Appendices 1-3

Appendices 1-2
Published in Open Science Framework. Available here:
https://osf.io/jw3ar/?view_only=5aff5595827c48249be73d55fb16c95d

Appendix 3 – Details on methods and judgments made

The guidelines we found to consider psychosocial or physical harm beyond “as reported” in the studies:
Guideline: Weight management: lifestyle services for overweight or obese adults.
“Raise the issue of weight loss in a respectful and non-judgemental way. Recognise that this may have been raised on numerous occasions and respect someone’s choice not to discuss it further on this occasion.”

Guideline: Early and locally advanced breast cancer: diagnosis and management.
“The committee discussed that potential harms from the recommendations could be people feeling guilty or stigmatised if recurrence is seen as their fault for not being healthier. Another potential harm discussed by the committee was the potential decrease in health-related quality of life (HRQoL) if people have to adjust their lifestyles (drinking less alcohol, taking more exercise) to fit with the advice.”

Guideline: Bladder cancer: diagnosis and management
“Quality of life and treatment-related morbidity were not considered to be useful once the evidence was appraised. This was because there was limited evidence in this area. AND The GDG considered the potential harms of the recommendation to be an increase in patient anxiety and weight gain after smoking cessation. In balancing the potential harms and benefits, the GDG felt that the potential benefits strongly outweighed the potential harms. This is because improved survival and potentially a reduced need for further treatment is likely to be far more important to patients and the NHS than a potential for weight gain and anxiety.”

The guideline we found to consider opportunity costs:
Guideline: Acute coronary syndromes
“The resource use implications to the NHS of advising people to consume oily fish, compared to not doing so, will mostly be the time spent giving this information to people. Although this would likely take place as part of a wider consultation on dietary and lifestyle changes and it is unlikely to have significant time or cost implications, the clinical evidence did not support the use of oily fish and therefore any time spent to discuss this diet would increase costs without necessarily improving outcomes.”
Examples of recommendations excluded due to being judged as “targeting specific symptoms”

1. Fertility problems: assessment and treatment NICE guideline CG156
   Recommendation: Advise women with WHO group II anovulatory infertility who have a BMI of 30 or over to lose weight (see group programmes for exercise and dietary advice in body weight). Inform them that this alone may restore ovulation, improve their response to ovulation induction agents, and have a positive impact on pregnancy outcomes.

2. Depression in adults: recognition and management NICE guideline CG90
   Recommendation: Offer advice on sleep hygiene, including: avoiding excess eating, smoking or drinking alcohol before sleep.

3. Rheumatoid arthritis in adults: management NICE guideline NG100
   Recommendation: improve general fitness and encourage regular exercise, learn exercises for enhancing joint flexibility, muscle strength and managing other functional impairments
4. **Idiopathic pulmonary fibrosis in adults: diagnosis and management** NICE Guideline CG163
   Recommendation: Offer smoking cessation advice.

5. **Pancreatitis** NICE guideline NG104
   Recommendation: Give people with pancreatitis, and their family members or carers (as appropriate), written and verbal information on the following, where relevant, as soon as possible after diagnosis: the harm caused to the pancreas by smoking or alcohol.

6. **Parkinson’s disease in adults** (2017) NICE guideline NG71
   Recommendation: Consider referring people who are in the early stages of Parkinson's disease to a physiotherapist with experience of Parkinson's disease for assessment, education and advice, including information about physical activity. Offer Parkinson’s disease-specific physiotherapy for people who are experiencing balance or motor function problems.