat and by being more active.

"The turning point for me was the pain in my joints and I realised that my arthritis wasn’t going to get any better if I didn’t lose some weight."

Why take control of your weight?
Why take control of your weight?

Emotional aspects
It is a myth that all overweight or obese people have major emotional problems. On average, they are as psychologically healthy as people with normal weight, although some may become depressed over their inability to control their weight. And sometimes people are so overweight that doing everyday tasks becomes difficult and this can lead to feelings of frustration and despair.

A number of overweight and obese people say that they binge eat. A ‘binge’ means eating a lot of food in one sitting and feeling that you have little control over your behaviour. For some people binge eating can be a way of taking their mind away from troubling thoughts or feelings, and can be triggered by difficulties in relationships. People who feel that they are unable to control their eating may suffer from a binge eating disorder.

If you have an eating disorder, it can be very distressing – not only for yourself but also for your family and friends. The good news is that there are effective treatment programmes which can help. Many people with binge eating symptoms can benefit from cognitive-behavioural weight management programmes. These programmes can help you to understand why you overeat and help you to avoid triggers to your overeating. For example, they can help you to change your unhelpful ways of thinking about food.

If you have a long history of severe eating problems (if you have followed a very restricted eating pattern, for example) or have had a difficult or traumatic experience (such as sexual, emotional or physical abuse) you may benefit from more specialist therapeutic help before starting a weight management programme.

Beat (formerly the Eating Disorders Association) can help with more information: contact details are on page 79.

Self-esteem and body image
Unfortunately, people who are overweight or obese can face a lot of prejudice. But people’s weight generally seems to have only a limited effect on their self-esteem.

However, there are some people for whom weight-related prejudice can take its toll. Some may feel very negative about their bodies: they see themselves as unattractive and tend to avoid situations where they expect to get critical comments about their weight. This can get in the way of achieving what you want out of life and can lead to feelings of low self-esteem.

Cognitive-behaviour therapists can help you change the way you think and feel about your body which, in turn, helps you change your behaviour to help you manage your weight. This can help to stop negative feelings about your weight and shape from ruling your life.

The British Association for Behavioural and Cognitive Psychotherapies can tell you more about this form of therapy and help you find a therapist: contact details are on page 79.
Tackling your weight… where do you start?

Tackling your weight will need a lifelong commitment. It can be really hard to lose weight and you have probably tried many times in the past. You were probably successful in the short term on some attempts, but you may have found that dramatic weight loss is difficult to sustain in the long term. On the other hand, the thought of trying to tackle your weight may be so daunting that this has stopped you from taking any action at all.
Facing the challenges

It’s often easy to focus only on the positive things that can come from losing weight. But often there is a cost too, as you will need to change behaviours that you enjoy or have been doing for a long time. Thinking through the pros and cons realistically will help you to anticipate the things that might make your plans difficult to stick to, so that you can think ahead of ways to overcome them.

Ask yourself: “What will I gain from losing weight? What will I have to give up?”

<table>
<thead>
<tr>
<th>Changing my lifestyle</th>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>A. Advantages</strong></td>
<td><strong>B. Disadvantages</strong></td>
</tr>
<tr>
<td>E. More energy.</td>
<td>E. Missing out on favourite food.</td>
</tr>
<tr>
<td>Easier to fit into clothes.</td>
<td>Hard work.</td>
</tr>
<tr>
<td>Improve heart health.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Not changing my lifestyle</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>C. Disadvantages</strong></td>
<td><strong>D. Advantages</strong></td>
</tr>
<tr>
<td>E. Greater health risk.</td>
<td>E. Eat what I like.</td>
</tr>
<tr>
<td>Weight may continue to rise.</td>
<td>Don’t have to think about what I’m eating.</td>
</tr>
</tbody>
</table>

What can I do to help me overcome the challenges in boxes B and D above?

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______________________________
What can I do myself?

Making changes to stop yourself from gaining any more weight is an important step towards improving your health. Ideally, you should **lose weight gradually**. However, if you are carrying a lot of extra weight you will lose more in the first few months of a weight loss plan. The rate at which you lose weight will slow down as time goes on.

You can make a difference to your health by losing just a small amount of weight – around 5 to 10 per cent of your starting weight. **A sensible rate of weight loss would be around 0.5 to 1kg (1 to 2lbs) per week.**

**The benefits**

We know that losing just 5 to 10 per cent of your weight will help to:

- lower your diabetes risk (type 2)
- lower your blood cholesterol levels
- lower your blood pressure
- improve your fertility.
To lose weight, you need to use up more energy (calories) than your body takes in from food and drink.

Follow a regular eating pattern
Planning healthy meals and snacks at regular times can help you develop habits which make it easier to control how much you eat. This will make it easier to stop eating when you have eaten your portion, make healthier choices at meal times and you will be less likely to be tempted by unplanned snacks in between meals.

Get the balance right
Eating the right proportion of different foods is important to give your body the nutrients it needs. Check food labels when shopping and preparing food. Try to include plenty of fruit and vegetables at each meal. However, fruit juices and smoothies are high in natural sugars, so choose sugar-free squash or water instead.

Cut down the quantity
It may sound simple, but just by eating smaller portions which contain fewer calories will help you to control your weight. Eating from a smaller plate which holds less food, and ordering small portions, are both ways that can help you to control the quantity you eat.

Be more physically active
By combining more physical activity with less food and drink, you have the greatest chance of losing weight. To keep your heart healthy, you need at least 30 minutes of moderate activity on at least five days a week (see the section on physical activity on page 45). To lose weight, you’ll need to do more than that. If this is difficult, start by aiming for 30 minutes daily, broken into three sessions of ten minutes, and build up gradually from there.

Making small changes
Rather than making drastic changes that leave you feeling overwhelmed or are too hard to stick to for good, why not make small changes that can eventually become habit?

