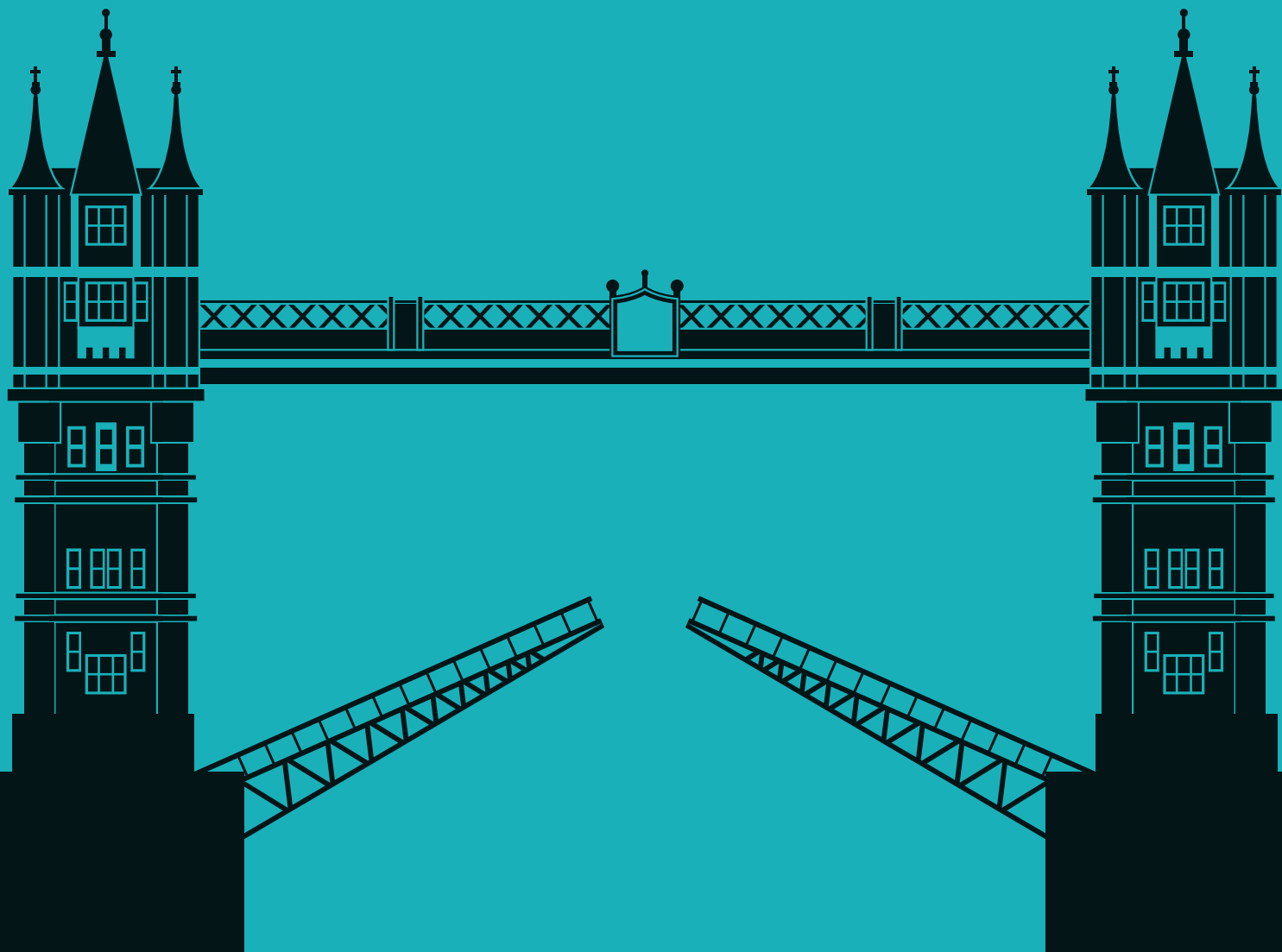


# SCOPE

2015 / School

## COURSE GUIDE

LONDON 9 -10 JUNE



## SPECIALIST CERTIFICATION OF OBESITY PROFESSIONAL EDUCATION (SCOPE)

SCOPE is the official education programme of World obesity developed by global obesity experts to educate health professionals. Registration is free and it provides:

