

# Extending weight loss programme helps overweight people keep more weight off and is cost-effective

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Credit: Quinn Dombrowski

Extending NHS weight loss programmes from one session per week for 12-weeks to one session per week for a year helped people who are overweight to lose more weight and keep it off for longer, according to a study published in *The Lancet*, and led by researchers from the University of Cambridge, University of Liverpool and University of Oxford.

Although upfront costs for the longer programme are higher, the study estimates that offering more sessions would be cost-effective to the NHS in the long-term because it would help to prevent more people from developing diseases as a result of their weight.

"This trial provides important data that offering support to lose weight – by referring people to a community [weight loss](#) group – is more successful than a self-help approach, and that providing classes for longer helps people keep weight off for longer," says Professor Susan Jebb, senior author of the study from University of Oxford. "Our results also show that, in the long-term, weight loss groups are cost-effective for society as a whole because they are likely to reduce future healthcare expenditure by preventing costly conditions such as diabetes and coronary heart disease."

The NHS currently refers people who are obese to 12-week long weight loss programmes run by commercial groups and provides vouchers for free attendance. These are among the most commonly commissioned programmes to treat obesity in the UK and the National Institute for Health and Care Excellence recommends that programmes last at least 12 weeks. However, there is little evidence to suggest how long these programmes should last to be most effective.

The new study involves 1,267 participants with a body mass index (BMI) of 28 or above and compares the effectiveness of a 12-week and a year-long programme of free Weight Watchers sessions to one-off advice together with a self-help booklet.

After a year, those given the self-help booklet had lost 3.3kg, those referred to the 12-week programme had lost 4.8 kg, and those referred to the year-long programme had lost 6.8kg on average. Two years after they began treatment, participants in all groups regained some weight but all groups were still lighter on average than at the start of treatment. The

self-help group were 2.3kg lighter, the 12-week programme were 3.0kg lighter, while the group offered a one-year programme were 4.3kg lighter.

Compared to participants in the other groups, those in the year-long programme also had significantly greater reductions in fasting blood glucose and glycosylated haemoglobin, which are important markers of the risk of developing diabetes. After a year, those on the year-long programme saw their blood glucose level reduce by 0.54mmol per litre of blood (compared to reductions of 0.27mmol/litre for the 12-week group and 0.11mmol/litre for the self-help group).

The researchers also modelled the impact of the three programmes over the next 25 years to predict how many people would develop different weight-related illnesses. They also estimated the impact of the programmes on quality of life, the cost of providing the programmes, as well as cost-savings to health services from preventing future diseases.

The 12-week programme was predicted to prevent more illnesses than the self-help intervention due to greater weight loss. Over 25 years, the cost to the NHS of providing the programme would be more than offset by the later savings as a result of reductions in disease, making it overall cost-saving.

Offering a year-long programme was estimated to prevent an additional 1,786 cases of disease (including 642 fewer cases of hypertension, 373 fewer cases of diabetes and 104 fewer cases of heart disease) for every 100,000 people, compared to the 12-week programme. So, although it was more expensive upfront, the study shows that the year-long programme is cost-effective over 25 years by preventing more cases of weight related illness.

"We've seen before that a 12-week programme can help people lose

weight, but for the first time we've shown that extending this to a full year leads to greater weight loss over a longer period and a lower risk of diabetes," says lead author Dr Amy Ahern from the MRC Epidemiology Unit at The University of Cambridge.

"Although the initial costs of the year-long programme are greater, it's very likely that it will be good value for money over the long term because of the reduction in weight-related illnesses. The results from the one-year programme are comparable to what has been seen in previous trials that used much more costly interventions, usually involving multiple contacts with health professionals."

Professor Jebb adds: "We know that many local authorities are questioning how best to spend their limited budgets. We have shown that the longer programmes bring greater benefits, with only modest extra costs. But at a time when some areas are reducing their expenditure on obesity treatment, the first step is to ensure that people who want help to lose weight have access to at least a standard 12-week [weight](#) loss programme, which we have shown is likely to be cost-saving for the NHS."

**More information:** Amy L Ahern et al. Extended and standard duration weight-loss programme referrals for adults in primary care (WRAP): a randomised controlled trial, *The Lancet* (2017). [DOI: 10.1016/S0140-6736\(17\)30647-5](https://doi.org/10.1016/S0140-6736(17)30647-5)

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