

Primary care program helps obese teen girls manage weight, improve body image and behavior

February 13 2012

Teenage girls gained less weight, improved their body image, ate less fast food, and had more family meals after participating in a 6-month program that involved weekly peer meetings, consultations with primary care providers and separate meetings for parents. Those results from a study published online today in the journal *Pediatrics*.

Funded by the National Institutes of Health, the study is the first to report long-term results from a [weight](#) management program designed specifically for [teenage girls](#). Most other programs have included younger children and interventions focused on the entire family. This program included separate meetings for parents with the rationale that teens are motivated more by peer acceptance than [parental influence](#). Unlike previous programs, this one was conducted in a primary-care setting, rather than an academic or specialty-care environment.

"Nearly one-third of teenage girls are overweight or obese, and many of them are likely to become [obese adults](#)," said Lynn DeBar, PhD, MPH, lead author and senior investigator with the Kaiser Permanente Center for Health Research. "Our study shows that intervention programs can help these girls achieve long-term success managing their weight and also learning new habits that will hopefully carry over into their [adult life](#)."

"Many teenage girls are still growing taller, so for them, maintaining

weight or slowing weight gain is an acceptable goal," said Phil Wu, MD, a pediatrician who leads Kaiser Permanente's effort to prevent and treat [childhood obesity](#) and is also a co-author of the study. "Girls in the program gained less weight than those who weren't in the program, and they reduced their overall [body mass index](#), improved their self-image and developed healthy [lifestyle habits](#), so all of these are successes."

The study included 208 girls, ages 12-17, in Oregon and Washington during 2005-2009. All of the girls were classified as overweight or obese, according to standards set by the Centers for Disease Control and Prevention standards. Half of the girls were assigned to the intervention group and half to usual care.

Girls in the intervention group met weekly with their peers and a behavioral counselor during the first three months, and then every other week during months four and six. The girls were weighed and asked to keep a food and activity diary, which they discussed during each meeting. The program focused on decreasing portion size, limiting consumption of energy-rich foods, establishing regular meal patterns, substituting water for sugar-sweetened beverages, reducing fast food, increasing fruit and vegetable consumption, and having more [family meals](#).

The girls were encouraged to exercise at least 5 days a week for 30-60 minutes, and to limit screen time to 2 hours a day. They also received yoga instruction, and a physical-activity video game to use at home. Discussion topics included ways to avoid disordered eating, coping with family and peer teasing and developing strategies to combat negative self-talk.

Parents attended separate weekly meetings to learn how to support their daughters. The girls' health care providers received summaries of the girls' current health habits, including meal and physical activity patterns.

After receiving training in motivational techniques, the providers met with the girls at the beginning of the study to help them choose one or two behaviors to work on. The providers had a second visit with the girls at the end of the six-month intervention to check their progress.

Girls assigned to the usual-care group received a packet of materials that included a list of online reading about lifestyle changes. They also met with their primary care provider at the beginning of the study, but the providers were not given health habit summaries for these girls.

Both groups had health assessments and lab tests at the beginning of the study, at six months, and then again at 12 months. The girls started out with an average weight in the 190 lb. range, and an average body mass index in the 97th percentile, which by CDC standards is considered to be obese. At the end of the study, girls who participated in the program were in the 95th percentile, while girls in the usual-care group were in the 96th percentile.

Authors say the weight changes were statistically significant but modest compared to some other weight loss interventions. They point out that the [girls](#) were severely obese to begin with and possibly treatment-resistant due to previous involvement in other weight loss programs. The program purposely de-emphasized calorie counting, focusing instead on lifestyle changes, and the authors acknowledge that this approach may have produced more modest weight changes than they had expected.

This study is part of ongoing Kaiser Permanente research into weight loss. Previous studies include:

-- A Kaiser Permanente Center for Health Research study published in the International Journal of Obesity last year found that people trying to lose at least 10 pounds were more likely to reach that goal if they had lower stress levels and slept more than six hours, but not more than eight

hours, a night.

-- Another Kaiser Permanente Center for Health Research study published in 2010 found that the more people logged on to an interactive weight management website, the more weight they kept off.

-- Researchers at the Kaiser Permanente Center for Health Research also reported in a 2008 study that keeping a food diary can double a person's weight loss and that both personal contact and Web-based support can help with long-term weight management.

Provided by Kaiser Permanente

Citation: Primary care program helps obese teen girls manage weight, improve body image and behavior (2012, February 13) retrieved 27 April 2024 from <https://medicalxpress.com/news/2012-02-primary-obese-teen-girls-weight.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.