- / Knowledge of obesity from leading obesity experts
- / The only internationally-recognised qualification in obesity management
- / CPD and CME points for continued professional development
- / Register today at [www.worldobesity.org/scope](http://www.worldobesity.org/scope)

### What's included?

- / 30 e-learning modules
- / Evidence-based education on obesity management across all disciplines
- / Recognition of obesity expertise through SCOPE Certification and Fellowship

### Endorsements

- / 53 national obesity organisations representing 55 countries endorse SCOPE to their members
- / NHS commissioning guidelines on severe and complex obesity 2012/13 and 2013/14 endorse SCOPE
- / SCOPE is accredited by the Association for Nutrition
- / SCOPE is accredited by the CPD and CME service
- / SCOPE is mentioned in the Action on Obesity Report by the Royal College of Physicians
- / SCOPE is recommended for further study by the Royal College of GP's

### CERTIFICATION

SCOPE Certification recognises an international standard of excellence in obesity prevention and management. To qualify:

- / Provide evidence of 6 months practical experience relating to obesity management within a healthcare profession
- / Earn a total of 12 SCOPE points through e-learning or live-training

### SCOPE covers a wide range of topics including:

- / Motivational Interviewing
- / Facilitating Behaviour Change
- / Patient-Centered Physical Activity
- / Dietary Interventions
- / Diabetes
- / Reducing Sedentary Behaviour
- / Obesity and Mental Health
- / Obesity in Pregnancy
- / Childhood and Adolescent Obesity
- / Bariatric Surgery
- / Challenging Prejudices of the Obese
- / Obesity and Sleep Apnea
- / Obesity and Hypertension



Nick Finan

Chair of Clinical Care

Dear Colleagues,

On behalf of the World Obesity Federation (formerly IASO), we are delighted to welcome you to the ninth SCOPE School. SCOPE (the Specialist Certification of Obesity Professional Education) is the internationally recognised standard of excellence in obesity prevention and management. SCOPE helps health professionals understand, treat, manage and prevent obesity.

This SCOPE School will offer techniques on how to combine treatment modalities for obese patients: Topics will include how to combine surgery and exercise, novel and realistic rehabilitation methods and much more.

Healthcare professionals and patients need to work together effectively, in order to manage excess weight and its associated conditions - this SCOPE School will equip you with the knowledge, skills and techniques to do so.

We have brought together a faculty of internationally recognised experts in different areas of obesity treatment. We create an environment in which you can engage with experts and colleagues and take home knowledge that will transform your patient outcomes.

To qualify for SCOPE Certification, you must earn 12 SCOPE Points by completing SCOPE e-learning modules and attending SCOPE courses. You also need to provide evidence of your practical experience of working with obese patients. Attending this SCOPE School will earn you four SCOPE Points. The SCOPE e-learning facility is a valuable resource featuring bite-sized modules developed by leading obesity experts, key articles and forums in which to network and share best practices. With SCOPE, you can create a customised learning programme to address your knowledge gaps and areas of interest.

We hope that you enjoy the programme and the opportunity to network with your colleagues and the faculty.

Nick Finan, Chair of Clinical Care

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### Useful Information

#### Wifi Details

Network: CDH  
Password: time2work

#### Professional Development

Attendance provides 4 SCOPE points and 16 CPD points.

