Espen Guidelines: Dissemination And Future Plans

UEG-ESPEN: NEW INITIATIVES

C. De La Cuerda (ES)
UEG-ESPEN: new initiatives

UEG Grant 2019

Cristina Cuerda

September 3rd, 2019, Krakow
UEG Activity Grant 2019

• Support of new clinical practice guidelines in selected areas
• Development by one or more UEG member societies
• Priority in 2019: Obesity (among others)

→ ESPEN successfully applied for the grant
European guideline on obesity care in patients with GI and liver diseases - UEG and ESPEN guideline
Is this another obesity guideline?

• Until now, obesity treatment has shown that weight loss reduces the morbi-mortality of obese patients and improve obesity-associated comorbidities
• But, is this applicable to obese patients with underlying chronic conditions?
• What about the obesity paradox in these cases?
• Is the analysis of body composition important in these cases?
• What is the best treatment for sarcopenic obesity?
Chronic patient

Obese patient

DRM

NAFLD

DL

MS

DM

CVD

HTA

OSAS
Scope of the guideline

Obese patients with...

- IBD
- IBS
- Liver disease
IBD

- Compromised nutritional status with DRM, micronutrients deficiencies and altered body composition (↓FFM)
- The prevalence of obesity in these patients is the same as the general population
- Impact of obesity on:
  - Severity and clinical presentation of IBD
  - Role-play in gut microbiota
  - Response to IBD treatments
  - Surgical treatment according to BMI
  - Osteoporosis and myopenia with obesity
- Medical and surgical treatment of obesity in these cases (bariatric surgery)
IBS

- Alters the eating patterns and can produce changes in BMI
- Higher prevalence of IBS in patients with morbid obesity
- Impact of obesity on:
  - Prevalence of IBS
  - Severity of the symptoms
  - HRQoL
  - Microbiota
  - Impact of obesity treatment (medical and bariatric surgery) on IBS
NAFLD

• Is becoming the most common cause of chronic liver disease and liver failure in Western countries
• Prevalence between 20-30% in the general population
• 30% of them will develop NASH
• 30-40% of them will progress into liver fibrosis and cirrhosis
• 80% of patients with NASH are overweight or obese
Chronic liver disease and liver Tx

• Sarcopenic obesity is associated with higher mortality in patients with liver cirrhosis
• Sarcopenic obesity may accelerate liver fibrosis in patients with fatty liver (muscle-liver-adipose tissue axis)
• Patients with severe obesity undergoing bariatric surgery may improve liver fibrosis
• NASH-related liver cirrhosis is the 2nd most common indication for liver Tx
• Obesity treatment (both medical and bariatric surgery) has a positive impact on liver Tx
Preliminary list of PICOS: IBD

- In obese patients is the prevalence of IBD different to the general population?
- In obese patients is the clinical manifestation of IBD different to the general population?
- In obese patients is the severity of the IBD different to the general population?
- Is the microbiota of obese patients with IBD different to non-obese?
- Does obesity influence the health-related quality of life in IBD patients?
- Does obesity influence the medical treatment outcome in IBD patients?
- Does obesity influence the surgical treatment outcome in IBD patients?
- How should obesity be assessed in patients with IBD?
- Is body composition analysis recommended for the assessment of obesity in patients with IBD?
- How can sarcopenic obesity be diagnosed in patients with IBD?
- In obese patients with IBD is it recommended to assess bone mineral density?
- Is weight loss beneficial in the outcome of obese patients with IBD?
- In obese patients with IBD is the traditional treatment of obesity (hypocaloric diet/physical activity) recommended?
- In obese patients with IBD are anti-obesity drugs recommended?
- Is bariatric surgery recommended in the treatment of IBD patients with morbid obesity (or BMI > 35 with obesity co-morbidities)?
Preliminary list of PICOS: IBS

- In obese patients is the prevalence of IBS different to the general population?
- In obese patients is the severity of IBS’s symptoms different to the general population?
- Is the microbiota of obese patients with IBS different to non-obese?
- Does obesity influence the health-related quality of life in IBS patients?
- Does obesity influence the medical treatment outcome in IBS patients?
- Is weight loss beneficial in the outcome of obese patients with IBS?
- In obese patients with IBS is the traditional treatment of obesity (hypocaloric diet/physical activity) recommended?
- Is bariatric surgery recommended in the treatment of IBS patients with morbid obesity (or BMI > 35 with obesity co-morbidities)?
Preliminary list of PICOS: CLD & Tx