You may find it useful to refer to the factors that you identified on page 14 as having contributed towards your weight gain over the years, and start to tackle these, one by one.

You might try...
1. taking the stairs instead of the lift
2. getting off the bus one stop early and walking
3. using a smaller dinner plate to eat down portions
4. 
5. 
6. 

For more ideas, have a look at our publications So you want to lose weight… for good and Get active, stay active. See page 83 for details of how to order these booklets.
Commercial slimming clubs and programmes

There are many commercial slimming clubs and weight loss programmes across the UK. They usually include a specific food plan and regular group meetings. If the club focuses on fitness as well, then the programme may offer exercise classes or videos. A commercial slimming club will charge a membership or attendance fee.

Slimming clubs will often promote success stories of members who have lost huge amounts of weight. Do bear in mind that the weight loss may not be as dramatic for everyone. But these clubs can be helpful if you’d like support on a more frequent basis than health professionals can offer you.

Slimming clubs offer different sorts of support. Some hold weekly group meetings run by people who have gone through the programme themselves. This may be useful if you would find it helpful to lose weight in a group environment where you can share your experiences with other people in a similar situation. Others offer individual support via the telephone or internet. And some slimming clubs are internet-based with all the support available online.

Self-help options

In addition to slimming groups and general diet books, there are many self-help weight loss programmes available, either as workbooks or on the internet.

The Shape-Up programme is one such example, developed by experts in psychology, nutrition and exercise. It is a self-help manual for people who prefer to tackle their weight on their own and like to work at their own pace. Weight Concern can give you more information on the Shape-Up programme: contact details are on page 81.

There are several BHF publications that give good advice on how to eat healthily and lose weight safely. In particular, have a look at:

- **Eating well**
- **So you want to lose weight … for good.**

See page 83 for details.

What to look out for

It can be difficult to know which programme to pick when there are so many to choose from. Different styles of weight loss programmes – such as internet-based, one-to-one, group support and so on – will suit different people. As a general guide, if you do decide to go with a commercial weight loss approach to help manage your weight, look for one that covers the following:

- monitors your weight and sets a realistic, healthy target weight to aim for
- recommends gradual weight loss – aim for around 0.5 to 1kg (1 to 2lbs) per week
- focuses on long-term lifestyle changes rather than a short-term quick fix
- is not radical or extreme – remember, if it was that easy to lose weight we’d have discovered the solution years ago!
- promotes a balanced healthy diet and doesn’t encourage you to cut out entire groups of foods, for example, carbohydrates
- recommends regular activity and offers practical, safe advice about becoming more active
- includes some behaviour change techniques, such as keeping a food and activity diary, and teaches you how to cope with holidays and special occasions
- offers some form of ongoing support, eg, weekly meetings, helplines, online support or access to professional advice if you come up against problems
- offers suggestions to help you to keep off any weight you lose.

It is important to check the qualifications of the people offering you advice.

The British Dietetic Association’s **Weight Wise** website can give you more information: contact details are on page 79.
What are the support and treatment options?

If you’ve tried the approaches discussed earlier without success, a professional (such as your GP or practice nurse, or a weight management specialist) can help support you.

If you have already tried this and felt that it didn’t quite meet your needs, don’t let it put you off seeking help again. There may be other options that suit you better.

We look at the options that may be available in your area so you can discuss them with your GP or practice nurse.

Please note, however, that not all services and treatments are available on the NHS in every area. Unfortunately in some areas there is a lack of NHS services due to limited funding. If this is the case in your area, look out for commercial weight loss groups (see page 28) or local community services (see page 32 and useful contacts on page 79).
What’s available locally?

You may already be aware of the different treatment approaches and weight loss programmes available in your area. If not, ask your local community centre, or your GP or practice nurse.

Local weight management services may include:

- **a weight management group** - either run by health professionals (often practice nurses or dietitians) within your local practice, or other local weight loss groups
- **a dietitian**, who can offer more specialist, individualised advice to manage your weight
- **a practice nurse, GP or community nutritionist**, who can offer general lifestyle advice and regular support
- **an exercise referral scheme**, run by exercise specialists, usually within local leisure centres: this needs a referral via your GP
- **community-based schemes** promoting health, such as healthy cooking sessions, healthy lifestyle clinics and walking for health programmes.

How can I access specialist services?

If you have already tried the approaches listed above, you may find you need further help from specialists working in weight management. This is most likely to be a specialist dietitian working in your local community, or referral to a centre (sometimes called an obesity centre or clinic) with professionals in a specialist team. Your GP may be able to refer you to these options.

It is important, however, to be aware that there are very few obesity centres in the UK that offer specialised treatments, and even fewer that can provide highly specialised treatments such as surgery. Getting referred to a specialist centre can be challenging, especially if you do not live in or near the area where there is a centre.

However, if you and your GP (or other health professionals) feel it is the most suitable approach for you, it is worth trying to get referred and waiting for an appointment.
What if I can’t get referred for specialist treatments?
Most GPs working in a group practice have a specialist interest – such as heart disease or weight management, for example. Ask at your surgery if there is anyone who has a specialist interest in weight management and make an appointment to see them.

If your GP is not willing to refer you to a specialist, find out why not. If it’s because he/she knows that the weight management services in your area are limited, it might be worth contacting your local council or primary care trust. Look them up online or contact NHS Direct (contact details on page 81) to find out what’s available locally.

I’ve gained access to further help and support – what should I expect?
When you visit a specialist dietitian or centre, you will undergo a clinical assessment followed by discussions about the treatment options that might be appropriate, and available to you. The most common options are:

- dietary treatments
- supported physical activity programmes
- lifestyle change skills
- weight loss medicines
- surgery.

We look at each of these in turn.
What are the support and treatment options?