SCOPE  
/ Accredited



## CONFERENCE SCHEDULE

SCOPE  
2015 / School

### Tuesday 9th June

	Start Time
<b>AM</b>	
Registration	09:00
Welcome	09:30
Lessons from cardiovascular disease management: <i>Pat Twomey</i>	10:00
Refreshment Break	11:00
Novel and Realistic Rehabilitation methods: <i>John Murphy</i>	11:30
<b>PM</b>	
Lunch	12:30
Combining meal supplementation with changes in macronutrient composition of diets: <i>Marion Flechtner-Mors</i>	13:30
Delegate Case Studies	14:30
Refreshment Break	15:30
Combining calorie restriction with pharmacotherapy: <i>Nick Finer</i>	16:00
Networking Reception / Group Dinner	17:00

### Wednesday 10th June

	Start Time
<b>AM</b>	
Welcome	09:30
Combining surgery with exercise: <i>Rachel Batterham</i>	10:00
Refreshment Break	11:00
Combining surgery with macronutrient composition changes: <i>Alex Miras</i>	11:30
<b>PM</b>	
Lunch	12:30
Combining treatment modalities in children: <i>Sinead Murphy</i>	13:30
Panel Discussion	14:30
Refreshment Break	15:30
How to put it all together: <i>Carel le Roux</i>	16:00
Finish	17:00

# WORLD OBESITY

OUR MISSION IS TO  
LEAD AND DRIVE  
GLOBAL EFFORTS  
TO REDUCE,  
PREVENT AND  
TREAT OBESITY.

## WHAT WE DO

### / MEMBERSHIP

- / 53 member associations
- / Representing 56 countries
- / Discounted publications
- / Discounted event registration
- / Access to prevalence data and research support
- / Discounted registration for Specialist Certificate of Obesity Professional Education (SCOPE)
- / Briefings and advocacy support

### / INTERNATIONAL CONGRESS & MEETINGS

- / International Congress on Obesity (ICO)
- / SCOPE Schools
- / Hot Topic Conferences
- / STOCK Conferences
- / For more information visit:  
[www.worldobesity.org/events/](http://www.worldobesity.org/events/)

### / JOURNALS & PUBLICATIONS

- / Clinical Obesity
- / Obesity Reviews
- / Pediatric Obesity
- / International Journal of Obesity
- / Reduced subscription fees are available for members

### / RESEARCH & PROJECTS

- / Global centre compiling the latest statistics on obesity prevalence
- / Comprehensive and current data in the form of maps, charts, tables and slides for review and download
- / Research projects on topics such as marketing to children and investigating the benefits of modest weight loss

### / SCOPE

- / Internationally acclaimed high-quality education programme aimed at improving the treatment of obese and overweight patients
- / Open to all health professionals
- / Take a course in our new e-learning environment
- / Bite-sized modules, expert lectures and interactive assessments
- / Earn CPD points
- / Keep up to date, visit:  
[www.worldobesity.org/scope/](http://www.worldobesity.org/scope/)

### / POLICY & PREVENTION

- / Research-based think tank of international obesity experts
- / Advocacy for effective prevention of obesity at national, regional and global levels
- / Officially collaborating with the World Health Organisation

### / CLINICAL CARE

- / Provision of SCOPE, a high-quality, internationally recognized course to educate health professionals in the management and prevention of obesity
- / Recognise the importance and expertise of healthcare professionals in the field of obesity management through fellowship of SCOPE
- / Develop international consensus statements and management strategies using evidence-based techniques and producing management guidelines for use by healthcare professionals

SCOPE School Thessaloniki  
24 - 25 September / 2015

## LEARN FROM THE EXPERTS

SCOPE School Thessaloniki

24 - 25 September

Grand Palace Hotel, Thessaloniki, Greece

The theme of this SCOPE School is 'What place does diet have in the management of obesity?'

This will include topics from 'dietary management in obese pregnant women', 'meal replacements and VLCD', 'which diets for preventing diabetes and obesity?' and further interesting topics. The course covers a wide range of themes, which will equip attendees with the tools to manage all aspects of treating a patient suffering from obesity and associated co-morbidities. Our programme unites experts from across the world in addressing the assessment, treatment and prevention of obesity.



This SCOPE School is supported by the  
Hellenic Medical Association for Obesity.

### Registration Fees:

World Obesity Federation Members £120, Standard Rate £150

Your registration includes scheduled lunches and coffee break, a group cocktail reception with drinks and canapés and attendance certificate. A package of 5 FREE modules worth £75 is available for the first 20 delegates to register!

