CALL FOR AUTHORS

SPECIAL ISSUE: INTERVENTIONS FOR THE TREATMENT OF PERSONS WITH OBESITY

Paediatricians, surgeons, endocrinologists, general practitioners, nurses, epidemiologists, nutritionists, psychiatrists, psychologists, physiotherapists, and other health workers as well as sociologists, policy makers, health economists, and researchers who are interested in preparing review papers on diverse topics related to the characteristics of different kinds of intervention proposed for the management of persons (including infants, children and adolescents) with obesity. We are particularly interested in a description of the modalities, indications, and contraindications, as well as in the biological pathways, physiology and physiopathology mechanisms of action; behavioural, contextual and practice of interventions; considering improved health, functioning and reduced disability as outcomes of the treatment.

The World Health Organization (WHO) is currently developing two practice and science-informed, people-centred guidelines on the integrated management of 1) infants and children 28 days to 9 years of age with excess adiposity and obesity, and 2) adolescents 10 to 19 years of age with obesity, both for improved health, functioning and reduced disability using a primary health care approach.

The International Classification of Diseases 11 (ICD-11) defines obesity as “a chronic complex disease defined by excessive adiposity that impairs health. It is in most cases a multifactorial disease due to obesogenic environments, psycho-social factors and genetic variants. In a subgroup of patients, single major etiological factors can be identified (medications, diseases, immobilization, iatrogenic procedures, monogenic disease/genetic syndrome). Body mass index (BMI) is a surrogate marker of adiposity calculated as weight (kg)/height² (m²). The BMI categories for defining overweight vary by age and gender in infants, children and adolescents”.¹

WHO’s International Classification of Functioning, Disability and Health (ICF) allows for the assessment of individual’s level of functioning as well as for the development of policy and guidelines for needs assessment for the design and evaluation of interventions. This tool contains considerations for impairment of body functions (e.g., functions of the endocrine

system, including weight maintenance), impairments of body structures (e.g., structure related to movement), and activity limitations (e.g., mobility and interpersonal interactions).²

A primary health care approach includes three components: 1) meeting people’s health needs throughout their lives; 2) addressing the broader determinants of health through multisectoral policy and action; and 3) empowering individuals, families and communities to take charge of their own health.³ People-centred care is an approach to care that consciously adopts the perspectives of individuals, caregivers, families and communities as participants in and beneficiaries of trusted health systems that respond to their needs and preferences in humane and holistic ways. People-centred care also requires that people have the education and support they need to make decisions and participate in their own care.

The Department of Nutrition and Food Safety, on behalf of the aforementioned guidelines’ WHO Steering Committee, is seeking to commission review papers on several topics related to the interventions proposed in the management of persons with obesity across the life course (please see below). A special supplement with the commissioned manuscripts will be published in the second semester of 2022 in an international peer-reviewed journal or as a WHO publication.

Individuals or companies contracting authors working independently or as part of working teams are invited to express their interest and submit an abstract to obesity@who.int no later than 17 June 2022. Please include also:

1. A brief curriculum vitae of the authors, demonstrating expertise in the field of interest.
2. A proposed title for the paper of interest (please see below).
3. A 300-word abstract outlining the structure of the full paper and the main topics that will be addressed.
4. An expression of commitment to complete the paper no later than 30 September 2022, following instructions for authors.

Selected authors or suppliers will be notified by 1 July 2022. A proposed budget should be included in the proposal for the development of these papers as financial support is available for the selected authors or suppliers following WHO standard procedures for completing this work.

The topics of interest are listed below. Unless otherwise stated, outcomes of interest for interventions can include effects on anthropometric or cardiometabolic measures and on outcomes related to wellbeing, improved functioning, quality of life, improvement in mental health, among others. Information on length of intervention and follow up is also of interest.

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<th>Topic</th>
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1. **Diet therapy or therapeutic diets (also referred as medical nutrition therapies) for the management of obesity**

To summarise mechanisms of action and the state of the art on how dietary interventions work, the different available alternatives, and benefits and harms.

This article aims to describe the mechanisms of action, benefits and harms of diet therapy or therapeutic diets for the management of obesity.

Interventions can be one-to-one, in groups, or include family members. They can be delivered by any professional (e.g., General Practitioner, Nurse, Nutritionist, etc.) in any setting (e.g., the Primary Health Care setting, obesity clinics, remotely, etc.). Interventions can include dietary management of persons with obesity. These include

1) reduced energy intake,
2) low carbohydrate,
3) varying macronutrient distributions,
4) Mediterranean-like diet,
5) other modifications to the diet including food restrictions.

2. **Intermittent, alternate or weekly fasting for the management of obesity**

To summarise mechanisms of action and the state of the art on how these interventions work, as well as benefits and harms.

This article aims to describe the mechanisms of action, benefits and harms of intermittent, alternate or weekly fasting for the management of obesity.

Interventions can be one-to-one, in groups, or include family members. They can be delivered by any professional (e.g., General Practitioner, Nurse, Nutritionist, etc.) in any setting (e.g., the Primary Health Care setting, obesity clinics, remotely, etc.).

