

USPSTF recommendation for overweight, obese cost-effective

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(HealthDay)—Implementing the 2014 U.S. Preventive Services Task

Force (USPSTF) recommendations for behavioral counseling is likely to be cost-effective for overweight and obese adults, according to research published online Feb. 17 in *Diabetes Care*.

Ji Lin, Ph.D., from the U.S. Centers for Disease Control and Prevention in Atlanta, and colleagues examined the long-term cost-effectiveness (CE) of implementing the USPSTF behavioral counselling intervention for overweight or [obese adults](#). A disease progression model was used to simulate the 25-year CE of the recommendation for eligible U.S. adults. Data from systematic reviews were obtained for the cost and effectiveness of the intervention. To assess the CE of the intervention versus no intervention, incremental CE ratios (ICERs), measured in cost/quality-adjusted life-year (QALY), were used.

The researchers estimated that about 98 million U.S. adults would be eligible for the recommended USPSTF intervention. The ICER of the intervention versus no intervention would be \$13,900/QALY. There was wide variation in CE among subgroups, ranging from \$302 cost saving per capita for [obese individuals](#) with [impaired fasting glucose](#), hypertension, and dyslipidemia, to a cost of \$103,200/QALY for [overweight individuals](#) without those conditions.

"Considerable variation in CE across the recommended subpopulations suggests that prioritization based on risk level would yield larger total health gains per dollar spent," the authors write.

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