Dietary treatment

The aim of dietary treatment is to help you find a long-term way of eating that will help you to achieve and stick to a healthy weight. Dietary treatment will provide you with expert help to check that you are eating the right amount of calories to lose weight safely. This is important to ensure you are eating a balanced diet that meets all your body’s health needs.

For most people, eating around 600 calories less than they need per day should enable them to lose a healthy 0.5kg to 1kg (1 to 2lbs) per week.

With some individuals, their dietitian or health professional may find it appropriate to recommend an even greater calorie reduction for a short period of time. (See very low calorie diets on page 42.)

“I now feel more knowledgeable about food portions and the balance of foods I’m eating.”
What are the support and treatment options?

Who can help?
A practice nurse in your GP surgery or health centre may be able to give you some general healthy eating advice to help you lose weight. However, if you are looking for one-to-one advice from a professional, ask your GP to refer you to the local nutrition and dietetic service. Some community dietetic services do take self-referrals for weight management so it may be worth trying this. Dietetic services may be offered to groups of people, or one-to-one with a dietitian.

What sorts of dietary treatments are there?

Healthy eating advice
Healthy eating advice will include information to help you follow a balanced and varied diet. For example, you may learn how to:

- include plenty of fruit and vegetables (at least five a day)
- choose lower fat options
- have moderate amounts of unrefined starchy food (such as cereals, wholegrains, bread, pasta, potatoes and rice) at each meal, and moderate amounts of low-fat dairy products (eg, cheese, yoghurt and milk) and lean meat and fish for good health
- keep fatty and sugary foods (eg, sweets, biscuits, crisps), convenience foods and alcohol to a minimum
- get into a regular eating pattern and know the importance of breakfast
- reduce the amount of food you eat.

You may also learn about:

- healthier, lower-fat cooking methods
- understanding food labels to help you make healthier food choices.
Low calorie diets
A specialist dietitian (or sometimes a practice nurse) may be able to help you choose and follow a portion-controlled low calorie diet. The dietitian will estimate your personal energy needs for modest weight loss (5 to 10 per cent) and advise you on the total number of calories you should have in a day.
He/she will also suggest ways to identify which foods you should eat, and in what amounts, based on recommended healthy eating guidelines. (You can find more general information about this in our BHF publication So you want to lose weight… for good. See page 83 for details on how to order.)

The most effective way to reduce the amount of calories in your diet is to follow a low calorie, low-fat diet. This is where a maximum of 30 per cent of the total daily calories you eat should be from foods containing fat. For example, someone following a diet of 1,500 calories per day should aim to have no more than 50g of fat per day.

- Quantity controlled/portion size information
  To follow a calorie-controlled diet without counting calories, you can cut down on the amount of food you eat by sticking to recommended food portion sizes from the different food groups. A dietitian can advise you on how many servings you should have from each food group. They can also help you to identify suitable portion sizes for you.

- Structured one-to-one meal planning
  Some dietitians will be able to work with you one-to-one, and together you can work out an eating or meal plan that is calorie-controlled and made up of foods you like. The meal plan ideas will cover about two weeks to get you started, and you then work out something for yourself that you can follow for a longer period.

The British Dietetic Association’s Weight Wise website gives more information in its eating plans section. And Weight Concern’s website has a section on cutting down on quantity of food. Contact details are on page 79.
What are the support and treatment options?

Dietary advice with lifestyle change skills

You may feel that you need more than advice alone to be able to make changes to your diet. You may also need to learn the skills to help you change habits you’ve gained over the years – in other words, lifestyle or behaviour change skills. Some specialist dietitians have been trained to help you develop these skills. If you need a more formal behaviour change programme, you may need to see a clinical psychologist (see lifestyle change skills section on page 51).

Very low calorie diets

Very low calorie diet treatments are not widely available and are only ever offered under strict medical supervision with guidance from a dietitian. This is because they are a highly restrictive form of dieting where your total calorie intake is reduced to 800 calories (or lower) per day. They are only used in the early stages of a weight loss programme where supervised rapid weight loss is needed for specific medical benefit - for example, before an operation.

There are often side effects associated with this form of diet, including headaches, nausea, constipation, diarrhoea and dizziness. Your GP or dietitian will discuss these with you before you start.

The diet is usually in the form of liquid-based meals with added vitamins and minerals. The liquid meals are all you consume on the diet so this is not the same as meal replacements, where some normal foods are also consumed.

Meal replacements

These can be a good short-term way to manage your weight. They are designed to replace one or two meals a day, allowing you to eat one low calorie meal with normal foods each day.

Meal replacements are portion-controlled with added vitamins and minerals. Examples of meal replacement products include liquid shakes, bars, soups and dry pasta packs to which you add water. In the UK these products are usually sold over the counter at pharmacies and supermarkets and sometimes through a network of commercial representatives.

A dietitian may be able to offer you support when using meal replacements, to make sure you are still eating a nutritionally balanced diet. When you stop using meal replacements, you may need help to re-introduce normal foods back into your diet to help prevent you from putting on any weight you have lost.

Remember...

Making changes to your diet alone will help you lose weight in the short term. However, you will have a much better chance of losing weight successfully – and keeping the weight off – if you also increase your physical activity (see next page) and make lifestyle changes (see page 51).
Supported physical activity

Physical activity improves your heart health and reduces the risk of developing heart disease, diabetes and some cancers. This is true no matter what weight you are, or how much weight you lose as the result of being active.

If you are overweight or obese, physical activity is also essential to controlling your weight in the long term. Increasing your daily activity level helps to burn calories that would otherwise end up stored as fat. Physical activity also builds muscle. The more muscle you have, the more energy your body uses when resting and the easier it is to lose weight.

Increasing physical activity alone, without also decreasing the amount you eat, does not usually achieve more than modest weight loss – so aim to combine daily activity with a healthy diet and lifestyle changes.

