Weight Loss Programs Seem to Lag Behind Treatment Guidelines

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By Parker Brown [2]

Surveys show that up to 48% of Americans are actively trying to lose weight. New research finds reliable support in short supply.

Clinicians may have difficulty finding effective programs to refer patients with obesity

Reliable weight-loss programs were hard to find in Washington D.C. and the surrounding area, according to a new survey, and it could be difficult for clinicians there to effectively refer patients with obesity.

Researchers looked at 191 weight-loss programs in the mid-Atlantic region -- including Maryland and Virginia along with the nation's capital -- and found that only 1% of them were rated as having "high" concordance with weight management guidelines. Only 8% of programs were rated as moderate, and 91% were low, according to the study, which analyzed information provided by each program online.

A total of 80 programs were randomly selected for a follow-up telephone survey to compare the results to the information online, and 52 of the programs responded, according to the study authors, who were led by Kimberly Gudzune, MD, MPH, at the Johns Hopkins University School of Medicine, in Baltimore. Gudzune and colleagues published their findings on Wednesday in Obesity.

A comparison of the online information and the telephone survey data found that, in general, program intensity, diet, physical activity, and use of behavioral strategies were under-reported on websites, compared with phone interviews. In addition, within the telephone survey sample, 6% of programs were rated as highly concordant after a look at the website information, but when they were graded after the telephone interview, 19% were rated as high.

"This is the first study to capture the breadth and quality of services offered by community-based weight-loss programs," wrote Gudzune and colleagues. "Given that surveys have reported 29% to 48% of Americans are actively trying to lose weight and recent guidelines promote referral to high-intensity, multi-component programs, our results suggest that few guideline-concordant weight-loss programs may currently be available in the urban, mid-Atlantic region."

The ratings were indicative of how well the programs lined up with 2013 weight management guidelines from The Obesity Society, the American Heart Association, and the American College of Cardiology. The guidelines state that obese patients should be referred to high-intensity, comprehensive lifestyle interventions which should include a moderately reduced-calorie diet; increased exercise; and use of behavioral strategies to ensure adherence to the program. "However, it is unclear how many weight loss programs currently available in the community meet these evidence-based guidelines," wrote the authors.

The authors looked at all community-based programs within a 10-mile radius of one of 17 primary care clinics. Five factors were included in the rating of the programs: intensity, dietary change, physical activity, behavior modification, and supplement use. For supplements, researchers looked at whether the program dispensed or recommended supplements that were not efficacious or safe.

Highly rated programs met all five of those criteria; moderate ones did not report use of supplements and met at least two of the four criteria; and low-rated ones reported using supplements or met less than two of the other criteria. Only 60% of the programs stipulated any program intensity online -- of those, 17% were high-intensity, while 31% were self-directed. Three-quarters recommended a diet change, 57% recommended at least some physical activity, 53% used a behavior modification strategy, and 34% recommended or dispensed supplements. Only 3% recommended at least 150 minutes of exercise a week, which is often advised by guidelines.

The authors added that clinicians planning to refer a patient to a weight-loss program should consider calling a program to verify details and assess it, but they admitted that it may be difficult to do so during a routine primary care visit.
Website information with respect to use of FDA-approved weight-loss medications was reliable, according to the authors. "Clinicians and patients can feel relatively confident that if a website reports that a program uses FDA-approved medications, that this is likely to be a part of their practice," they wrote.

Limitations of the study included limited geography and lack of generalizability. The study evaluated in-person programs only and not remote programs delivered via the phone or the Internet. In addition, compared with national averages, the subsample included a higher percentage of programs that were supervised by a physician (35% versus 29%), that were affiliates of commercial weight-loss programs (12% versus 6%), or that were associated with a bariatric surgery practice (10% versus 5%), which could have biased the results.

The authors also didn't collect data about program cost or insurance coverage, which are two important factors that clinicians must take into consideration when referring.

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