

Primary care-based weight intervention helps obese patients reduce weight

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Can a visit to your primary care doctor help you lose weight? Primary care physicians, working with medical assistants in their practices, helped one group of their obese patients lose an average of 10.1 lb during a two-year lifestyle intervention, according to a new study by researchers from the Perelman School of Medicine at the University of Pennsylvania. Their 10 lb weight loss was associated, over the two years, with improvements in cardiovascular disease (CVD) risk factors, including waist circumference and HDL cholesterol levels. The results of the POWER-UP (Practice-based Opportunities for Weight Reduction at the University of Pennsylvania) trial were reported in the latest edition of the *New England Journal of Medicine* and at the American Heart Association annual meeting today.

"The enhanced lifestyle counseling program offers a successful model for treating obesity in primary care practice with the support of regular staff members – primary care providers (PCPs) and medical assistants," said POWER-UP principal investigator Thomas A. Wadden, PhD, professor of Psychology in Psychiatry at Penn's Perelman School of Medicine and director of the Penn Center for Weight and Eating Disorders. "This is an important finding, in light of the Centers for Medicare and Medicaid Services' recent proposal to cover the costs of intensive behavioral weight loss counseling provided to seniors in primary care practice by physicians and nurse practitioners," Dr. Wadden added.

The study compared three interventions - usual care (which consisted of

quarterly PCP visits alone), brief lifestyle counseling (which included quarterly PCP visits plus brief, monthly weight loss visits with a medical assistant), and enhanced brief lifestyle counseling which added options for using readily-available meal replacements or a weight loss medication. The majority of participants chose to use meal replacements.

Of the 390 participants, who had an average starting weight of 237 lb, the average weight loss at two years was 3.7 lb with usual care, 6.4 lb with brief lifestyle counseling, and 10.1 lb with enhanced lifestyle counseling. Thirty-five percent of the enhanced lifestyle group lost 5 percent or more of their initial body weight, compared to 22 and 26 percent in the usual care and brief lifestyle groups, respectively.

The study was conducted at six primary care practices owned by Penn Medicine. Only one of the PCPs, and none of the medical assistants, had significant prior experience with weight management. They all received 6-8 hours of training and followed written treatment protocols during the study. The PCPs met with all patients quarterly, and devoted 5-7 minutes of the visit to providing information about weight control.

"We were pleased that PCPs, by just briefly discussing weight management at quarterly visits, could help one fifth of their [obese patients](#) in the usual care group lose 5 percent or more of initial weight, a marker of clinically significant weight loss," said Wadden.

The monthly lifestyle counseling sessions, conducted by medical assistants, began with a weigh-in, followed by an examination of participants' food and exercise diaries and the review of abbreviated lessons from the Diabetes Prevention Program, a previously developed intervention for diet and activity modification in overweight individuals. Participants in the enhanced lifestyle group also discussed their adherence to the meal replacements or weight loss medication.

Participants chose between meal replacements and medications in consultation with their PCPs and were only allowed one option at a time (which they could switch with their PCP's agreement).

Provided by University of Pennsylvania School of Medicine

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