

Appendix 10

Tables of evidence statements extracted from guidelines and systematic reviews

Table of extracted guideline evidence statements

Source	Evidence	Strength of evidence (grade)	Method of grading
SIGN			
SIGN 8 <i>Obesity in Scotland</i> ²³⁶	Household involvement to increase compliance with dietary changes	A (level Ib)	SIGN
	Behavioural modification techniques for diet and physical activity	A (level Ib)	SIGN
SIGN 69 <i>Management of obesity in children and young people</i> ²⁰⁰	Reducing physical inactivity (e.g. television, computer games) to an average of <2 hours/day or 14 hours/week	D	SIGN
SIGN 97 <i>Risk estimation and the prevention of cardiovascular disease</i> ¹³⁷	Occupational and/or leisure time physical activity of moderate intensity should be taken	B	SIGN
	NRTs or bupropion as part of smoking cessation programme All smokers should receive advice to stop smoking and be offered support	A	SIGN
Clinical Evidence			
<i>Primary prevention of CVD: physical activity</i> ¹⁹¹	Counselling can increase physical activity compared with no advice. Written materials and telephone follow-up can aid the increase	Likely to be beneficial	
	Counselling to increase intensity of physical activity programme	Likely to be beneficial	
<i>Changing behaviour</i> ⁴⁴³	Physician and trained counsellors advise to quit smoking	Beneficial	
	Antidepressants (bupropion or nortriptyline) for smoking cessation	Beneficial	
	NRTs for smoking cessation	Likely to be beneficial	
	Nurse advise on smoking cessation	Likely to be beneficial	
	Counselling for sedentary people to increase physical activity	Likely to be beneficial	
	Self-help materials for people looking to quit smoking	Likely to be beneficial	
	Telephone advice for smoking cessation	Likely to be beneficial	
NICE			
PH6 <i>Behaviour change at population, community and individual levels</i> ¹¹²	Work in partnership (individuals, communities, organisations, populations) and in collaboration in planning and development of programmes and interventions to change health behaviour	N/R	N/R
	Remove or reduce barriers to behaviour change when possible (social, financial, environmental)	N/R	N/R
	Point-of-sale promotions and/or interventions to promote healthy eating	N/R	N/R

Source	Evidence	Strength of evidence (grade)	Method of grading
	Key life stages e.g. starting or leaving school	N/R	N/R
	National and local advertising and mass media campaigns for positive health behaviours	N/R	N/R
	Fiscal and legislative interventions for enhancing health	N/R	N/R
	Tailor interventions to individuals, address barriers and consider individuals' social contexts	N/R	N/R
	Develop supportive health-enhancing social, physical and service environments	N/R	N/R
<i>PH2 Four commonly used methods to increase physical activity: brief interventions in primary care, exercise referral schemes, pedometers and community-based exercise programmes for walking and cycling⁹</i>	Brief interventions in primary care (opportunistic advice, discussion, negotiation or encouragement) for physical activity	N/R	N/R
	Primary care practitioners to identify (using validated tool, e.g. Department of Health's physical activity questionnaire) and advise inactive adults (30 minutes, moderate, 5 days a week); follow-up over 3- to 6-month periods	N/R	N/R
	Primary care practitioners to provide written information about the benefits of physical activity and local opportunities for physical activity	N/R	N/R
	Primary care practitioners to consider individual's needs, preferences and circumstances when providing advice on physical activity; assist in goal setting	N/R	N/R
	Exercise referral schemes recommended only as part of research studies	N/R	N/R
	Pedometers and walking and cycling schemes (defined as organised walks or rides) recommended only as part of research studies	N/R	N/R
<i>PH17 Promoting physical activity, active play and sport for pre-school and school-age children and young people in family, pre-school, school and community settings¹⁷²</i>	Deliver a national campaign to promote physical activity for children and young people (minimum 5 years)	N/R	N/R
	Consult children, young people and their parents regarding media messages and appropriate language for physical activity	N/R	N/R
	Message should encourage a variety of formal and informal activities; fun, enjoyable and sociable, should become a regular part of daily life	N/R	N/R
	Adults, especially parents and carers, should set an example for physical activity; support families in promoting physical activity	N/R	N/R
	Local strategy to ensure safe and accessible local indoor and outdoor opportunities for physical activity (e.g. schools)	N/R	N/R
	Partnerships with and within community networks to provide physical activities for children and young people	N/R	N/R
	Education and advice to increase awareness of benefits of physical activity	N/R	N/R
	Active transport/travel to school for children and young people; mapping safe routes to school; reduce or remove barriers to active transport	N/R	N/R
	Involve children and young people in design, planning and delivery of physical activity opportunities; involve families and local communities on barriers (accessibility, preferences, needs identified through research, local consultation); particularly involve girls and young women	N/R	N/R
	Facilities for physical activity should meet the diversity of needs of children and young people	N/R	N/R
	Multicomponent physical activity programmes developed by schools (involving family and community-based activities)	N/R	N/R
	Promote public parks and facilities for physical activity; open spaces and outdoor facilities that encourage physical activity and are accessible (close to walking and cycling routes)	N/R	N/R

