

How the recommendations might affect practice

Weight and height might be measured more often, possibly increasing the length of appointments. Changes to how and when weight is discussed could help people feel less stigmatised, and therefore more welcoming of an intervention that could have a positive effect on both their health and NHS resources in the long term.

This more flexible approach is not expected to increase NHS and other public sectors resources significantly. It is expected to lead to more appropriate and up-to-date measurements being recorded. This will increase efficiency in identifying people living with overweight or obesity, and. It may also lead to more efficient and meaningful data analysis and the sharing of good practice.

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How to take measurements and measures of overweight, obesity and central adiposity in adults

[Recommendations 1.9.5 to 1.9.8](#)

Why the committee made the recommendations

The committee looked at evidence from studies on the accuracy of different measures for predicting or identifying health conditions associated with overweight and obesity, including type 2 diabetes and cardiovascular disease. The quality of the evidence was mixed. Most studies included information on how accurate the measures were at predicting or diagnosing the health risks associated with overweight and obesity, in people of different ethnicities. Overall, the studies showed that BMI, waist circumference, waist-to-hip ratio and waist-to-height ratio could all accurately predict or identify weight-related conditions. The committee noted that BMI is still a useful practical measure, particularly for defining overweight and obesity. But they emphasised that it needs to be interpreted with caution because it is not a direct measure of central adiposity. The committee highlighted that waist-to-height ratio offers a truer estimate of central adiposity by using waist circumference in the calculation. Based on evidence and their experience, they agreed that using waist-to-height ratio as well as BMI would help give a practical estimate of central adiposity in adults with BMI under 35 kg/m². This would in turn help professionals assess and predict health risks. But because people with a BMI over 35 kg/m² are always