

Low-energy liquid diet offers effective weight loss for severely obese people, study finds

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(Medical Xpress)—A new weight-loss programme available on the NHS for severely-obese individuals offers a safer, more cost-effective remedy than gastric surgery, according to a new study.

Researchers at the University of Glasgow evaluated the success and costs of the Counterweight Plus [weight](#)-loss programme which is aimed at people with a BMI greater than 40 and available through GP and Primary Care facilities.

The researchers looked at statistics from 22 [general practices](#) in Scotland where 91 severely-obese [patients](#) were put on the programme with uses the Cambridge Weight Plan diet – an 810 kcal per day low-energy [liquid diet](#) with carefully designed food-reintroduction and [weight-loss](#) maintenance plans.

Results, published in the *British Journal of General Practice*, showed that almost all patients lost weight – up to 30-40kg in some cases – with average losses after 14 weeks of 17kg and at least 33% of the 91 who started the study maintained more than a 15kg (two stones) loss for 12 months.

The Scottish Intercollegiate Guidelines Network (SIGN), which develops evidence-based clinical practice guidelines for the NHS in Scotland, says severely-obese people should aim to lose over 15kg to control their medical problems.

Professor Mike Lean, a [human nutrition](#) expert in the School of Medicine, said: "This amount of weight loss is enough to reverse most cases of [type 2 diabetes](#) and approached the levels achieved by lap-band surgery, but is much cheaper and safer than surgery.

"It is also much more accessible. [Weight loss surgery](#) is only available for a tiny number of patients, and requires a great deal of training and back-up.

"[Health economics](#) analysis showed that each £1m spent on Counterweight Plus would result in about 360 severely obese patients losing over 15 kg, compared with only about 105 patients if the same £1m were spent on providing lap-band surgery.

"We need to ensure that we can maintain the weight loss for longer, but this is the only non-surgical method that can provide the 15-20 kg weight loss recommended to the NHS by SIGN for severe and complicated obese patients. With the valuable support we had from the Cambridge Weight Plan company it was very well received by GPs and their patients."

A separate study by the same team, published in *Clinical Obesity*, looked at current weight management services available to obese patients through the NHS, and how effective they are.

Since 2006, guidelines from the National Institute of Health and Clinical Excellence (NICE) and SIGN call for studies of weight management interventions to include evidence for effectiveness with 12-month follow-up data.

The researchers could only find three research studies written since then with adequate peer-reviewed evidence with 12-month follow-up results on diet and lifestyle-based weight management programmes, which

included: Counterweight, Weightwatchers, Slimming World and Rosemary Conley)

They found that GP referral to Weight Watchers was good as a first step for less obese (BMI below 35) and less medically complicated patients, who lose 6.6kg on average if they keep attending.

The two other commercial programmes showed similar results, although around 20% of 12-month data were self-reported, and the extent of ongoing engagement requiring patient payment was not reported. Both Counterweight and Weight Watchers are good value for money, according to NICE criteria.

The Counterweight Programme, delivered by practice nurses in UK primary care, deals effectively, with more resistant obese (BMI over 35kg/m²) and more complicated patients. About 30% can keep at least 5kg off for two years if they keep attending. The Counterweight Programme was also shown to be highly cost-effective, potentially saving money for the NHS by reducing the future health consequences of obesity, even by quite modest weight loss.

The programme, developed mainly under Scottish Health Department funding and now run as a spin-out company from Robert Gordon University, Aberdeen, costs around £100 per patient. Start-up costs are low, so it soon becomes more expensive for GPs not to provide Counterweight than to offer it to their patients.

The cost benefits to the NHS of effective weight-loss programmes was made clear in a third study by Dr William Tigbe at Glasgow published in the International Journal of Obesity, that showed that every extra unit of BMI across a range of 20-40 costs

taxpayers an additional £16 a year, in primary care, outpatient, accident & emergency and hospitalisation costs.

The study found that all components of healthcare expenditure were higher at BMI 40 than BMI 20, and total cost doubled over this range. For example, medication costs rose from £16 to £390 per annum in men, and from £73 to £211 in women. Out-patient care costs in women with BMI>40 were £234 pa, more than double than in those with BMI

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