

A maintenance program key to keeping off lost weight

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A weight loss program that incorporates a maintenance intervention could help participants be more successful at keeping off pounds long term. Researchers found that a primarily telephone-based intervention focused on providing strategies for maintaining weight loss modestly slowed the rate of participants' weight regain after weight loss. Results of a randomized trial are published in *Annals of Internal Medicine*.

Despite the efficacy of behavioral [weight loss](#) programs, weight loss maintenance remains the holy grail of weight loss research. After initial weight loss, most people tend to regain weight at a rate of about 2 to 4 pounds a year. Teaching people weight maintenance skills has been shown to slow weight gain, but can be time and resource-intensive. Simple and effective weight maintenance interventions are needed.

Researchers tested a weight maintenance [intervention](#) on obese outpatients who had lost an average of 16 pounds during a 16-week, group-based [weight loss program](#) to determine if a low-intensity intervention could help participants keep off the weight they lost. Participants were randomly assigned to the intervention or usual care. The intervention focused on providing participants with skills to help them make the transition from initiating weight loss to maintaining their weight. Over the first 42 weeks, the intervention shifted from group visits to individual telephone calls, with decreased frequency of contact.

There was no intervention contact during the final 14 weeks. The usual care group had no contact except for weight assessments. After 56

weeks, mean weight regain in the intervention group was about 1.5 pounds compared to 5 pounds in the usual care group. The evidence suggests that incorporating a weight maintenance intervention into clinical or commercial [weight](#) loss programs could make them more effective over the long term.

More information: *Annals of Internal Medicine*,
<http://annals.org/aim/article/doi/10.7326/M16-2160>

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