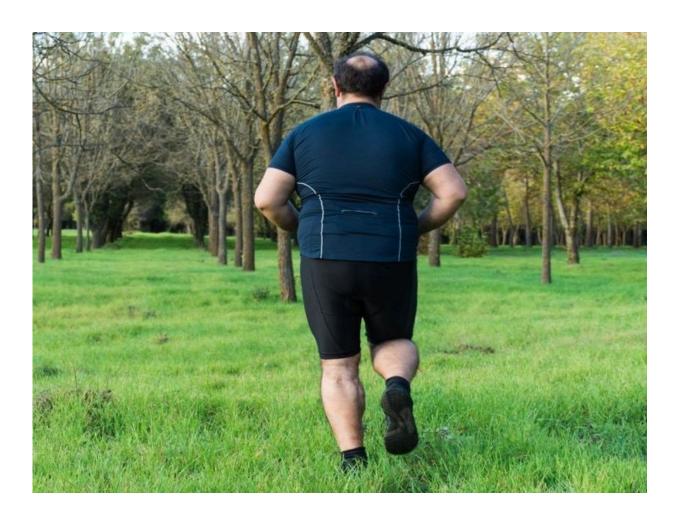


USPSTF recommends intensive behavioral change for obesity

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(HealthDay)—Primary care physicians should offer or refer obese



patients to intensive behavioral interventions, according to a U.S. Preventive Services Task Force (USPSTF) final recommendation statement published in the Sept. 18 issue of the *Journal of the American Medical Association*.

Susan J. Curry, Ph.D., from the University of Iowa in Iowa City, and USPSTF colleagues updated the 2012 recommendations on screening for obesity in adults. The Task Force reviewed evidence on interventions (behavioral and pharmacotherapy) for weight loss or weight loss maintenance that can be provided in or referred from a primary care setting, excluding surgical weight loss interventions and non-surgical weight loss devices (e.g., gastric balloons).

The USPSTF found adequate evidence that intensive, multicomponent behavioral interventions can lead to clinically significant improvements in weight status in adults with obesity. Further, there is evidence that such interventions are of moderate benefit in reducing the incidence of type 2 diabetes among adults with obesity and elevated plasma glucose levels. The Task Force also found adequate evidence that behavior-based weight loss maintenance interventions are of moderate benefit. The harms from intensive, multicomponent behavioral interventions (including weight loss maintenance interventions) in adults with obesity were found to be small to none.

"Intensive, multicomponent behavioral interventions combine interventions such as counseling on nutrition and increased physical activity," Task Force vice chair Alex Krist, M.D., M.P.H., said in a statement. "They can be conducted in group or classroom-style sessions that are led by a moderator, use face-to-face counseling, or use technology-based interventions like smartphone applications and social networks."

One author disclosed financial ties to Merck.



More information: Recommendation Statement

Evidence Report
Editorial 1
Editorial 2

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