Day rates are available, please note these do not include registration to the cocktail reception.  
World Obesity Federation Members £65, Standard Rate £85

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[www.worldobesity.org](http://www.worldobesity.org)

WORLD  
OBESITY

/ Knowledge Solutions Action

## SPONSOR PROFILES

### SPONSOR

#### CamNtech Ltd

##### Address:

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##### Contact:

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CamNtech provide wearable technology solutions for objective monitoring of, Energy Expenditure, Physical Activity, HRV, EEG, EMG, Sleep and Patient Reported Outcome.

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##### Contact:

Natasha Joyner  
enquiries@worldobesity.org

World Obesity Federation represents professional members of the scientific, medical and research communities from over 50 regional and national obesity associations. Through our membership we create a global community of organisations dedicated to solving the problems of obesity.

Our mission is to lead and drive global efforts to reduce, prevent and treat obesity. We collate, conduct and disseminate world-leading research into obesity, its impact, causes, treatment and prevention. We influence policy of academics, government and business at global, regional and national levels. We bring rigour, consistency and credibility to the field through educational programmes, practical training, publications, conferences and accreditation.

World Obesity offers an internationally recognised online obesity education programme for health professionals, providing evidence-based content developed by leading obesity experts.

[www.worldobesity.org](http://www.worldobesity.org)



### SPONSOR

#### KasTech Ltd

##### Address:

Sheraton House, Castle park,  
Cambridge, CB3 0AX, UK

##### Contact:

Sandy Evans  
sandy.evans@kastech.co.uk

ProHealthClinical is a comprehensive computer toolbox co-developed by a primary care dietitian. It provides powerful evidence-based resources highly effective in weight management. Practitioners in tier 2, 3 and 4 weight management report it's easy to use, increases the delivery of personalised care to patients and produces cost-effective reports for commissioners.

An independent randomised controlled pilot demonstrated ProHealthClinical patients lost 3 times the weight of those receiving usual care and 34% achieved a 5% or more weight loss. Audits in over 50 GP practices using ProHealthClinical shows patients find the resources significantly helpful for achieving their lifestyle and weight loss goals.





## ABSTRACTS

### Lessons from cardiovascular disease management

Pat Twomey, St. Vincent's University Hospital Dublin, Ireland

Abstract not submitted

### Novel and Realistic Rehabilitation methods

John Murphy, Medfit Proactive Healthcare, Ireland

Rehabilitation is a treatment or treatments designed to facilitate the process of recovery from injury, illness, or disease to as normal a condition as possible. In patients with a high BMI this is very complex, and multifactorial. At what stage in their lives do they take the illness seriously to facilitate a complete or partial rehabilitation process? Orthopaedic surgery and difficulties associated with lower back, neck, knee and ankle pains are ideal opportunities to try and nudge patients to increase their physical function and activity level. Medical conditions such as high Blood Pressure and T2DM provide a similar opportunity. Bariatric surgery provides three opportunities to change variables through, (a) pre surgery preparation (b) the impact of the surgery and (c) the post rehabilitation process.

A healthcare nudge, as we will use the term, is any aspect of the choice architecture of the healthcare team. How and when, can you use the illness and injury presentation as an opportunity to nudge the patient? Can this nudging influence the behaviour of the patient? How is measured?

Targeted Medical Exercise, is physical activity that is planned, structured, and repetitive for the purpose of conditioning any part of the body. It is medically led with the intention of influencing a baseline medical illness or injury. The healthcare team directs the pathway for the duration. Targeted medically exercise is needed by the, ill, injured, non-active and insufficiently active cohort of the population.

Bringing this all together, in a safe and knowledgeable environment, with an integrated healthcare team and supported by technology provides an opportunity to optimise service delivery.

