## *Report* Prevention in cases of overweight and obesity: the combined life-style intervention

## Summary

	This report is a description and clarification of the combined lifestyle intervention. We also indicate the high-risk groups for whom this intervention is suited and describe the consequences of a broad introduction of this intervention on legislation, health care and care policies.
three components	There are three components to the combined lifestyle intervention: dietary advice and guidance, exercise and changes in behaviour. This intervention is regarded as the most important weapon for combating disorders related to overweight and obesity.
effectiveness	The conclusion of this report is that the combined lifestyle intervention is more effective than using the individual components and that it is therefore in accordance with established medical science and medical practice. The assessment was based on the integral intervention.
Medical care	We also established that the various components of the intervention can be regarded as medical care. Dietary advice and guidance, exercise and alterations in behaviour are included in the care normally provided by G.P.s, obstetricians, medical specialists, physiotherapists/exercise therapists and dieticians (art. 2.4 <i>Besluit zorgverzekering, Bzv</i> , Decree on Health Care Insurance).

As this paramedical provision is also subject to a statutory

	Bzv), the integral lifestyle prevention is not actually an insurable provision. Overweight and obesity do not appear on this list.
'separate' provision	<ul> <li>As this is a form of care that is in accordance with established medical science and medical practice, and because the intervention is regarded as medical care, CVZ sees two possibilities for removing this barrier:</li> <li>Including overweight and obesity on the 'list of chronic illnesses';</li> <li>Including the combined lifestyle intervention in art. 2.4 of the Bzv as a separate insurable provision.</li> </ul>
high-risk group	<ul> <li>The high-risk group for this intervention is comprised of:</li> <li>people with a BMI between 25 and 30 kg/m<sup>2</sup> in combination with a large waist measurement (≥ 88 cm for women; ≥ 102 cm for men).</li> <li>Use of the intervention will take place under the heading: 'indicated prevention'.</li> <li>The intervention is also indicated for:</li> <li>People with a BMI between 25 and 30 kg/m<sup>2</sup>, with a normal waist measurement, in combination with a comorbidity (or a risk factor for heart and vascular diseases, for type 2 diabetes mellitus (DM2), or manifest diseases such as DM2);</li> </ul>
	<ul> <li>With a BMI = 30 kg/m<sup>2</sup> (also with a 'normal' waist measurement). For this group, the degree of overweight can generally be described as 'obesity'.</li> <li>In these cases, use of the combined lifestyle intervention takes place under the heading: 'care-related prevention' (or 'treatment').</li> </ul>
Life-style intervention in the policy	As soon as the combined lifestyle intervention is included in the insured package, health insurers are advised to include a reference to the combined lifestyle intervention in their health care policies. This will ensure that the intervention becomes

embedded in the integral course of a patient's treatment. The

condition, i.e., the so-called list of chronic illnesses (art. 2.6

health care policy can also include other conditions for guaranteeing the quality of the intervention and the suitability of standards and treatment protocols. These protocols and standards are important for developing a good relationship between the actual design of the intervention and the specific situations of patients.

Indicated and care-related prevention in relation to overweight and obesity involves large groups of insured clients. Costs relating to use of the combined life-style intervention will therefore be high. CVZ did not make any cost estimates in this report. This will require greater clarity regarding the size of the groups who will actually receive the intervention. There will also be substitution benefits, for example, due to the decreased use of medication as a result of the intervention (insulin; cholesterol-reducing medication, etc.). CVZ is currently carrying out research into the size of these benefits. CVZ will report on cost consequences as soon as we have more insight into these and other cost parameters.

Investigation into

the costs

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