“Thinking about physical activity instead of the dreaded word ‘exercise’ has been a real positive. I now play with my children in the garden when I get home from work, rather than slumping in the chair.”
What if I am too big to do any physical activity?

By starting to move more, you’ll gradually become more mobile. When you first try to move or walk a bit more than usual, your joints may ache or you may find it difficult to breathe or to stand up. Start slowly and gradually. Doing arm exercises while sitting down may be a good starting point. Also see our BHF booklet *Get active, stay active* for more ideas on introducing more activity into your everyday movements.

Once you start to lose weight, and your body becomes used to being more active, you will find that the amount and intensity (effort level) of activity that you can do will increase. You should also experience less discomfort while being active.

If you have serious difficulties and are not very mobile at present, it’s important that you seek advice from your GP before trying to become more active.

"When I lose weight I feel a lot better, I can breathe normally and do all the exercises and everything... when I lay my knees get all cramp up together when I sit down."

What are the support and treatment options?
Who can help?

There are a number of professionals who can advise you about safe ways to become more active:

- A physiotherapist may be able to help you improve your mobility and suggest simple exercises to increase movement; you can get a referral via your GP.

- Registered exercise specialists usually work within specialist physical activity teams in your primary care trust or local council services; you can get referred via your GP or, in some areas, refer yourself.

- A highly qualified personal fitness trainer, or a registered exercise professional (REP), will be able to work one-to-one with you; ask your GP for approval before starting an activity programme. Before you start working with someone, it is important to check that they are fully trained. The qualifications to look out for are registered exercise professionals who have a 'level 3 instructor’ qualification (you can look this up at www.exerciseregister.org) or qualified personal fitness trainers with an ACSM or a YMCA fit qualification.

- A specialist weight management dietitian can offer simple advice on how to increase day-to-day activity.

- An exercise physiologist (only available in specialist centres for obesity treatment) can advise and support people, including those with physical disabilities, to improve their physical activity levels.

What to look out for in your local services

Local services may include:

- exercise on referral or exercise on prescription
- classes for those who are overweight or obese
- physical activity or active health teams which may offer a number of options
- walking or cycling groups.

Always check with your GP or physical activity specialist first before you make major changes in your physical activity level.
What are the support and treatment options?

Lifestyle change skills

For some people, having good advice on eating and activity changes is enough to help them lose weight. Others need more support with how to put these changes into place.

Behaviour therapy or lifestyle change skills can help you to actually make changes to your activity and eating patterns.

There are relatively few clinical psychologists or cognitive-behavioural therapists working in obesity treatment. However, some specialist dietitians have been trained in behavioural management approaches and can help you work out an effective weight loss programme. A dietitian will be able to recognise if you need more specialist help than they can offer and can usually point you in the right direction for further help.
What are the support and treatment options?

The sorts of things that might be covered are:

- starting a diary to record your food, activity and weight
- setting goals
- rewarding success but not with food or alcohol
- dealing with triggers
- managing lapses
- solving problems
- seeking support from others.

You are likely to see a dietitian as well as a clinical psychologist if this treatment is available to you.

A formal behavioural programme would be given by a clinical psychologist or cognitive-behavioural therapist. A cognitive-behavioural therapy (CBT) programme also looks at thoughts and feelings – it helps you to work out unhelpful patterns of thinking, feeling and behaving which may be stopping you from achieving your goals. It will also help you to take positive steps towards reaching your goals.
Weight loss medicines

Medicines may be recommended if you have made serious attempts to lose weight through diet and activity lifestyle changes but have failed to lose enough weight to improve your health.

Weight loss medicines should only ever be taken if you are also committed to making changes to your diet and lifestyle. **They should not be considered as a quick-fix stand-alone treatment.**

**Weight loss medicines are not suitable for everyone.** If you are thinking about taking these medicines, talk to your GP who will be able to advise you about what would be best for you. Your GP will also make sure that he/she sees you regularly and checks that the medicines you have been prescribed are working properly for you. You may find it useful to get additional advice and support from your practice nurse or dietitian.

“The emphasis on long-term rather than quick-fix improvement is helping me lose weight.”
In the UK, a medicine called Orlistat (Xenical) is licensed for use for people who are obese. It is generally available on prescription for NHS patients who meet specific criteria:

- people with a BMI of 30 or greater
- people with a BMI of 28 or greater, who also have other weight-related risk factors for heart disease such as raised cholesterol, high blood pressure or type 2 diabetes.

It needs to be combined with:

- a lower-calorie diet (more specifically through a lower-fat diet)
- increased physical activity
- lifestyle change skills

- in other words, with steps to change your habits for life.

The length of treatment prescribed will vary from one patient to another depending on each person’s response to the medicine (including side effects and weight loss achieved). Not everyone will lose weight if prescribed one of these medicines. Your GP will decide on the length of your treatment and he/she will discuss the benefits, limitations and safety with you.

How does Orlistat work?

Orlistat is a capsule that reduces the amount of fat that your digestive system is able to absorb from your food by about a third. It works by encouraging you to follow a low-fat diet. Otherwise you suffer severe side effects (such as frequent wind, stomach pain, fatty stools and oily leakage from your bowels) as a proportion of the fat you eat will pass through your system unchanged. Orlistat produces modest weight loss when combined with a low fat and calorie diet and lifestyle changes. The average weight loss is around 2 to 5kg over one year, although you may be able to lose a lot more weight if you also make other dietary and lifestyle changes.

If you are prescribed Orlistat, you will need to go for regular follow-up checks with your GP. It is also important that you are referred to a dietician or practice nurse for advice on how to lower your fat intake in order to minimise the potentially severe side effects of this medicine.

