

Study shows lifestyle change works in a large national healthcare system

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The MOVE! program has enrolled more than 400,000 veterans since 2005, making it the largest lifestyle change program in the United States.

(Medical Xpress)—A study conducted by researchers at the Atlanta Veterans Affairs (VA) Medical Center and Emory University demonstrates that lifestyle change can be achieved in a large-scale



healthcare setting and could be a model strategy for fighting diabetes nationally. The research was presented at the American Diabetes Association's 73rd Scientific Sessions.

Researchers used data from the VA's national weight management program, Managing Obesity and Overweight in Veterans Everywhere, or MOVE! The program has enrolled more than 400,000 veterans since 2005 making it the largest <u>lifestyle change</u> program in the United States.

Intensive lifestyle change programs, such as the Diabetes Prevention Program, have been shown to reduce weight and prevent <u>diabetes</u>. However, in research studies, subjects volunteer to participate and may be highly motivated.

In the VA program, patients were directed to the program by their <u>health</u> <u>care</u> providers during routine medical visits.

"We know little about what can be achieved in healthcare settings, where participants are patients who are 'recommended' to take action – not study volunteers," says Sandra L. Jackson, MPH and a PhD candidate in Nutrition and Health Sciences at Emory University whose dissertation research focuses on this question.

"We wanted to see how effective a lifestyle change program would be within a <u>national health care</u> system."

Jackson and her colleagues examined the more than 400,000 MOVE! participants and found that among approximately 130,000 participants with three years of follow-up, participants lost a modest amount of weight and maintained the loss – an average of 1.3 percent at three years.

More active participants who engaged in intense and sustained participation (at least eight sessions in six months, at least 129 days



between first and last session) experienced greater weight loss of 2.7 percent of body weight (approximately 5.4 pounds in a 200-pound person). Researchers also found that 38 percent of veterans enrolling in MOVE! had already been diagnosed with diabetes and were more likely to participate actively than veterans without diabetes. Among veterans without diabetes at baseline, three-year incidence of diabetes was 18.7 percent.

Additionally, those who lost more weight at 6 months were less likely to develop diabetes over three years: preliminary results revealed that for every additional pound of weight lost, the risk for developing type 2 diabetes dropped by almost one percent, adjusted for baseline BMI, age and gender. Participants who lost any weight at all, or maintained weight, had about 14 percent less risk of three-year incident diabetes compared to participants who gained weight.

Of the more than 400,000 MOVE! participants examined, 88 percent were male, about half were married, two thirds were white, 22 percent were black, and about 10 percent were other or of unknown race/ethnicity. The average age was 57 years.

"Around the country, there are hundreds of millions of Americans who are involved in one health care setting or another," says Lawrence S. Phillips, MD, a professor in the division of endocrinology at Emory University School of Medicine and director of the Clinical Studies Center at the Atlanta VA Medical Center.

"The good news is, this research shows that participation does not have to be entirely voluntary to work and the <u>health care system</u> can and should be part of the solution."

The MOVE! program, offered at 130 VA hospitals and clinics across the country, consists of regular group lifestyle intervention sessions focused



on issues such as nutrition and physical activity. The program differs slightly from facility to facility and may be run by diabetes educators, nutritionists, exercise physiologists and others with expertise in its various components.

Provided by Emory University

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