3. **Gut microbiota interventions for the management of obesity**

To summarise mechanisms of action and the state of the art on how this intervention works, as well as benefits and harms.

This article aims to describe the mechanisms of action, benefits and harms of gut microbiota interventions/modulation, dysbiosis procedures, and other microbial-based therapies for the management of obesity. Interventions can be delivered by any professional (e.g., General Practitioner, Nurse, Nutritionist, etc.).

Interventions may include 1) oral administration of fibre and prebiotics, probiotics, or synbiotics; 2) oral administration of short chain fatty acids supplements—SCFA (e.g., propionate and butyrate); 3) oral administration of omega-3 polyunsaturated fatty acids (LC n-3 PUFA); 4) faecal microbiota transplant; and 5) supplementation with zinc, vitamin D, vitamin A, folate (Vitamin B9), iodine, among others.

4. **The effect on obesity of food additives, industrialised ingredients, food processing, and products containing endocrine-altering chemicals**

To summarise mechanisms of action and the state of the art on how food additives, industrialised ingredients, food processing, and products containing...

This article aims to ascertain whether, and if so how, food processing, food additives and industrialised ingredients (e.g., food ingredients, colorants, preservatives, emulsifiers, hydrocolloids, and flavour enhancers), as well as endocrine-altering chemicals (e.g., chlorophenol pesticides, phthalates, and bisphenols) influence the development and progression of obesity, including alterations in lipid metabolism or in adipogenesis and fat accumulation.
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| 5. | **Physical activity and reducing sedentary behaviours for the management of obesity** | **To summarise best practice for recommending physical activity in the management of obesity.** | **Physical activity is defined by WHO as any bodily movement produced by skeletal muscles that requires energy expenditure. Sedentary behaviour includes any waking behaviour characterized by an energy expenditure of 1.5 metabolic equivalent of task (METS) or lower while sitting, reclining, or lying. Physical activity has long been recommended as part of the prevention interventions for overweight and obesity. In persons living with obesity it is important to understand the type of physical activity that can be of benefit.**

This article aims to describe the considerations that need to be taken into account when recommending physical for the management of obesity. These may include exercise type (e.g., aerobic, resistance); length of time and intensity as well as changes over time, the role of sedentary behaviour and sleep, among others.

Interventions can be one-to-one, in groups, or include peers or family members. They can be delivered in person or remotely. |
| 6. | **Mindfulness, meditation and other psychological therapeutic interventions for the management of obesity** | **To summarise mechanisms of action and the state of the art on how these interventions work, as well as benefits and harms.** | **This article aims to describe the mechanisms of action, benefits and harms of psychological interventions for the management of obesity.**

Interventions can be one-to-one, in groups, or include family members. They can be delivered by any professional (e.g., General Practitioner, Nurse, Nutritionist, etc.) in any setting (e.g., the Primary Health Care setting, obesity clinics, remotely, etc.). Interventions can include mindfulness-based interventions (e.g., mindfulness-based cognitive therapy, mindfulness-based stress reduction, mindfulness-based eating awareness training program), meditation, and other psychological therapeutic interventions for the management of obesity, e.g., social cognitive theory, social learning theory, theory of planned behaviour, family-based behavioural therapy, behavioural therapy, cognitive behavioural therapy, psychotherapy, and attitude and relationship techniques, etc. |
<p>| 7. | <strong>Behavioural-change interventions for the management of obesity</strong> | <strong>To summarise mechanisms of action and the state of the art on how these interventions work, as well as benefits and harms.</strong> | <strong>Therapeutic techniques derived from behavioural psychology may facilitate behaviour change. As a result, they may foster weight loss/maintenance and other changes by promoting, among others, small, successive changes in diet, physical activity, and lifestyle. This article aims to describe the mechanisms of action, benefits and harms of these interventions for the management of obesity.</strong> |</p>
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<td>Digital health, technology-driven or technology-assisted interventions for the management of obesity</td>
<td>To summarise mechanisms of action and the state of the art on how these interventions work, as well as benefits and harms.</td>
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<td>To summarise mechanisms of action and the state of the art on how these interventions work, regardless of regulatory approval, as well as benefits and harms.</td>
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<td>Pharmacological therapy (for comorbidities) causing weight gain and/or changes in the metabolic profile</td>
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<td>11.</td>
<td>Gastric balloon and other weight-loss and weight-maintenance devices for the management of obesity</td>
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<td>Multimodal or lifestyle interventions for the management of obesity</td>
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<td>Gastric bypass and other bariatric surgery options for the management of obesity</td>
<td>To summarise mechanisms of action and the state of the art on how these interventions work, regardless of regulatory approval, as well as benefits and harms.</td>
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<td>Precision medicine and individualized obesity treatment for the management of obesity</td>
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<td>Mental health interventions in the management of obesity</td>
<td>To summarise best practice for treating and/or comanaging mental health conditions in people with obesity</td>
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<td>16.</td>
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