

'Mindfulness'-based approach could help you stay slim

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(HealthDay)—A weight-loss therapy that focuses on personal values and

"mindful" decision-making may help people shed more pounds, a new clinical trial suggests.

Over one year, people who received the therapy lost more than 13 percent of their initial weight, on average.

To put that into perspective, current behavioral therapies typically help people drop 5 percent to 8 percent of their starting weight, the study authors said.

Researchers call the new approach acceptance-based behavioral therapy, or ABT.

The study authors said ABT addresses some of the biggest obstacles in keeping extra pounds off—including the difficulty of resisting temptation.

"The standard advice on [weight loss](#) only works if people are able to stick with it," said Evan Forman, who helped develop ABT. He's a professor of psychology at Drexel University in Philadelphia.

There is nothing new about using behavioral therapy to help people lose weight.

But, Forman said, the standard approaches don't address the "main issue."

"People are biologically driven to eat, especially foods that are rewarding and taste good," he said.

Through most of human history, when food was scarce, that was an asset, Forman pointed out. Now, when so many people are surrounded by calorie-laden temptations every day, the biological drive to eat can be

a problem.

"It takes special skills to resist those temptations," Forman said. "It's hard to turn down pleasure and reward. But those skills can be learned."

ABT aims to teach people those skills.

The new clinical trial put the approach to the test by comparing it with standard behavioral therapy, which only encourages reducing calories and increasing exercise.

Forman's team recruited 190 overweight or obese adults and randomly assigned them to either ABT or standard treatment. People in both groups went to 25 group sessions over one year, meeting with therapists with expertise in weight loss.

Both groups received help with diet changes and exercise, "problem solving," and dealing with food cravings.

But ABT had added components.

For one, Forman said, people chose a goal based on their "personal values"—rather than aiming for a certain number on the bathroom scale.

A person might, for example, choose the goal of being a healthy, active grandmother.

"We emphasize the point, 'Why does this matter?' " Forman said. "We get at the bigger idea of what people want in life, and how is weight related to that?"

Beyond that, ABT encourages people to accept the fact that weight loss is hard and they will inevitably feel deprived, have cravings, or find it

unpleasant to opt for an apple over a brownie.

"They can say, 'Of course, that's how my brain is working,' " Forman said. Then, rather than trying to fix their thinking, they can focus on what they can change: their behavior.

How do you learn to choose the apple when your brain really wants the brownie? Patience and practice, according to Forman.

"It sounds weird, but you can literally practice tossing a piece of brownie in the trash and eating the apple instead," he said.

Another aspect of the therapy is training in "mindful" decision-making.

"So many of the decisions we make around eating have no explicit thought process behind them," Forman said.

During ABT, people learn to notice how "cues" from their environment—from TV to the presence of tempting food to sheer boredom—influence their decisions to eat.

In this new trial, the approach appeared to work better than standard therapy: After a year, ABT patients had lost a little over 13 percent of their starting weight, compared to just under 10 percent for people in the comparison group.

The ABT group also fared better when it came to keeping the pounds off: 64 percent had maintained at least a 10 percent weight loss at the one-year mark, compared with 49 percent of the standard-therapy group.

Dr. Steven Heymsfield is a spokesman for the Obesity Society and a professor at Pennington Biomedical Research Center, in Baton Rouge, La.

He had praise for the ABT approach.

"It recognizes the underlying biological drive to eat, and provides people with a powerful counterweight to that," said Heymsfield, who wasn't involved in the research.

Losing weight is not just about "willpower," Heymsfield said. People have to overcome strong biological impulses—and that takes strong motivation, he said.

It makes sense that focusing on important personal values (such as being a healthy grandma) can work better than a "superficial goal" of fitting into smaller jeans, Heymsfield said.

Still, he pointed to some big remaining questions about ABT: Does the weight loss hold up over time? And does the therapy have to be ongoing?

Practically speaking, it's not clear whether ABT can be disseminated widely.

In this study, it was given by Ph.D.-level professionals, Heymsfield pointed out.

"So can this program 'transport' well?" he asked. "Can it be incorporated into a Watch Watchers or Jenny Craig program?"

Forman agreed that practical barriers have to be addressed. He also said it's possible that after the initial therapy sessions, people could have once-a-year "booster" sessions—or even get help through mobile apps—to make the approach more feasible.

The study is published in the October issue of the journal *Obesity*.

More information: The U.S. National Institutes of Health has advice on [healthy weight loss](#).

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