Resources and Appendices

Resource list

Resource Heading	Link
Weight Management Service Resources	Lanarkshire Weight Management Service | NHS Lanarkshire
Weight Loss NHS Inform	Weight loss | NHS inform
British Dietetic Association	British Dietetic Association - BDA

Appendix 1: Comparison of Dietary Approaches

Diet Type	Key Features	Evidence Summary
Low-Calorie Diet (LCD)	Typically 1,200–1,800 kcal/day	Effective for gradual weight loss. **NICE NG246** recommends LCDs as first-line dietary intervention.
Very Low-Calorie Diet (VLCD)	≤800 kcal/day, often meal replacements. May improve metabolic markers	Can lead to rapid weight loss. Should be used under specialist supervision for up to 12 weeks. **NICE NG246**.
Low-Carbohydrate Diet	Reduces intake of bread, pasta, rice, sugar	May help with glycaemic control. BMJ meta-analysis shows comparable weight loss to low-fat diets (**BMJ 2020;369:m696**).
Intermittent Fasting	Alternates fasting and eating periods. e.g 16hrs:8 hrs or 5 days: 2 days. Improves insulin sensitivity and metabolic health	**BMJ 2025 network meta-analysis** shows similar weight loss to continuous restriction. Alternate-day fasting may have slight advantage.

Diet Type	Key Features	Evidence Summary
Commercial Programmes	Structured plans with peer support (e.g. Weight Watchers, Slimming World)	Lighten Up trial (**BMJ 2011;343:d6500**) shows commercial programmes more effective and cost-efficient than NHS-led services.
NHS Resources	Free 12-week plans and apps	Accessible and evidence-based. **NHS Better Health** programme supports self-paced weight loss.
Dietitian Referral	Personalised, culturally sensitive advice	Recommended for complex needs or comorbidities. **NICE NG246** supports referral to specialist services.

Appendix 2: Summary of weight-promoting medicines and alternative therapies

Further guidance on medicines associated with weight gain and possible alternative therapies is available in the following resource:

Pharmacotherapy in Obesity Management - St Columcille's Hospital Centre for Obesity Management

Appendix 3: Recommended primary care follow-up post-bariatric surgery

Category	Action Point
Annual Review	Conduct a medical review annually forever post-surgery
Blood Tests	Order annual tests: FBC, U&Es, LFTs, CRP, Ferritin, Folate, Vitamin B12, Calcium, Vitamin D, TFTs, HbA1c (if diabetic), and others as per procedure (**BOMSS post-bariatric surgery nutritional guidance for GPs**)
Comorbidity Review	Review and adjust medications for resolved or improved conditions (see **BOMSS guidance on medications post-bariatric surgery for GPs**)
Complication Screening	Ask about abdominal pain, vomiting, dumping syndrome, and food intolerances

Category	Action Point
Dietary Assessment	Assess protein intake, meal patterns, fruit/veg portions
Psychological Wellbeing	Consider mental health and offer support as needed
Diabetes Monitoring	Continue retinopathy screening and annual diabetes reviews for life
Sleep Apnoea	Continue CPAP until reviewed by respiratory team
Medication Review	Avoid NSAIDs, slow-release meds; check supplement formulations
Supplement Adherence	Check that patients are taking recommended vitamin and mineral supplements as advised by the bariatric surgery unit (**BOMSS post-bariatric surgery nutritional guidance for GPs**)

Category	Action Point
Supportive Approach	Ensure consultations are empathetic and non-judgemental
Non-Attendance Follow-up	Attempt contact 3 times over 12 months; repeat annually if no response
Use of BOMSS Tools	Consider use of BOMSS pre-consultation questionnaire to guide discussion **BOMSS Pre-consultation questionnaire for patients**
Referral for Concerns	Contact bariatric unit if complications or concerns arise

