

Maintaining weight loss beneficial for people with type 2 diabetes

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People with Type 2 diabetes who regained weight forfeited the initial benefits of reduced risk of heart disease or stroke compared to those who maintained their weight loss, according to new research published in

the *Journal of the American Heart Association*, the open access journal of the American Heart Association.

Regaining weight previously lost is common and can deteriorate the initial benefits of lowered [heart disease](#) or stroke risks. Few studies have directly compared cardiometabolic risk between people who successfully lost weight and maintained the [weight loss](#) to those who regained weight, particularly among people with Type 2 diabetes.

Researchers analyzed data from nearly 1,600 participants with Type 2 diabetes in an intensive weight loss study who lost at least 3% of their initial body weight. They found that among those who lost 10% or more of their [body weight](#) and then maintained 75% or more of their weight loss four years later saw a significant improvement in [risk factors](#), such as improved levels of HDL (good) cholesterol, triglycerides, glucose, blood pressure, waist circumference and diabetes control. However, those benefits deteriorated among those who regained weight.

"Our findings suggest that in addition to focusing on weight loss, an increased emphasis should be placed on the importance of maintaining the weight loss over the long-term," said Alice H. Lichtenstein, D.Sc., senior study author and director of the Cardiovascular Nutrition Laboratory at the Human Nutrition Research Center on Aging at Tufts University in Boston, Massachusetts. "The bottom line is that maintaining the majority of the weight loss is essential to reducing cardiovascular risk." Lichtenstein is a member of the American Heart Association's Council on Lifestyle and Cardiometabolic Health—Lifestyle Nutrition Committee.

The researchers used data from the Look AHEAD study, which assessed a year-long intensive lifestyle intervention program to promote weight loss, compared to standard care for [heart](#) disease and stroke risk, among people diagnosed with Type 2 diabetes and who were overweight. The

intensive lifestyle intervention program focused on achieving [weight](#) loss through healthy eating and increased physical activity, while standard care consisted of [diabetes](#) support and education. A three-year maintenance phase included monthly group meetings and recommendations to replace one meal per day with something similar to a replacement shake or bar, and to continue engaging in regular physical activity.

More information: *Journal of the American Heart Association* (2019). [DOI: 10.1161/JAHA.118.010951](https://doi.org/10.1161/JAHA.118.010951)

Provided by American Heart Association

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