### Combining meal supplementation with changes in macronutrient composition of diets

Marion Flechtner-Mors, Ulm University, Germany

A meal is any of the regular occasions, such as breakfast, lunch, dinner, etc. when food is served and eaten or b) the food served and eaten itself. Supplements are - in respect to food - an addition designed to complete it or make up for some deficiency. How are meals supplemented with macronutrients? Athletes often use powered protein in addition to their meal to build up or maintain their muscle mass. Additional carbohydrates allow for longer endurance training. For the treatment of overweight or obese subjects little research has been done concerning meal supplementation and it can only be related to protein. Higher protein, lower carbohydrate, energy-restricted diets have been shown to deplete lean mass loss with conventional (~55%) carbohydrate diets. Choosing conventional food with high protein content often comes with increased fat, and thus, energy intake. If additional protein meal supplementation is not taken into account in the diet, the additional energy intake may rest unperceived. Combining of both therapies, namely the conventional diet plus meal supplementation, may facilitate a change in macronutrient composition while the energy intake is reduced. However, the use of meal supplements is unusual and may be rejected, both by the adviser and by the subject who aims at losing weight.

Scientific studies which show the effect of the combined therapies, to achieve weight loss and the retention of lean mass by changing the macronutrient composition through the use of meal supplements, are scarce. However, this method is a feasible and a straightforward tool for the individual diet and for weight management.

### Combining calorie restriction with pharmacotherapy'

Nick Finer, University College Hospitals London, UK

The licensing of anti-obesity drugs requires them to be administered in conjunction with lifestyle modification (bupropion/topiramate; Mysimba™), as an adjunct to a reduced-calorie diet and increased physical activity for chronic weight management (liraglutide 3.0mg; Saxenda™) and in conjunction with a mildly hypocaloric diet (orlistat; Xenical™). The background to this requirement is both pragmatic (pivotal trials all included diet and exercise advice for ethical and equipoise consideration) and evidence-based on findings that there is synergy between effective 'lifestyle' intervention and weight loss outcomes. Energy restriction in trials has varied, but a key study from

Wadden (N Engl J Med 2005;353:2111-20) using a fixed dose of the anti-obesity drug sibutramine with or without a 'variable lifestyle modification' demonstrated the importance of 'prescribing weight-loss medications in combination with, rather than in lieu of, lifestyle modification'. A strategy of growing interest is to use anti-obesity drugs in patients who have already lost weight (often with a low or very-low energy diet), whereby both synergy in loss and maintenance of weight can be demonstrated. There is thus ample evidence to ensure that weight-loss drugs are not used in place of effective advice to patients on diet and exercise.

### Combining surgery with exercise

Rachel Batterham, University College Hospitals London, UK

High physical activity levels are associated with numerous health benefits including reduced risk of cardiovascular disease, type 2 diabetes, cancer, depression, dementia and all-cause mortality. Physical activity level is also inversely associated with future weight gain. Thus, exercise training is recommended as an integral part of any treatment plan for obese individuals regardless of weight loss goals. However, changes in weight in response to exercise training without caloric restriction are highly heterogeneous and individual differences can span weight gain to clinically significant weight loss.

### Combining surgery with macronutrient composition changes

Alex Miras, Imperial College London, UK

Bariatric surgery is the most effective treatment for weight loss. Gastric bypass surgery in particular is not only associated with reductions in hunger and increases in fullness, but also beneficial changes in food preferences. In this lecture we will examine the available evidence regarding these changes in food preferences and whether they actually contribute to weight loss. We will also examine the best available evidence regarding the macronutrient composition of diets that have been shown to be most effective for weight loss and whether they can be used to augment it after surgery or reduce weight regain.

### Combining treatment modalities in children

Sinead Murphy

My presentation will focus on combining treatment modalities in children. This will be based mainly on the Irish experience of leading an obesity management service in a tertiary paediatric hospital in Dublin. This programme has recently been expanded to provide a similar service but adapted for the community setting in four pilot regions in Ireland.

The programme is called W82GO! Healthy Lifestyles Programme. It was initially developed in 2005 and now puts over 150 children between the ages of 6 and 16 years through per year. The programme is a family and exercise based programme with initial assessment and input from a multidisciplinary team including a paediatrician, a physiotherapist, a dietician and a psychologist. The families receive guidance from all of these disciplines allowing the combination of modalities to be studied.

