

Study of weight-loss strategies for people with disabling conditions finds more approaches needed

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A review of nutrition and weight-loss interventions for people with impaired mobility found strategies are sorely lacking for people with neurological disabilities, according to a team of researchers from Case Western Reserve University and Cleveland Clinic.

Interventions are overwhelmingly geared toward muscular disorders, leaving a gap in approaches that could help people with neurological disabilities become more active, eat healthier and lose [weight](#), they conclude.

The researchers wanted to learn more about interventions for people who, because of limited mobility, have difficulty losing weight through exercise and healthy eating.

Unhealthy eating and lack of exercise can lead to [weight gain](#) that increases the likelihood of developing other illnesses, such as diabetes and heart problems. Such ailments, in turn, present additional challenges for people to engage in healthy behaviors, said Matthew Plow, assistant professor at Case Western Reserve's Frances Payne Bolton School of Nursing.

Plow was the lead researcher on the study—"A systematic review of behavioral techniques used in nutrition and [weight loss](#) interventions among adults with mobility-impairing neurological and musculoskeletal

conditions"—funded by the National Institutes of Health (grant #K01NR012975). *World Obesity* recently reported the team's findings.

The researchers were especially interested in interventions for such conditions as multiple sclerosis, stroke, [spinal cord injuries](#), arthritis, lupus, cerebral palsy and spina bifida— neurological and musculoskeletal conditions that can limit mobility.

The team reviewed more than 900 papers from 1980 to 2013 about clinical trials on obesity. That body of work was narrowed to 41 studies, identifying 27 specific behavior-changing techniques targeting weight-loss for people with disabilities. Among them: various approaches for self-monitoring, overcoming problems, enhancing communication, managing time and planning specific actions.

The included studies in the review involved about 2,500 participants at least 18 years old. Most were female (65 percent). The average age was 56.5. Only 165 had neurological conditions; the rest had musculoskeletal conditions, such as arthritis.

The included intervention studies generally assessed the participants' weight, physical functioning, pain, biomarkers, healthy behaviors, patient-reported mental health, social functions and fatigue.

Post-assessments for weight loss were made about 15 weeks after the intervention and again at 28 weeks.

Participants lost, on average, about 10 pounds. But because attrition rates were as high as 25 percent, the researchers questioned the weight-loss number's validity.

To attack the obesity epidemic, more should be done to help people with disabling conditions who are most at risk for weight gain, Plow said.

Fighting obesity also requires focusing on nutritional habits as well as physical activity, he said.

Provided by Case Western Reserve University

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