

# Odds of clinically meaningful weight loss low in adults with overweight, obesity

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Among adults with overweight or obesity, the annual probability of

weight loss of 5 percent or more was achieved by only one in 10, according to a study published online Aug. 7 in *JAMA Network Open*.

Lyudmyla Kompaniyets, Ph.D., from the U.S. Centers for Disease Control and Prevention in Atlanta, and colleagues assessed the annual probability of clinically meaningful weight loss. The analysis included data from ambulatory electronic medical records for 18 million U.S. patients (aged 17 years and older) with at least three years of body mass index (BMI) information from Jan. 1, 2009, to Feb. 28, 2022.

The researchers found that 72.5 percent of patients had overweight or obesity at the initial visit, and among these patients, the annual probability of weight loss of 5 percent or more was low (one in 10). However, annual probability of weight loss increased with higher initial BMI (one in 12 individuals with initial overweight to one in 6 individuals with initial BMI  $\geq 45$ ).

For reduction of BMI to the healthy weight category, annual probability ranged from one in 19 individuals with initial overweight to one in 1,667 individuals with initial BMI  $\geq 45$ . Women had a higher likelihood of both outcomes than men, and likelihood was highest among [White women](#). During a follow-up period of three to 14 years, 33.4 percent of persons with overweight and 41.8 percent of persons with [obesity](#) lost 5 percent or more of their initial weight, while 23.2 and 2.0 percent, respectively, reduced BMI to the healthy weight category.

"Clinicians and public health efforts can focus on messaging and referrals to interventions that support individuals with excess weight in achieving and sustaining meaningful weight loss," the authors write.

**More information:** Lyudmyla Kompaniyets et al, Probability of 5% or Greater Weight Loss or BMI Reduction to Healthy Weight Among Adults With Overweight or Obesity, *JAMA Network Open* (2023). [DOI:](#)

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