

Maintain, don't gain: A new way to fight obesity

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Programs aimed at helping obese black women lose weight have not had the same success as programs for black men and white men and women.

But new research from Duke University has found that a successful alternative could be a "maintain, don't gain" approach.

The study, which appears in the Aug. 26 issue of *JAMA Internal Medicine*, compared changes in weight and risk for diabetes, heart disease or stroke among 194 premenopausal black women, aged 25-44. They were recruited from Piedmont Health's six nonprofit community health centers in a multi-county area of central North Carolina, which serves predominantly poor patients.

For the study, half of the participants—97 women—were randomly placed in a primary care-based intervention program called Shape, while the other 97 received usual care from their physicians, generally weight-loss counseling.

The intervention program used software built by Duke researchers that personalized the intervention for each woman. Each woman received an individualized set of behavior-change goals for diet and physical activity. They tracked how well they were doing each week via automated phone calls, and had a [personal health](#) coach and a [gym membership](#).

After 12 months, the [intervention group](#) stabilized their weight, while participants in the usual care group continued to gain weight. Sixty-two

percent of intervention participants were at or below their weight at the onset of the program, compared to 45 percent of usual-care participants. After 18 months, intervention participants still maintained their weight while the usual care group continued to gain weight.

"Many people go to great lengths to lose weight when their doctor recommends it. They may try a series of diets or join a gym or undergo really complex medical regimens. The complexity of these treatments can make it difficult for many to lose a sufficient amount of weight," said lead author Gary Bennett, an associate professor of psychology and neuroscience and [global health](#) at Duke who studies obesity prevention.

"Our approach was different. We simply asked our patients to maintain their weight," Bennett said. "By maintaining their current weight, these patients can reduce their likelihood of experiencing health problems later on in life."

The study, funded by a grant from the National Institute for Diabetes and Digestive and Kidney Diseases, cited other research showing that overweight and slightly obese premenopausal black women face far lower risks for many chronic diseases than do obese whites and other racial groups.

But by ages 40-59, black women have more than twice the prevalence of class 2 (moderate) obesity and three times the rate of class 3 (extreme) obesity than white women, the study said. This combination of rapid premenopausal weight gain and extreme obesity contributes to disproportionate chronic disease risk among black women, researchers said.

Preventing weight gain could reduce the odds of developing a host of health problems, such as high blood pressure, high cholesterol diabetes, cardiovascular disease, stroke and some cancers, the authors said.

A "maintain, don't gain" approach could be particularly effective for this group for the following reasons:

— Compared to white women, [black women](#) are typically more satisfied with their weight and face fewer social pressures to lose weight, Bennett said. Consequently, they may be particularly receptive to intervention messages about maintaining their weight.

— Preventing weight gain is less intense than trying to lose it, so this approach could be achieved more easily.

"It's true that there are some health risks for these overweight and slightly obese women," Bennett said. "However, these health risks increase dramatically as women continue to gain weight, usually 2 to 4 pounds, year after year."

"We could reduce these health risks if women simply maintained their current weight," Bennett said. "Fortunately, it's much easier to maintain [weight](#) than it is to lose it. We think this 'maintain, don't [gain](#)' approach can help some women reduce their risk of obesity-related chronic disease."

More information: "Behavioral Treatment for Weight Gain Prevention Among Black Women in Primary Care Practice: A Randomized Controlled Trial," lead author Gary Bennett, Perry Foley, Erica Levine, Sandy Askew, Dori Steinberg, Bryan Batch, Duke University; Jessica Whiteley, University of Massachusetts Boston; Mary Greaney, Dana-Farber Cancer Institute; Heather Miranda, Thomas Wroth, Marni Holder, Piedmont Health Services; Karen Emmons, Dana-Farber Cancer Institute and Harvard School of Public Health; Elaine Puleo, University of Massachusetts Amherst. Trial funded by grant R01DK078798 from the National Institute for Diabetes and Digestive and Kidney Diseases. Dr. Emmons was supported by K05CA124415 and

Dr. Bennett was supported by K22CA126992. *JAMA Internal Medicine*, online Aug. 26, 2013; [DOI: 10.1001/jamainternmed.2013.9263](https://doi.org/10.1001/jamainternmed.2013.9263)

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