

Partners in weight loss success may help African-Americans shed more pounds

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Enrolling in a weight loss program with a family member or friend appears to enhance weight loss among African Americans, but only if the involved partner attends sessions frequently or also loses weight, according to a report in the October 26 issue of *Archives of Internal Medicine*.

Obesity and its [cardiovascular complications](#) affect many African Americans, according to background information in the article. Standard behavioral treatments for obesity appear to be less successful in African Americans than in whites. Cultural modifications to these standard programs—such as the inclusion of [family](#) members and support networks—may enhance their effectiveness.

Shiriki K. Kumanyika, Ph.D., M.P.H., and colleagues at the University of Pennsylvania School of Medicine, Philadelphia, conducted a two-year trial of a culturally specific [weight loss](#) program among 344 African American men and women. The goal was to achieve and maintain a 5 percent to 10 percent weight loss. Components of the program included counseling that encouraged self-monitoring of [food intake](#) and [physical activity](#), distribution of pedometers, group sessions involving weight and activity checks and skill building, and community-based field workshops such as cooking demonstrations and gym visits.

A total of 63 individuals enrolled in the program alone and 281 enrolled with a friend or family member (130 of whom were designated as the main, or index, participants and 151 as partners). Of the participants

with partners, 65 (and 78 partners) were randomly assigned to a high-support group in which both individuals were expected to attend and participate fully in all treatment sessions. The remaining 65 (and 73 partners) were assigned to a low-support group, in which some portions of the program were restricted to the main participants. All participants' progress was measured at six, 12, 18 and 24 months.

After 24 months, main participants had lost an average of 2.4 kilograms (about 5.3 pounds). Participants in the two family groups initially had better attendance and greater weight loss than those in the individual group, but these changes were not statistically significant and decreased over time.

However, participants whose partners attended more personally tailored counseling sessions had lost more weight at six months in the high-support group and at six, 12 and 24 months in the low-support group. In addition, those in both family groups whose partner lost at least 5 percent of their body weight had greater weight loss at six months than those whose partner lost less than 5 percent (6.1 percent vs. 2.9 percent of body weight lost in the high-support group and 6.1 percent vs. 3.1 percent in the low-support group).

"We evaluated family and friend social support as a specific cultural adaptation strategy, which was added to an ethnic-specific program that was also adapted in other respects," the authors conclude. "Beneficial effects on weight loss were linked to actual rather than assigned partner participation and to partner success in losing weight. Further studies may elucidate ways to facilitate effective family or friend participation and to improve absolute weight losses."

More information: Arch Intern Med. 2009;169[19]:1795-1804

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