

Lifestyle changes for obese patients linked to modest weight loss

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A program that helps obese patients improve healthy behaviors is associated with modest weight loss and improved blood pressure control in a high-risk, low-income group, according to researchers at Washington University School of Medicine in St. Louis, Duke University, Harvard University and other institutions.

The research is published March 12 in [Archives of Internal Medicine](#).

Obesity treatments are not widely available in the U.S. primary care setting, particularly for low-income patients who seek care at community health centers, according to the study's authors.

"We undertook this study in federally qualified health centers, requiring minimal primary care time, so that we might develop a strategy that could be easily implemented through the broad range of health centers that receive support from the federal government," says [epidemiologist](#) Graham A. Colditz, MD, DrPH, the Niess-Gain Professor of Surgery at Washington University School of Medicine in St. Louis and associate director of prevention and control at the Siteman Cancer Center. "The great recession added to the strains under which our inner city, low-income participants were living. Despite this, we managed to retain 86 percent of the patients through the entire study."

The two-year study included 365 [obese patients](#) receiving treatment for [high blood pressure](#). More than 70 percent were African-American, 68 percent were female, and 33 percent had less than a [high school](#)

[education](#). The average participant was 54 years old.

The patients were randomly assigned to receive either usual care or to participate in a program that promoted weight loss by setting goals to change behavior, self-monitoring online or with an automated phone system, counseling sessions by telephone and optional group support sessions. The patients were all seen at three community health centers in Boston.

Compared to those receiving usual care, the [lifestyle intervention](#) slowed increases in weight and blood pressure in this population of high-risk patients. Although six-month weight losses were modest — a little more than two pounds — the patients did not gain back any weight over the two-year study. The lifestyle intervention was associated with improvements in blood pressure that were clinically significant.

During the study, the average systolic blood pressure (the top number in a blood pressure reading) was lower in the intervention group compared with the usual care group but not significantly different. However, increases in systolic blood pressure were significantly lower in the intervention group. And at two years, patients in the intervention group were more likely to have controlled [blood pressure](#) than patients in the usual care group.

The researchers note this study's modest results may apply better to real-world health center settings than results from highly controlled trials that show larger effects from treatment.

Because low-income patients are underrepresented in clinical trials but bear the greatest risk and disease burden of obesity, Colditz and his colleagues call for more work to find the best ways to address their needs.

More information: Bennett GG, Warner ET, Glasgow RE, Askew S, Goldman J, Ritzwoller DP, Emmons KM, Rosner BA, Colditz GA. Obesity treatment for socioeconomically disadvantaged patients in primary care practice. *Archives of Internal Medicine*. Online March 12, 2012. doi:10.1001/archinternmed.2012.1

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