Economic Evaluation of Weight Watchers in the prevention of obesity.

PURPOSE: Obesity represents a growing burden to the NHS in treatment costs and to society more broadly in terms of lost productivity and avoidable morbidity. Weight Watchers is one of a number of private providers of services that can help to manage weight loss. With the increased emphasis on commissioning Primary Care Trusts are increasingly looking to third party providers outside of the NHS to deliver aspects of their weight management services. However, these services have not yet been subject to economic evaluation to determine whether they offer a cost effective means of complementing NHS services. OBJECTIVE: Determine the cost effectiveness of Weight Watchers in the prevention and management of obesity. SETTING AND APPROACH: An economic model, originally developed to contribute to the NICE guideline on obesity, was used to determine the cost effectiveness of Weight Watchers. The model predicts the costs and outcomes of weight gain and obesity. Weight gain is known to be positively correlated with an increased risk of a number of conditions. For the purposes of this analysis, the risk of developing diabetes, coronary heart disease and colon cancer were considered. It is acknowledged that weight gain can also increase the risk of other conditions, and as such, the findings should be regarded as conservative estimates. The effectiveness of Weight Watchers, in terms of weight loss, was derived from published literature. The costs of providing the service were based on the cost to the Primary Care Trust. RESULTS: In the base case analysis, the incremental cost per QALY gained of Weight Watchers compared to no treatment was £1,022. This compares favourably with other interventions for the prevention and management of obesity that were reported in the Draft NICE guideline, dated March 2006. This reported that the incremental cost effectiveness of non-pharmacological interventions ranged from £174 to £9,971 per QALY; anti-obesity medication ranged from £3,200 to £24,431 per QALY and surgery which ranged from £6,289 to £8,527 per QALY. The findings are in a similar range to those on interventions to prevent obesity (such as counselling or school based interventions) which had incremental cost effectiveness ratios of £265 to £3,018 per QALY. Sensitivity analyses show the cost effectiveness to be robust to changes in the key parameters. LEARNING POINTS: Weight Watchers appears to offer a cost effective means of providing weight management services for NHS patients.