

Study shows clear gains from weight-loss treatment aimed at setting goals based on personal life values

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A new approach to weight loss called Acceptance-Based Behavioral Treatment (ABT) helped people lose more weight and keep it off longer than those who received only Standard Behavioral Treatment (SBT) – a typical treatment plan encouraging reduced caloric intake and increased physical activity – according to a new randomized controlled clinical trial. Researchers studied the impact of the new ABT method, which ties the effort to a larger personal value beyond weight loss for its own sake, to help people adhere to diet and physical activity goals. The October issue of *Obesity*, the scientific journal of The Obesity Society (TOS), published both the original article and an accompanying commentary.

The study, part of the well regarded Mind Your Health trial, is one of the first of its kind. Results showed that participants who received ABT (which includes all behavioral skills taught in SBT) lost 13.3 percent of their initial weight at one year, compared to 9.8 percent weight loss at one year for participants who received SBT only. This difference represents a clinically significant 36 percent increase in weight lost for those in the ABT group. In addition, the likelihood of maintaining a 10 percent weight loss at 12 months was one-third greater for ABT with a rate of 64 percent versus 49 percent for ABT alone. As Thomas Wadden, PhD, FTOS, and Robert Berkowitz, MD, FTOS point out in their accompanying commentary, weight loss with ABT is among the largest ever reported in the [behavioral treatment](#) literature without use of an aggressive diet or medication.

"We're excited to share this new proven therapy with the weight-loss community, and in fact this is one of the first rigorous, randomized clinical trials to show that an alternative treatment results in greater weight loss than the gold standard, traditional form of behavioral treatment" continued Forman.

The ABT sessions emphasized the following principles with the participants to achieve adherence to diet and exercise goals in order to lose weight.

- Choose goals derived from freely-chosen personal life values, such as living a long and healthy life or being a present, active grandparent.
- Recognize that weight-control behaviors will inevitably produce discomfort (such as urges to eat, hunger, cravings, feelings of deprivation and fatigue) and a reduction of pleasure (such as choosing a walk over watching TV or choosing an apple over ice cream).
- Increase awareness of how cues impact eating and activity-related decision making.

In the study, 190 participants with overweight or obesity were randomly assigned to SBT alone, or ABT (which fused both behavioral skills from SBT with acceptance-based skills). Participants attended 25 treatment groups over a one-year period, which consisted of brief individual check-ins, skill presentations and a skill-building exercise. All interventionists were doctoral-level clinicians with experience delivering behavioral weight loss treatments.

"These findings are a boon to clinicians, dietitians and psychologists as they add a new dimension to behavioral therapy that can potentially help improve long-term outcomes for people with obesity," said Steven Heymsfield, MD, FTOS, a spokesperson for The Obesity Society. "This

study is one of the first of its kind, and offers promise of a new tool to add to the toolbox of treatments for overweight and obesity."

This is the second study of ABT as part of the Mind Your Health trial, and it found an even more pronounced advantage from ABT than the first study. Forman offers several potential explanations, including the use of experienced clinicians and a revised ABT protocol that focuses on general willingness and accepting a loss in pleasure and less on coping with emotional distress, cravings and hunger.

"These are exciting findings for which I congratulate the authors," said Wadden in an accompanying commentary. "Like all new findings, they need to be replicated by other researchers before ABT can be considered a reliable means of increasing weight loss with SBT," he added. Wadden noted that treatment comparison studies of different psychotherapies have shown that when researchers feel strongly that their therapy will work best, it can influence outcomes. Future research should be conducted by therapists who did not develop ABT. Additionally, he said, "Future studies of ABT would be enriched by reporting on changes in depression, susceptibility to food cues and motivation for change in both the ABT and SBT groups. Long-term follow-up after treatment would also be beneficial to determine if ABT improves [weight-loss](#) maintenance compared with SBT."

More information: Evan M. Forman et al. Acceptance-based versus standard behavioral treatment for obesity: Results from the mind your health randomized controlled trial, *Obesity* (2016). [DOI: 10.1002/oby.21601](#)

Thomas A. Wadden et al. Advancing the revolution in the behavioral treatment of obesity, *Obesity* (2016). [DOI: 10.1002/oby.21641](#)

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