Source	Evidence	Strength of evidence (grade)	Method of grading
	Remove barriers to physical activity: facilities, accessibility, privacy for changing, dress policy	N/R	N/R
	Provide daily opportunities for physical activity for children, as well as after school, extracurricular, at weekends and during holidays; structured and unstructured play	N/R	N/R
	Provide advice on self-monitoring and individualised tailored feedback	N/R	N/R
TA123 <i>Varenicline for smoking cessation</i> ¹⁶⁶	Varenicline can aid smoking cessation	N/R	N/R
PH5 <i>Workplace health promotion: how to help employees to stop smoking</i> ¹²⁷	Workplaces should publicise effective interventions and make available information on local services for smoking cessation	N/R	N/R
	Telephone counselling and quitlines	N/R	N/R
	Workplaces, where feasible, should provide on-site smoking cessation services	N/R	N/R
	Workplaces should allow staff to attend smoking cessation services during work hours without loss of wages	N/R	N/R
	Workplaces should develop smoking cessation policy in partnership with staff, in addition to a smoke-free workplace policy	N/R	N/R
	Workplaces should tailor support and treatment to needs and preferences of employees	N/R	N/R
PH8 <i>Promoting and creating built or natural environments that encourage and support physical activity</i> ¹⁷³	Linkage of routes from workplace, schools, etc. to walking and cycling networks and other modes of active transport	N/R	N/R
	Provide information and advice on benefits of physical activity	N/R	N/R
	Encourage parents and carers to be active along with their children; incorporate physical activity into daily life; parents and carers to encourage active travel	N/R	N/R
	Pedestrians, cyclists and users of other modes of transport should be prioritised when developing or maintaining infrastructure (streets and roads)	N/R	N/R
	Develop and maintain spaces to encourage stair use (signage, well lit)	N/R	N/R
	School playgrounds should be designed to encourage varied physical activities	N/R	N/R
	Planning and development should consider maximising opportunities for physical activity and conduct health impact assessments	N/R	N/R
PH10 <i>Smoking cessation services in primary care, pharmacies, local authorities and workplaces, particularly for manual working groups, pregnant women and hard to reach communities</i> ¹²⁰	Behavioural counselling, group therapy, pharmacotherapy or a combination of treatments for smoking cessation	N/R	N/R
	Provide tailored advice, counselling and support, particularly to clients from minority ethnic and disadvantaged groups (service in language of choice)	N/R	N/R
	Telephone quit lines should offer a 'rapid, positive and authoritative response' (service in language of choice)	N/R	N/R
	NRTs, varenicline or bupropion to support smoking cessation, but not together in any combination	N/R	N/R
	Nicotine patches and another form of NRT (such as gum, inhalator, lozenge or nasal spray) for those with high level of nicotine dependence	N/R	N/R
	Advice, encouragement and support, and referrals to NHS Stop Smoking Services	N/R	N/R
	Brief interventions, individual behavioural counselling, group behaviour therapy, pharmacotherapies, self-help materials, telephone counselling and quit lines, mass media	N/R	N/R
	Varenicline and bupropion should not be offered to young people < 18 years or to pregnant or breastfeeding women	N/R	N/R