Appendix 4: Primary care management of post-operative bariatric patients

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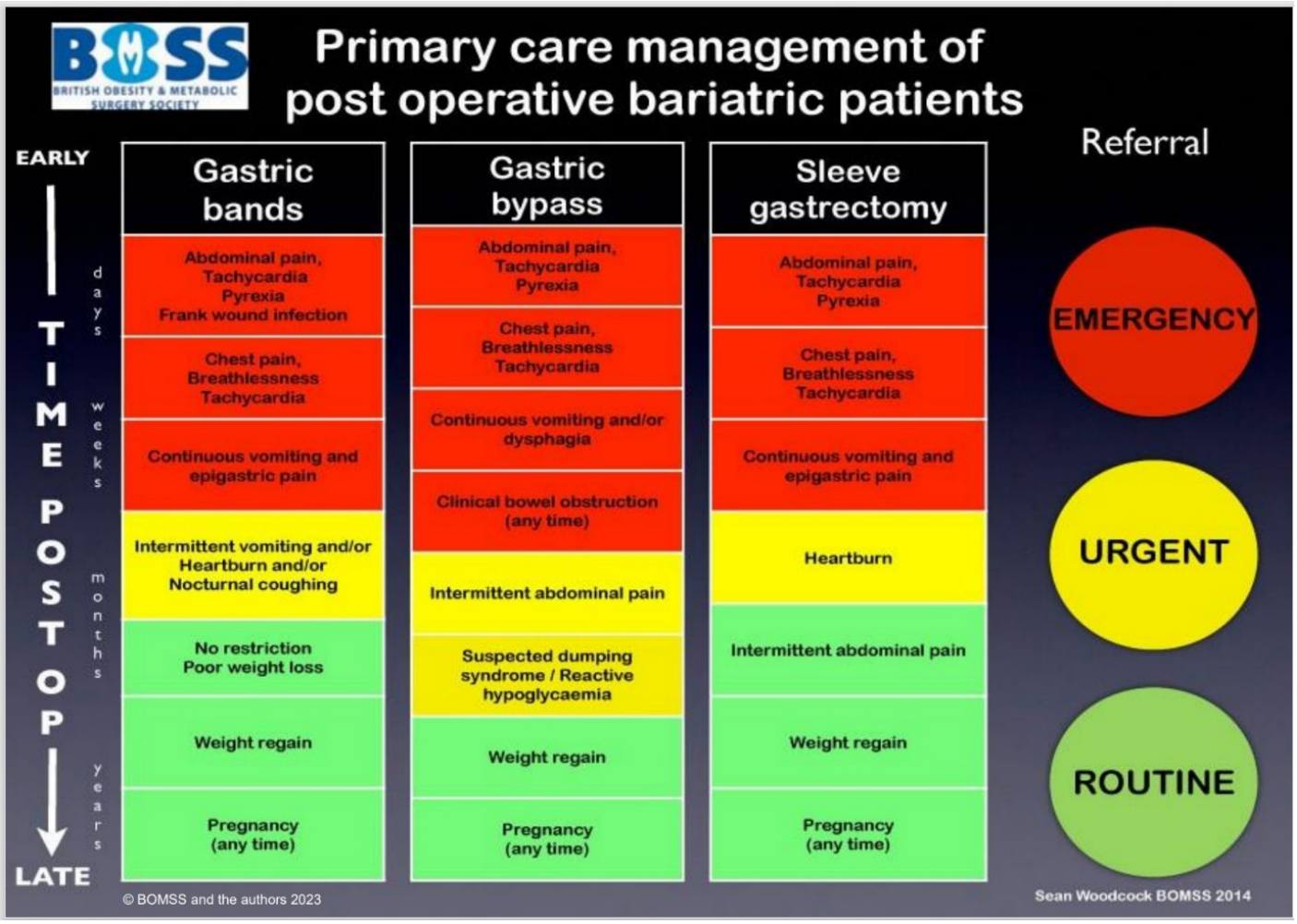

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