- In obese patients is the prevalence of chronic liver disease different to the general population?
- Is the microbiota of obese patients with chronic liver disease different to non-obese?
- Does obesity influence the health-related quality of life in chronic liver disease patients?
- How should obesity be assessed in patients with chronic liver disease?
- Is body composition analysis recommended for the assessment of obesity in patients with chronic liver disease?
- How can sarcopenic obesity be diagnosed in patients with chronic liver disease?
- Is weight loss beneficial in the outcome of obese patients with chronic liver disease?
- In obese patients with chronic liver disease is the traditional treatment of obesity (hypocaloric diet/physical activity) recommended?
- In obese patients with chronic liver disease are anti-obesity drugs recommended?
- Is bariatric surgery recommended in the treatment of chronic liver disease patients with morbid obesity (or BMI > 35 with obesity co-morbidities)?
- In obese patients with liver transplant is the traditional treatment of obesity (hypocaloric diet/physical activity) recommended?
- Is bariatric surgery recommended in the treatment of liver transplant patients with morbid obesity (or BMI > 35 with obesity co-morbidities)?
- Which is the best time for bariatric surgery in candidates for liver transplant?
- Which is the best bariatric surgery technique in candidates for liver transplant?
Responsibilities within the ESPEN guideline generation process

ESPEN Executive Committee (ExeCom)
- ESPEN Chairman
- Treasurer, Secretary, Annual President

Guideline Editorial Board (GEB)
- 2 GEB Chairmen
- ESPEN chairman, methodologist, NN

Guideline Editorial board office (GEB office)
- GEB Chairman
- GEB secretary

GEB officers:
- Stephan C. Bischoff
- Cristina Cuerda

GEB office:
- Anna Schweinlin

ESPEN Council
- (country representatives)
- participate in the consensus process

ESPEN SIGs
- (Special interest groups)
- 1-2 group coordinators
- up to 12 group members
- 1 group mentor (GEB chairman)
### Timeline and Methodology

<table>
<thead>
<tr>
<th>ID</th>
<th>TASK NAME / MILESTONES</th>
<th>Responsible party</th>
<th>TIME (months)</th>
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<tbody>
<tr>
<td>1</td>
<td>Approval of the guideline topic, the coordinator and the group members as well as the timeline and the budget plan</td>
<td>Leader Exe. Com.</td>
<td>X</td>
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<tr>
<td>2</td>
<td>Collection and review of th COI forms of the group members</td>
<td></td>
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<tr>
<td>2</td>
<td>Generation of the list of topics/final PICO questions</td>
<td>Leader Co-authors</td>
<td>X X X</td>
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<td>3</td>
<td>Search for guidelines, SR and primary literature using search key words</td>
<td>Leader Co-authors</td>
<td>X X X X</td>
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<td>4</td>
<td>Assignment of evidence levels to the literature</td>
<td>Leader Co-authors</td>
<td>X X X X</td>
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<td>5</td>
<td>Generation and grading of statements and recommendations</td>
<td>Leader Co-authors</td>
<td>X X X X</td>
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<td>6</td>
<td>Working group internal consensus on the recommendations and statements</td>
<td>Leader Co-authors</td>
<td>X X</td>
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<td>7</td>
<td>Recommendations and statements together with the supporting text and references are sent to the GEB mentor and office → first version of recommendations and statements</td>
<td>Leader GEB</td>
<td>X X</td>
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<tr>
<td>8</td>
<td>Online voting on recommendations and statements</td>
<td>ESPEN members</td>
<td>X X</td>
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### Timeline and Methodology (cont.)

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<td>9</td>
<td>Revision of recommendations and statements according to the results of the online voting</td>
<td>Leader Co-authors</td>
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<td>10</td>
<td>Final voting on the recommendations and statements during the Consensus Conference for achieving a final consensus</td>
<td>Leader GEB ESPEN members</td>
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<td>11</td>
<td>Revision of recommendations and statements according to the results of the Consensus Conference and finalization of the manuscript</td>
<td>Leader GEB ESPEN members</td>
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<td>12</td>
<td>Generation of evidence tables</td>
<td>Guideline Office</td>
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<td>13</td>
<td>Submission of the manuscript for approval to the GEB</td>
<td>Leader GEB</td>
<td>X</td>
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<tr>
<td>14</td>
<td>Reworking on the manuscript upon advice of the GEB (facultative)</td>
<td>Leader Co-authors</td>
<td>X</td>
</tr>
<tr>
<td>15</td>
<td>Approval of the Exe. Com. and submission to <em>Clinical Nutrition</em> and the UEG Journal</td>
<td>Exe. Com. Leader</td>
<td>X</td>
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**Project duration: Oct 2019 – Sep 2021**
Working group

1. Stephan C. Bischoff, Germany (group leader, Gastroenterology, and ESPEN guideline officer)
2. Rocco Barazzoni, Italy (Endocrinology)
3. Laurence Genton-Graf, Switzerland (Exercise)
4. Miguel Leon Sanz, Spain (Endocrinology)
5. Frank Tacke, Germany (Hepatology)
6. Anders Thorell, Sweden (Surgery)
7. Darija Vranesic Bender, Croatia (Gastroenterology)
8. Arved Weimann, Germany (Surgery)
9. Cristina Cuerda, Spain (Endocrinology, and ESPEN guideline officer)

UEG rules: gender balance and members below 40 years

Any suggestions?
Thank you!

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