Your GP, practice nurse or dietician should give you a copy of the patient information support pack called ‘MAP – motivation, advice, proactive support’. This has information about a helpline service and further support for people taking this medicine. Visit www.xenical.com for more information.

Alli

The over-the-counter Alli pill is a lower-dose version of Orlistat (Xenical). It can be bought by adults aged 18 and over with a BMI of 28 or greater. Pharmacists are required to weigh customers before they can sell the pills.

There are several groups of people who should not take the Alli pill, including:

- people who have a problem with absorbing nutrients
- pregnant or breastfeeding women
- people taking other prescribed medicines such as ciclosporin, warfarin or other oral anticoagulants
- people with some liver problems.

It is vital that you have a consultation with the dispensing pharmacist or professional to ensure that the Alli pill is right for you and that you have the right information and support to use it effectively. During your consultation you’ll also have the opportunity to discuss your general health and cardiovascular risk factors, and to get a full assessment of your health needs.
What are the support and treatment options?

Weight loss surgery

Weight loss surgery (also known as bariatric surgery) can be a successful way to achieve significant weight loss in people who are obese.

This type of surgery should not be regarded as a quick-fix solution to weight loss. If you undergo weight loss surgery, you will need lifelong medical support from specialist doctors and dietitians to prevent medical and nutritional problems.

There are two main types of surgery available for weight management in the UK:

- **stomach restriction surgery** – reducing the size of your stomach with a special band so that you feel fuller on less food
- **restriction/malabsorption surgery** – restriction surgery (to reduce stomach size so that you feel fuller on less food) is combined with malabsorptive surgery (to limit the absorption of nutrients in food).
Benefits of weight loss surgery
Research shows that both types of surgery usually result in people losing about 50 per cent of their excess weight; in many cases this can be up to 65 to 70 per cent of excess weight lost. This can lead to great improvements in quality of life and reduction in weight-related illnesses. In the long term, people who have had successful bariatric surgery are less likely to develop conditions such as diabetes or high blood pressure than people who remain obese.

…and the risks
Weight loss surgery is not to be considered lightly. There are some very serious risks associated with the surgery itself, as well as complications that may develop afterwards.

Any major surgical operation carries the risk of dying during or after the surgery. With obesity surgery this risk is small – less than 1 in every 100 people, depending on the type of procedure you have.

Other possible risks to bear in mind are:
• your surgical wounds may become infected
• you may develop hernias, ulcers and gallstones
• you may start to suffer from heartburn and constipation
• you could develop severe nutrient deficiencies, which could lead to undernourishment and possibly bone disease
• you may be left with excess skin around the stomach
• you may lose your hair (this is usually only temporary).

It is important to note that if you develop any of these complications, you may need to have further surgery.

Your surgeon should explain in detail all the risks and benefits associated with the surgical option he/she is suggesting. It is important that you ask questions and address any concerns you have before agreeing to the treatment. For some people the benefits of surgery will outweigh the risks.
Who qualifies for bariatric surgery?

Surgery may be considered if you are an adult:

- with a BMI of 40 or above
- with a BMI of 35 or more, with other significant disease that could be improved by weight loss
- and if you have tried all other treatments but have failed to lose significant amounts of weight or maintain your weight loss.

If your GP or specialist advises you to consider surgery, you will be asked to go to a pre-surgery assessment with a multidisciplinary team of experts. This is likely to include a bariatric surgeon, specialist dietitian, specialist nurse and clinical psychologist. The team will ask you questions and carry out some tests to see whether it is safe, and in your best interests, to have the surgery.

Things that may be discussed as part of a pre-surgery assessment include:

- your BMI
- your medical history
- your age
- your history of treatment (including any previous weight loss attempts and treatment)
- your diet and eating patterns
- any medical or psychological reasons why surgery might not be the right option for you
- your fitness level
- your awareness about the surgery and its long-term implications.

Issues to consider about your diet

It is important to be aware that after surgery you will need to make changes to your diet for life if you are to lose weight and minimise discomfort, unpleasant side effects and the need to have further surgery. In other words, what and how you eat and drink will change forever after weight loss surgery.

For example:

- You will only be able to eat very small meals for the rest of your life – equivalent to eating from a saucer.
- You will need to take vitamin and mineral supplements for the rest of your life.
- You will need ongoing visits to see various specialists, including a dietitian, for life. He/she will be checking that your diet is as balanced as it can be so that you can limit the chances of developing bowel disorders (because of the low fibre content of your diet), iron deficiency (anaemia) and bone disease in later life.
- Because your stomach will be much smaller after surgery, you will always have to think carefully about the foods you eat.

These changes are likely to affect not only you but also your family and friends, at home and in social situations too, such as family meals and eating out with friends. Your specialist bariatric team will tell you what to expect so that you can prepare your family and friends for the challenges and changes ahead.
Other things to bear in mind

Excess skin

Weight loss surgery can be very successful and lead to a large amount of weight loss relatively quickly. As a result, the skin may not shrink back fully, leaving you with considerable excess skin around your abdomen. Some people choose to have additional surgery (often called a ‘tummy tuck’) to reduce this excess skin and improve their appearance cosmetically. It is important to bear in mind that this type of surgery is considered non-essential and is unlikely to be covered on the NHS. So, if you are thinking about bariatric surgery, you may need to consider the cost of cosmetic surgery although it is a matter of personal choice and not everyone needs it or has it done.

What if surgery is not a suitable option?

Bariatric surgery will not be the best solution for everyone. This is the purpose of the initial assessment – to find out whether surgery is the best option for you and your personal circumstances. For example, if you have a history of eating disorders, you may be referred to a clinical psychologist for therapy and may be refused surgery as this could put your health at risk. This is because not everyone is able to control their eating to the level required after surgery.