A team member has recently completed a study looking at the combination of a smart phone app with standard treatment in a group of young people aged 12-16 and the results available will be presented.

More information on the programme can be found at [www.w82go.ie](http://www.w82go.ie)

## ABSTRACTS

### How to put it all together

Carel le Roux, University College Dublin, Ireland

Although the number of bariatric surgical procedures performed has increased dramatically most patients don't want surgery and if they do they would like to maintain the weight loss for the long term. Understanding the the clinical and physiological changes, and in particular, the mechanisms behind weight loss and glycaemic improvements, observed following bariatric surgery can allow us to use multimodal approaches to mimic the benefits of surgery with less invasive and safer modern interventions. These include dietary and exercise interventions, orlistat, lorcaserin, phentermine/topiramate, glucagon-like peptide-1 receptor agonists, dipeptidyl peptidase-4 inhibitors, pramlintide, dapagliflozin, the duodenal-jejunal bypass liner, gastric pacemakers and gastric balloons. Based on the most recent trials, we cannot fully mimic the clinical or physiological effects of surgery; however, we are getting closer. A 'medical bypass' may not be as far in the future as we previously thought, as the physician's armamentarium against obesity and type 2 diabetes has recently got stronger through the use of specific dietary modifications, novel medical devices and pharmacotherapy. Novel therapeutic targets include not only appetite but also taste/food preferences, energy expenditure, gut microbiota, bile acid signalling, inflammation, preservation of b-cell function and hepatic glucose output, among others. Although there are no magic bullets, an integrated multimodal approach may yield success. Non-surgical interventions that mimic the metabolic benefits of bariatric surgery, with a reduced morbidity and mortality burden, remain tenable alternatives for patients and health-care professionals, while optimizing the long term outcome of bariatric surgery with additional multimodal approaches would allow more patients to benefit in the long term.

## SPEAKER BIOGRAPHIES



### Pat Twomey

Patrick Twomey is consultant chemical pathologist in St. Vincent's University Hospital Dublin, Ireland. He is a Fellow of the Faculty of Pathology at the Royal College of Physicians of Ireland and of the Royal College of Pathologists where he is an examiner. He runs clinical metabolic services for dyslipidaemia and obesity. He has coauthored one text book, several book chapters and over 70 original peer review publications. He is the editor for the Clinical Biochemistry CPD Bulletin and is a member of the editorial boards of the *Journal of Clinical Pathology* and of the *British Medical Journal Case Reports*.



### Marion Flechtner-Mors

Marion Flechtner-Mors, PhD, nutritionist, head of the Obesity Research Group at Ulm University. Over 20 years of scientific and clinical activities in the Department of Internal Medicine, University Hospital of Ulm, Germany, project management and execution of clinical trials with nutritional questions, especially focused on diets for the prevention and therapy of obesity in addition to the participating in various pharmacologic studies for the treatment of obesity. Interpretation of clinical data and publications in high ranking academic journals. Her wide range of interest in obesity prevention and therapy also covers epidemiological topics and work, as well as the research of satiety hormones on food intake.



### John Murphy

John is a Specialist Member of the Irish Society of Chartered Physiotherapists in the discipline of Sports Medicine and an accredited Level 3 Sports Physiotherapist. He is the co-founder of Medfit Healthcare, and is a practicing consultant physiotherapist in private practice since 1998.

Academically John graduated from UCD in 1996. He subsequently completed a research MSc in Physiotherapy in UCD, and a Graduate Diploma in Business Studies. From his research on sports injuries associated with Gaelic Sports he is a published lead author in the American Journal of Sports Medicine as well as the British Journal of Sports Medicine in 2010 and co-author in 2011. He is specifically interested in reducing the recurrence rates of injury, and optimising rehabilitation service delivery thereby achieving targeted outcomes. He uses this approach specifically to deliver baseline changes needed to limit back pain recurrence rates and applies this integrated approach to metabolic syndrome through his sports science, physiotherapy and dietetic professional staff.



