

New, remote weight-loss method helped slash pounds

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Losing weight during the COVID-19 pandemic has increasing urgency because obesity increases the risk of severe disease and death. Two-thirds of U.S. adults are overweight or obese, according to the Centers for Disease Control and Prevention.

A new Northwestern Medicine remote [weight](#)-loss program, called Opt-IN, provides maximum weight loss for the lowest cost and with much less hassle than the gold-standard National Diabetes Prevention Program (DPP), the most successful behavioral non-[drug treatment](#) currently available. According to a new study, the Opt-IN program helped participants in a clinical trial lose 11 to 13 pounds, which is equivalent to the DPP's [success rate](#).

The study findings were published today (July 14) in the journal *Obesity*, the primary obesity publication.

"This matches the gold standard, so it's as good as it gets," said senior study author Bonnie Spring, director of the Institute for Public Health and Medicine's Center for Behavior and Health at Northwestern University Feinberg School of Medicine. "What's novel is how participants get there."

Compared to the DPP treatment—a year-long program costing around \$1,500 that requires weekly 90-minute in-person meetings with highly trained and paid medical professionals—the Opt-IN program is cheaper and much less burdensome, Spring said. Opt-IN is fully remote and costs

participants between \$324 and \$427, depending on their package.

Spring said while there has been a lot of effort made in the U.S. to try to make the DPP treatment more accessible and affordable, like offering it in YMCAs, uptake has been minimal. She cited reasons such as users having a hard time getting to the in-person meetings because of childcare or transportation challenges.

"All these traditional treatments have not been scalable because they're not accessible," said Spring, who also is the chief of behavioral medicine in the department of preventive medicine at Feinberg. "And they're expensive and burdensome. The direction we've gone in with Opt-IN is to meet people where they are, and these days—especially during the COVID-19 pandemic—that means in their homes.

The higher rate of severe cases of COVID-19 among [young adults](#) in the U.S. than other countries like China, Spain and Italy seems to be because obesity is much more common here, Spring said.

"To tackle the obesity behemoth, we are going to need to make obesity treatment much more accessible and affordable," Spring said. "The Opt-IN study demonstrates how we could do that."

The study had 562 Chicago-area adult participants who were overweight or obese begin a bare-minimum "core" program to achieve weight loss: goals, online lessons and a custom-designed weight-loss intervention app. Similar to commercial weight-loss apps on the market, this app helps users predetermine how many calories are in a food before they eat it and helps track their caloric intake and exercise throughout the day. Unlike other apps, however, this one sends the user's data directly to their coach, which Spring said helps keep users accountable.

Spring and her team then layered on and tested other treatment

components added to the basic core program. The most cost-effective treatment package included 12 health-coaching calls, progress reports sent to the person's primary care physician and a "buddy" who was trained to help support weight loss.

The study tested more expensive treatment components, like 24 coaching calls instead of 12 and meal replacement products, but they were left out of the final Opt-IN program, because results showed that they didn't increase weight loss.

How much weight did they lose?

At \$427 per person, the Opt-IN method produced an average weight loss of 13.4 pounds after six months, with 51.8% of the sample losing 7% of their initial body weight. The comparable DPP treatment also produces weight loss of 7% of initial body weight in 50% of enrollees, but at a much greater burden and cost.

A cheaper treatment package for \$324 that includes only the core app and online lessons plus 12 coaching calls resulted in an estimated 11.5-pound average weight loss, or at least 5% [weight](#) loss for more than 50% of participants over six months.

"Not fixing our national obesity problem invites the oncoming tsunami of diabetes, heart disease, some cancers and other chronic diseases for which [obesity](#) heightens risk, yet preventive services, including [obesity](#) treatment, are woefully lacking from our current health care delivery system," Spring said. "We hope our study helps to convince payers to cover, employers to offer and individuals to engage in preventive care."

Provided by Northwestern University

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