Availability of treatment in the UK

Even if you do meet the above guidelines for surgical treatment, there is no guarantee that you will be referred for surgery. There are only a few hundred operations currently done in the UK every year, but this number is rising. This is partly due to the very limited number of treatment centres that can offer bariatric surgery on the NHS, the low number of qualified professionals and a lack of funding in some regions - both for surgery and for the long-term medical support that people will need.

If bariatric surgery is not available in your area, you may wish to seek the support of the British Obesity Surgery Patient Association (see page 79). They can help members to gain access to these services either locally or within another area where the service is available.

Patients who do get referred may have to wait some time before they get an assessment appointment. Waiting times vary by region and can be anywhere between six months to two to three years.

Frequently asked questions about surgery

Q. What should I do if my GP won’t refer me to a specialist for bariatric surgery?

A. If you feel strongly that surgery is the most suitable option for you, and you know from discussion with your GP or other health professional that you meet the guidelines for surgery, find out why you have not been recommended for this type of treatment. It may be that there are no bariatric services in your area. If so, speak to your GP about going outside of your area for surgery or contact the British Obesity Surgery Patient Association (see page 79) to find out where your nearest service is.

Q. How can I find out about private bariatric services?

A. The British Obesity Surgery Patient Association and Weight Loss Surgery Information should be able to help. BUPA and other private hospitals should also be able to tell you what services they provide. Contact details are on page 79.

If you plan to have surgery abroad or privately, make sure that the costs include your initial assessment and the long-term support you will need after surgery - including any cosmetic surgery you may need and treatment for any complications. There is every possibility that your local NHS service will not have the specialist staff or the funding available to support your lifelong requirements for follow-up. It is better to make sure this is all in place before having the surgery.

Useful information

The British Obesity Surgery Patient Association is a charity that provides useful support and information on obesity surgery and the routes to gain access to surgery services. Contact the Association for information about its support groups. Contact details are on page 79.

What are the support and treatment options?
Useful information

More tips and contacts to help you take control…
Checklist of options

We’ve looked at plenty of options in this booklet. If you’re not sure which one(s) to follow up, try using this checklist to identify your best option(s).

General
- What options are available locally to help me lose weight?
- Where can I get support from professionals to help me lose weight?
- Where can I find more information about weight management treatments in this area?
- Is there a group weight management programme in my area?
- Considering what’s available, which option(s) do I prefer?

Diet
- What changes could I make to my eating?
- Who can help me to improve what I currently eat?
- Where can I get more information on dietary treatments?
- What types of weight loss programmes are available to me?
- Would I prefer the regular support of a group or do I think I can lose weight on my own?

Physical activity
- Do I need a medical check-up before I start to do more activity?
- If I start to exercise, how much should I do? And how often?
- Who can help me increase my activity levels safely in my area?
- How can I start to make activity part of my everyday life?

Weight loss medicines
- Can medicines help me to lose weight?
- What are the side effects of taking these medicines?

Surgery
- Is surgery an option available to me?
The science behind popular diets

If you want to lose weight safely, we recommend that you follow the options we’ve already discussed in this booklet. However, there are many popular diets around and chances are that you’ve tried them or are thinking about trying. We look at the science behind some of these diets to give you an idea of how useful or appropriate they are for your health needs.

We can’t cover all the diets on the market here, so if you are thinking about following a particular diet remember to check the same things that you would with other self-help options (see page 29).
### Low glycaemic index (GI)

**What is it?**
Recommend higher intakes of low GI foods such as some fruits, vegetables and wholegrain carbohydrates.
Low GI diets generally combine low GI foods with a low calorie diet.

**What is the science behind the concept?**
GI is a way of ranking foods according to their effects on blood sugar levels. Low GI foods contain slow-releasing carbohydrates which help maintain a steadier blood sugar level and theoretically could keep energy levels topped up for longer.

**Does it lead to weight loss?**
Low GI foods are not necessarily low in fat so weight loss may depend on the diet plan. Research has yet to prove that this approach leads to weight loss. Some research suggests that a low GI meal may lead to lower calorie intakes at that meal and at later meals that day.

**Possible side effects**
None known, as long as diet is balanced, varied and low in fat.

### High protein and low carbohydrate (sometimes high fat)

**What is it?**
Recommend a higher intake of protein-rich foods such as meat, fish and higher fat intake relative to other foods such as carbohydrates and some fruits and vegetables.

**What is the science behind the concept?**
Protein is more filling than other nutrients so it is probable that you will feel fuller on less food and therefore eat fewer calories if you stick to it.

**Does it lead to weight loss?**
Some studies have found that higher protein diets can achieve good weight loss but only in the short term. Scientists have concerns about the safety of these types of diets as they often involve a very low intake of carbohydrates (or no carbohydrates at all) and a higher intake of fat. Unfortunately, there are no long-term studies assessing the effect of these types of diets on weight loss or health.

**Possible side effects**
These include:
- bad breath
- constipation
- lack of good nutrition for a healthy body, especially the B vitamins and fibre
- kidney stones
- heart failure
- bone loss.
Long-term health risks are unknown.
<table>
<thead>
<tr>
<th>Diet</th>
<th>Food combining</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is it?</td>
<td>Restricts the nutrients or types of foods which can be eaten at each meal or on certain days.</td>
</tr>
<tr>
<td>What is the science behind the concept?</td>
<td>This diet falsely implies that weight gain results from eating several food groups together at the same time, rather than from eating more calories than your body is using up. There is no research to support this claim.</td>
</tr>
<tr>
<td>Does it lead to weight loss?</td>
<td>Scientific research for this is not available. Short-term weight loss results simply because the available foods are very restricted. However, this type of diet is very difficult to stick to in the long term, meaning that regaining weight is probable.</td>
</tr>
<tr>
<td>Possible side effects</td>
<td>Depends on the type of foods which are excluded: ----------------- lack of good nutrition for a healthy body ----------------- long-term effects and safety unknown.</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Diet</th>
<th>Blood group</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is it?</td>
<td>Suggests specific diets depending on the food eaten at the time when your blood type evolved.</td>
</tr>
<tr>
<td>What is the science behind the concept?</td>
<td>Absolutely none! Scientists agree that there is no link between your blood type and the type of diet you should eat.</td>
</tr>
<tr>
<td>Does it lead to weight loss?</td>
<td>There is no research suggesting weight loss but it is likely that as most diets restrict what you can eat, you will probably take in fewer calories and lose weight in the short term. This would be tough to stick to, and potentially dangerous in the long term.</td>
</tr>
<tr>
<td>Possible side effects</td>
<td>Depends on the diet recommended. Worryingly, some are very restrictive, cutting out several important food groups and will therefore lack good nutrition and potentially put your health at risk.</td>
</tr>
</tbody>
</table>

