

Online diabetes prevention programs are as effective as in-person programs for weight loss

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Researchers examined participation and weight loss results in an online diabetes prevention program; an in-person diabetes prevention program; and the Veterans Administration's face-to-face standard-of-care weight management program, called MOVE!

In the primary analysis, enrollees in the online [diabetes prevention program](#) saw a mean [weight](#) loss of 10.3 pounds at 6 months and 8.8 pounds at 12 months. In a secondary analysis of participants who completed one or more modules/sessions, mean weight loss for online participants was 10.6 pounds at six months and 9 pounds at one year. This was roughly comparable to the results of in-person participants, but significantly higher than it was for MOVE! participants in at least one meeting, who lost 1.1 pounds at six months and 10.6 pounds at one year. In addition, the researchers found that the online program had better participation than the in-person program, with 87 percent of online participants completing eight or more sessions, compared with 59 percent for the in-person program and 55 percent for MOVE!

This study is one of the first to assess weight outcomes in an online diabetes prevention program in comparison to in-person delivery of such a program.

Some 84 million, or one in three, U.S. adults have prediabetes, a condition in which one's blood sugar levels are consistently higher than

normal, though not high enough to be type 2 diabetes. Without any intervention, up to 30 percent of adults with prediabetes can develop type 2 diabetes within five years, and up to 70 percent can develop it over their lifetime. Yet type 2 diabetes risk can be lowered by as much as 58 percent with lifestyle interventions such as diabetes prevention programs.

The trial enrolled 268 obese or overweight veterans with prediabetes in an online program. In a separate trial, 273 were enrolled in an in-person program, and 114 were enrolled in MOVE! This study included only veterans, but participants were recruited from four large centers and were diverse. Participants were not randomly placed in a group and recruitment processes differed between the online and in-person programs.

The online program, developed by Omada Health, consisted of virtual groups of participants; live e-coaches who monitored group interactions and provided the participants with feedback via phone and private online messages; weekly educational modules on healthy eating and exercise; and wireless scales to record participant weights. The in-person program consisted of eight to 22 group-based face-to-face sessions focused on 7 percent weight loss and at least 150 minutes per session of moderate physical activity. The MOVE! program included eight to 12 face-to-face healthy-lifestyle sessions and monthly maintenance sessions, but with no specified goals. Weight change was measured at six months and again at 12 months.

An intensive, multifaceted online diabetes prevention program is as effective as in-person programs and can make prevention programs more accessible to those at risk for developing diabetes.

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