Source	Evidence	Strength of evidence (grade)	Method of grading
	Nicotine-assisted reduction to stop (NARS) strategy should be provided only as part of research studies	N/R	N/R
	Health-care professionals should identify and advise patients who smoke on health benefits and give brief advice on stopping tobacco use and refer to local services; for those refusing referrals, brief advice and support should be given, and pharmacotherapy if appropriate	N/R	N/R
	Advice and referral scheme applies to young people; professional judgement to decide whether to offer NRT to those > 12 years; behavioural support to help young people of 12–17 years to quit + NRT	N/R	N/R
	Doctors, nurses, midwives, pharmacists, dentists and telephone quit-line counsellors should provide brief advice on smoking cessation	N/R	N/R
	Workplace smoke-free policy	N/R	N/R
	Smoking cessation campaigns that are extensive and sustained; involve community pharmacies, dentists, fire services and voluntary groups	N/R	N/R
PH13 <i>Workplace health promotion: how to encourage employees to be physically active</i> ¹⁷⁶	Organisational policy to encourage employees to be more physically active and policy linkages with other internal, local and national policies	N/R	N/R
	Multicomponent, organisational programmes to support employees to be physically active (e.g. active travel, disseminate information, advice, support incentive schemes, tailor to needs)	N/R	N/R
	Encourage goal setting; signs to encourage walking up stairs instead of using a lift; opportunities to be active at work	N/R	N/R
	Encourage active transport (to and from work; at work)	N/R	N/R
PH1 <i>Brief interventions and referral for smoking cessation in primary care and other settings</i> ¹³⁹	Stop smoking advice should be sensitive to individual's 'preferences, needs and circumstances'	N/R	N/R
	GPs should advise all patients who smoke to quit during consultations. GPs to make referrals to stop smoking services. If not ready to quit or unwilling, offer pharmacotherapy and additional support	N/R	N/R
	Nurses in primary and community care should provide stop smoking cessation advice and make referrals to intensive support service	N/R	N/R
	Community workers should refer those who smoke to intensive support services	N/R	N/R
	All health professionals, e.g. hospital clinicians, pharmacists and dentists, should make referrals to intensive stop smoking services	N/R	N/R
CG43 <i>Obesity: guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children</i> ¹⁷⁴	Assessing readiness to change is important to decide when and how to intervene	N/R	N/R
	Barriers to lifestyle change should be explored, e.g. cost, safety, time, social and environmental factors	N/R	N/R
	Advice needs to be tailored to different groups, e.g. according to ethnicity, life stage and/or SES	N/R	N/R
	Needs to be a cross-sectorial approach to creating more safe spaces for incidental and planned physical activity	N/R	N/R
	Should take a settings approach including health promotion through nurseries, schools, workplaces, commercial and community settings	N/R	N/R
	Parents and carers to monitor children's time spent watching TV to reduce exposure to advertisements and other inappropriate content	N/R	N/R

Source	Evidence	Strength of evidence (grade)	Method of grading
	Activities for physical activity should be tailored to people's preferences, needs and circumstances; people should be supported in person, by telephone, by mail, through the internet	N/R	N/R
	For physical activity, improve people's belief in their own ability to change (e.g. by verbal persuasion, modelling exercise behaviour and discussing positive effects)	N/R	N/R
	Improving diet and increasing activity levels in children should involve parents and carers	N/R	N/R
	Local authorities and health professionals should work with local shops, supermarkets, restaurants, caterers, cafes and voluntary community services to promote healthy eating choices and promote availability and accessibility of healthy food and drinks (signs, posters, pricing, positioning)	N/R	N/R
	Health professionals should promote community initiatives that increase access to physical activity, e.g. walking or cycling routes	N/R	N/R
	Family programmes to improve diet or increase physical activity should provide ongoing tailored support, incorporate behaviour change techniques	N/R	N/R
	Local authorities to provide personalised travel plans	N/R	N/R
	Community programmes for improving diet and increasing activity levels should address concerns of local people: availability of services, costs, expectations, dangers, mixed media messages	N/R	N/R
	Local authorities to work with industry and voluntary organisations to create safe spaces for incidental and planned physical activity	N/R	N/R
	Local policies should improve access to healthy foods and opportunities for physical activities	N/R	N/R
	At schools, nurseries and childcare facilities, children should eat regular meals in pleasant, sociable environments, supervised	N/R	N/R
	Schools in partnership with organisations and professionals to promote physical activity	N/R	N/R
	Longer-term multicomponent interventions in schools rather than one-off events (general health)	N/R	N/R
	Nurseries and childcare facilities should be involved in improving children's diet and activity levels	N/R	N/R
	Whole-school approach (recreation space, catering, curriculum, active transport) to improve healthy eating and physical activity	N/R	N/R
	Views and preferences of children and young people should be considered for improving nutrition	N/R	N/R
	Involve parents and carers in planning school-based interventions for physical activity and improving nutrition (e.g. lunch menus, after-school activities). Involve parents and children in diet and physical activity interventions for children	N/R	N/R
	Workplaces should promote active travel	N/R	N/R
	Workplaces to support incentive schemes (food and drink provision and prices, gym memberships) and education and promotion programmes for improving diet and increasing physical activity	N/R	N/R

CVD, cardiovascular disease; GP, general practitioner; N/R, not reported; NICE, National Institute for Health and Clinical Excellence; NRT, nicotine replacement therapy; SES, socioeconomic status; SIGN, Scottish Intercollegiate Guidelines Network.