**Useful information**
Private treatment

If you're considering private treatment, here are some issues to think about.

Check the qualifications and experience of your consultant

Ideally, you should try to get the support of your GP even if you do decide to pay for services privately. He/she will be able to support you through your treatment and may be able to refer you to a local private consultant if you decide to take this route.

The following organisations may also be useful when checking the qualifications of your specialist. These organisations do not make referrals or personal recommendations.

Dietitians

Registered Dietitians (RDs) are specially qualified to translate scientific information about food into practical dietary advice. As well as providing impartial advice about nutrition and health, dietitians also advise about food-related problems and treat disease and ill health.

All dietitians must be registered with the Health Professions Council in order to practise in the UK. You can search the register through the British Dietetic Association's website (see page 79). For private weight management advice, you can contact Dietitians Unlimited – a group of freelance dietitians, some of whom offer one-to-one consultations outside the NHS as part of their work.

Nutritionists

Anyone can set themselves up legally as a nutritionist, so the title ‘nutritionist’ is no guarantee of training and expertise. The Nutrition Society, however, has a register of nutritionists who have a minimum of a science degree in nutrition and meet high standards of professional practice and ethics. You can search the Society’s register by going to its website (see page 81). Nutritionists may not offer private consultations and only a small number work in weight management.

Physical activity specialists

Check that your physical activity specialist is listed with the Register of Exercise Professionals (see page 81).

Counsellors, psychologists and psychotherapists

You can look up registered behavioural and psychological practitioners on the British Association for Behavioural and Cognitive Psychotherapies website (see page 79).

Bariatric surgeons

Bariatric surgeons are encouraged to be affiliated to the British Obesity Surgery Society which is the professional body set up under the Association of Upper GI Surgeons.
Useful information

Useful contacts

Active Places
www.activeplaces.com
Information on sports facilities throughout England, including local authority leisure facilities as well as commercial and club sites.

Beat (formerly Eating Disorders Association)
www.b-eat.co.uk
Phone: 0845 634 1414  (Adult Helpline)
Information and help on all aspects of eating disorders.

British Association for Behavioural and Cognitive Psychotherapies
www.babcp.com
Phone: 0161 797 4484
Information about cognitive behaviour therapy (CBT) and how to find an accredited therapist.

British Dietetic Association
www.bda.uk.com
Phone: 0121 200 8080
Information about food, dietitians and how to find a registered dietitian.

British Dietetic Association Weight Wise programme
www.bdaweightwise.com
Information and tips on losing weight and getting professional support.

British Heart Foundation (BHF)
bhf.org.uk
Heart HelpLine: 0300 330 3311  (a local rate number)
For vital information and support on anything relating to heart health.

BHF Heart Matters
bhf.org.uk/heartmatters
Phone: 0300 330 3300  (a local rate number)
The BHF’s free, personalised service to help you live with a healthy heart. Benefits include heart health magazine, a HelpLine and an online members’ area with recipes, articles and lifestyle tools.

British Obesity Surgery Patient Association
www.bospa.org
Phone: 08456 02 04 46
Provides information and support to people who may benefit from obesity surgery.
Cancer Research UK
www.cancerresearchuk.org
Phone: 020 7242 0200
Dedicated to the prevention, treatment and cure of all forms of cancer. The website contains a wealth of information on healthy eating and activity.

Change4Life
www.nhs.uk/change4life
Phone: 0300 123 4367
Provides plenty of tips and ideas to help families eat well, keep active and search for activities in your local area.

Change for Life Online
www.changeforlifeonline.com
A free online programme with tools and information to help you eat healthily and manage weight loss.

Cyclists Touring Club
www.ctc.org.uk
Phone: 01483 238 337
Campaigns for the rights of cyclists. Can provide information sheets on cycle routes in the UK.

Diabetes UK
www.diabetes.org.uk
Phone: 0845 120 2960 (Careline)
Offers information and advice for people with diabetes.

Fitness Industry Association
www.fia.org.uk
Phone: 020 7420 8560
The trade organisation for the health and fitness sector. The website lists the health and fitness centres which are members of the Association.

Food Standards Agency
www.eatwell.gov.uk
An independent food safety watchdog which was set up to protect the public’s health and consumer interests in relation to food. The website provides useful information on healthy eating, food safety and understanding food labels.

Living Streets (formerly the Pedestrians Association)
www.livingstreets.org.uk
Phone: 020 7377 4900
Helps create streets and public spaces that people on foot can use and enjoy. Works at national and local levels helping individuals and groups improve their local walking environment.

MIND (National Association for Mental Health)
www.mind.org.uk
Phone: 0845 766 0163 (Info line)
A mental health charity working for a better life for everyone with experience of mental distress.

NHS Direct
www.nhsdirect.nhs.uk
Phone: 0845 4647
Information on health and illness, procedures, treatment and finding services in your area.

Nutrition Society
www.nutritionssociety.org
Has a voluntary register of nutritionists who meet the society’s high standards of professional training and ethics.