### Nick Finer

Prof. Finer is Consultant Endocrinologist and Bariatric Physician at University College Hospitals, London, honorary Professor in the National Centre for Cardiovascular Prevention and Outcomes, UCL Institute of Cardiovascular Science. He is past chairman of the UK Association for the Study of Obesity, chair of the IASO Education and Management Task Force and editor of Clinical Obesity. He is a Fellow of the UK Royal College of Physicians, Association for Nutrition and North American Obesity Association. He sits on various Government and NHS obesity committees and published widely on research into obesity treatment.



SPEAKER BIOGRAPHIES



Rachel Batterham

Dr Batterham leads the University College London Hospital Bariatric Centre for Weight Management & Metabolic Surgery and the University College London Centre for Obesity Research. She is recognised internationally for her research focused on bodyweight regulation. Her work has played a key role in identifying gut hormones as tractable therapeutic targets for obesity. She has received several prestigious awards including the Diabetes UK Rank Fund Nutrition Prize (2015), the Lilly Scientific Achievement Award from The Obesity Society (2015) and the Linacre Medical from the Royal College of Physicians (2010). She has made significant clinical contributions to defining the management of obese patients through her membership of the NICE Obesity Guideline Development Group and Royal College of Physicians Advisory Group on Health and Weight.



Alex Miras

Dr Alexander Miras graduated from medical school at Imperial College London, UK, and trained as a junior doctor and Specialist Registrar in Diabetes and Endocrinology in the London deanery rotations between 2002-2010. In 2010, he was awarded with a Medical Research Council (MRC) Clinical Research Training PhD fellowship, which enabled him to investigate the effects of bariatric surgery on food reward using functional neuroimaging and behavioural methodologies both in humans and rodents. He is currently a Clinical Lecturer in Endocrinology at Imperial College London and interested in the mechanisms through which bariatric surgery and medical devices improve weight, metabolic control and diabetes-related microvascular complications.



Sinead Murphy

Dr Sinead Murphy is a graduate of Trinity College Dublin. She trained in paediatrics in Dublin initially and then in the UK where she undertook a fellowship in paediatric Endocrinology at Great Ormond Street and UCLH in London.

She is a consultant paediatrician at The Children’s University Hospital, Temple Street and Director of Paediatric Education in School of Medicine in University College Dublin. She is the director of Education in The Royal College of Physicians of Ireland.

Sinead is the clinical lead for Ireland’s only paediatric obesity clinic which is run from The Children’s University Hospital. She is currently working in conjunction with the HSE to expand this service to the community.



Carel le Roux

Professor Carel le Roux graduated from medical school in Pretoria, South Africa and completed his PhD at Imperial College, London. He was appointed Head of Pathology at University College Dublin in 2011. He has focussed on translational research and the understanding of the physiological role and pathological changes in appetite control using the model of bariatric surgery.

WORLD OBESITY

**HOT TOPIC**  
CONFERENCE

**OBESITY & PREGNANCY**  
LONDON 2015

Hot Topic Conference: Obesity & Pregnancy  
29-30 October 2015, London

Obesity and Pregnancy is our ‘Hot Topic’ for 2015. The rise of obesity in developed countries, including amongst women of reproductive age, means that discussing obesity’s impact on pregnancy has never been more important.

This two-day event balances basic science, translational research and clinical practice. We will discuss topics such as the merit of obesity interventions during pregnancy, and hear about new policy regarding pregnancy.

We will delve into some of the poorly-understood factors affecting pregnancy, including probiotics, micro-nutrients and physical activity. Our international panel of renowned experts will present their and integrate their findings on these diverse topics to provide a better understanding of obesity and pregnancy. There will be ample opportunity for delegates to get involved in abstract submissions with oral presentations and an interactive poster session.

Registration

Registration includes scheduled lunches and coffee break, a group networking reception and attendance certificate.

Contact [hottopics@worldobesity.org](mailto:hottopics@worldobesity.org) for more information.

Registration Type	Price
Non Member	£350
World Obesity Federation Member	£300
Student	£250
Day Rate – Standard	£195
Day Rate – Member	£175
Day Rate – Student	£145





For further information about World Obesity activities please contact:

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