Register of Exercise Professionals
www.exerciseregister.org
A self-regulating system where you can search for registered exercise professionals.

SUSTRANS
www.sustrans.org.uk
Phone: 0845 113 0065
For information on local walking paths and cycle ways.

The Fit Map.com
www.thefitmap.com
A useful website to locate your nearest health club, gym or personal trainer.

Walking the Way to Health Initiative
www.walkhealth.org.uk
Phone: 0300 060 2287
An organisation and website for anyone with an interest in walking for health.

Weight Concern
www.weightconcern.org.uk
Phone: 020 7679 1853
(no helpline service available)
A charity dedicated to tackling the rising problem of obesity in the UK. It offers Shape-Up, a lifestyle programme that can help you manage your weight, improve your health and improve your quality of life.

WLSinfo (Weight Loss Surgery Information and Support)
www.wlsinfo.org.uk
Phone: 0151 222 4737 (Helpline)
Weight loss surgery information, online forums and local support groups.

Useful information
How the British Heart Foundation can help you

We are the nation's heart charity, dedicated to saving lives through pioneering research, patient care, campaigning for change, and providing vital information.

You might find some of the following resources helpful:

**Booklets**

- **Our heart health catalogue**
  For you, for family and friends, for health professionals

- **Put your heart into walking**
  It’s easy, it’s free, it’s great for your heart

- **Get active, stay active**
  Enjoy being active and keep your heart healthy

- **Be active for life**
  Over 50? Keep your heart healthy with physical activity

- **Physical activity and your heart**
  For people who have a heart condition or are at risk of developing heart disease

- **Eating well**
  Keeping food fun and good for your heart

- **So you want to lose weight... for good**
  Cut down on salt
  It’s easy to do and good for your heart

- **Stop smoking**
  How to quit for a healthy heart

- **Coping with stress**
  How to manage stress and help your heart

**DVD**

- **Risking it**
  This DVD follows five ordinary people, all of whom have one or more risk factors for coronary heart disease. They have decided to start taking responsibility for their health and take positive action.

For information on other BHF booklets and DVDs ask for a copy of Our heart health catalogue.

**How to order our resources**

To order any of our booklets or DVDs:

- call the BHF Orderline on 0870 600 6566
- email orderline@bhf.org.uk
- visit bhf.org.uk/publications

You can also download many of our publications from our website. Our booklets are free of charge, but we would welcome a donation so we can continue our vital work. (Turn the page to see how you can make a donation.)

**Heart Matters**

Heart Matters is our free, personalised service to help you live with a healthy heart. Join Heart Matters today to access benefits including heart health magazine, a HelpLine and an online members’ area with recipes, articles and lifestyle tools. Register online at bhf.org.uk/heartmatters or call 0300 330 3300 (a local rate number).
We need your help…
to continue our life-saving work

As a charity we rely on the generosity of people like you to fund our vital work. Thousands of people with heart disease turn to us for help every year and even more will need us in the future. We want to be there for them.

Please donate today and together we can beat heart disease for good.

If you would like to make a donation:

- please call our donation hotline on 0300 330 3322,
- contact us through our website at bhf.org.uk/donate
- or fill in the form on the next page and post it to us at the address on the back cover.

Other ways you can help

There are many other ways you can play a crucial role in our efforts to beat heart disease:

- Become a volunteer and help run our shops, events or services for local communities. To find out more, call 0845 130 8663 or visit bhf.org.uk/volunteer
- Have fun on a sponsored run, bike ride or walk. For more on this, call 0844 477 1181 or visit bhf.org.uk/events
- Join our Heartstart initiative and learn to save lives with the skills of emergency life support. Over 2.3 million people already have. For more information contact heartstart@bhf.org.uk
- Donate goods to your local BHF shop. To find out where your nearest BHF shop is, call 0844 412 5000.
- Give in celebration by offering your party guests the chance to donate to us instead of buying gifts, for example for your wedding anniversary or birthday. Visit bhf.org.uk/celebrate for more information.

Thank you.

Your support will help prevent early deaths

Here is my gift to help more people recover from heart problems

£10 £15 £20 Other £

Please make your cheque / postal order / CAF voucher payable to the British Heart Foundation.

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We would like to keep in touch with you, so by returning your support has made a difference.
By supplying your email address you agree that the BHF may use this to contact you about our work.

OR please debit the above sum from me:

- AMEX
- CAF Card
- MasterCard
- Visa / Delta
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Valid from / Expiry date / Issue no
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Signature

Date

Please tick here if you do not wish the British Heart Foundation to contact you. (MP0059)

From time to time we allow other similar organisations to write to our supporters.

If you do not wish to be contacted by them, please tick here. (MP0060)

The British Heart Foundation is the nation’s heart charity, registered in England and Wales (219071) and in Scotland (SC038426).

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Are you a UK taxpayer? If you are a UK taxpayer please tick the first box so we can claim back up to 28p for every £1 you give at no extra cost to you.

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Please send this form to:
British Heart Foundation
Greater London House
180 Hampstead Road
London NW1 7AW

Thank you.
Have your say

We would welcome your comments to help us produce the best information for you. Why not let us know what you think? Contact us through our website at bhf.org.uk/contact. Or, write to us at the address on the back cover.

Kids and Schools

Do you want the kids in your family to be more active and eat healthier?
Help them make some changes now by encouraging them to visit the following websites:

- cbhf.net
  a website for 7-11 year olds

- yheart.net and yobot.co.uk
  websites for 12-19 year olds

Do any of the teenagers in your family have a heart condition?
Visit yheart.net/meet
You can also order resources from our Kids’ and schools’ catalogue:
visit bhf.org.uk/publications,
call 0870 600 6566, or email orderline@bhf.org.uk