

Regenerative Health Programme

Role of Complementary Therapies, Self-Help Approaches and Health Coaching in:

Obesity



Pollak K et al. **Physician Communication Techniques and Weight Loss in Adults: Project CHAT.** American Journal of Preventive Medicine, October 2010 (Vol. 39, Issue 4, Pages 321-328).

Background Physicians are encouraged to counsel overweight and obese patients to lose weight.

Purpose It was examined whether discussing weight and use of motivational interviewing

techniques (e.g., collaborating, reflective listening) while discussing weight predicted weight loss 3 months after the encounter.

Methods Forty primary care physicians and 461 of their overweight or obese patient visits were audio recorded between December 2006 and June 2008. Patient actual weight at the encounter and 3 months after the encounter (n=426); whether weight was discussed; physicians' use of motivational interviewing techniques; and patient, physician, and visit covariates (e.g., race, age, specialty) were assessed. This was an observational study and data were analyzed in April 2009.

Results No differences in weight loss were found between patients whose physicians discussed weight or did not. Patients whose physicians used motivational interviewing-consistent techniques during weight-related discussions lost weight 3 months post-encounter; those whose physician used motivational interviewing-inconsistent techniques gained or maintained weight. The estimated difference in weight change between patients whose physician had a higher global motivational interviewing-Spirit score (e.g., collaborated with patient) and those whose physician had a lower score was 1.6 kg (95% CI=-2.9, -0.3, p=0.02). The same was true for patients whose physician used reflective statements: 0.9 kg (95% CI=-1.8, -0.1, p=0.03). Similarly, patients whose physicians expressed only motivational interviewing-consistent behaviors had a difference in weight change of 1.1 kg (95% CI=-2.3, 0.1, p=0.07) compared to those whose physician expressed only motivational interviewing-inconsistent behaviors (e.g., judging, confronting).

Conclusions In this observational study, use of motivational interviewing techniques during weight loss discussions predicted patient weight loss.

<http://www.ajpm-online.net/article/S0749-3797%2810%2900402-2/abstract>

Jakicic JM, Otto AD. **Treatment and prevention of obesity: what is the role of exercise?** Nutr Rev. 2006;64:S57-S61. Abstract only

Abstract

The increasing prevalence of overweight and obesity highlight the need for improved intervention strategies to counteract this significant public health problem. To this end, it appears that increases in energy expenditure through exercise and other forms of physical activity may be an important component of effective interventions to enhance

initial weight loss and the prevention of weight regain. However, to achieve these outcomes, adequate levels of exercise and physical activity appear to be necessary, with 60 to 90 min/d currently being recommended. While this appears to be a significant amount of activity, overweight and obese adults should be counseled to progressively increase to these levels of exercise and physical activity. Moreover, there is significant evidence that even if an overweight or obese adult is unable to achieve this level of activity, that significant health benefits can be realized by participating in at least 30 minutes of daily activity that is at least moderate in intensity. Therefore, it is important to have interventions that target these levels of physical activity to improve health-related outcomes and to facilitate long-term weight control.

http://www.pec-journal.com/medline/record/ivp_00296643_64_S57

Guh DP, Zhang W, Bansback N, Amarsi Z, Birmingham CL, Anis AH. **The incidence of co-morbidities related to obesity and overweight: a systematic review and meta-analysis.** BMC Public Health 2009 Mar 25;9:88.

Background Overweight and obese persons are at risk of a number of medical conditions which can lead to further morbidity and mortality. The primary objective of this study is to provide an estimate of the incidence of each co-morbidity related to obesity and overweight using a meta-analysis.

Methods A literature search for the twenty co-morbidities identified in a preliminary search was conducted in Medline and Embase (Jan 2007). Studies meeting the inclusion criteria (prospective cohort studies of sufficient size reporting risk estimate based on the incidence of disease) were extracted. Study-specific unadjusted relative risks (RRs) on the log scale comparing overweight with normal and obese with normal were weighted by the inverse of their corresponding variances to obtain a pooled RR with 95% confidence intervals (CI).

Results A total of 89 relevant studies were identified. The review found evidence for 18 co-morbidities which met the inclusion criteria. The meta-analysis determined statistically significant associations for overweight with the incidence of type II diabetes, all cancers except esophageal (female), pancreatic and prostate cancer, all cardiovascular diseases (except congestive heart failure), asthma, gallbladder disease, osteoarthritis and chronic back pain. We noted the strongest association between overweight defined by body mass index (BMI) and the incidence of type II diabetes in females (RR = 3.92 (95% CI: 3.10–4.97)). Statistically significant associations with obesity were found with the incidence of type II diabetes, all cancers except esophageal and prostate cancer, all cardiovascular diseases, asthma, gallbladder disease, osteoarthritis and chronic back pain. Obesity defined by BMI was also most strongly associated with the incidence of type II diabetes in females (12.41 (9.03–17.06)).

Conclusion Both overweight and obesity are associated with the incidence of multiple co-morbidities including type II diabetes, cancer and cardiovascular diseases.

Maintenance of a healthy weight could be important in the prevention of the large disease burden in the future. Further studies are needed to explore the biological mechanisms that link overweight and obesity with these co-morbidities.

<http://www.biomedcentral.com/1471-2458/9/88>

Calle EE, Rodriguez C, Walker-Thurmond K, Thun MJ. **Overweight, obesity, and mortality from cancer in a prospectively studied cohort of U.S. adults.** *New England Journal of Medicine* 2003; 348(17):1625–1638.

Background The influence of excess body weight on the risk of death from cancer has not been fully characterized.

Methods In a prospectively studied population of more than 900,000 U.S. adults (404,576 men and 495,477 women) who were free of cancer at enrollment in 1982, there were 57,145 deaths from cancer during 16 years of follow-up. We examined the relation in men and women between the body-mass index in 1982 and the risk of death from all cancers and from cancers at individual sites, while controlling for other risk factors in multivariate proportional-hazards models. We calculated the proportion of all deaths from cancer that was attributable to overweight and obesity in the U.S. population on the basis of risk estimates from the current study and national estimates of the prevalence of overweight and obesity in the U.S. adult population.

Results The heaviest members of this cohort (those with a body-mass index [the weight in kilograms divided by the square of the height in meters] of at least 40) had death rates from all cancers combined that were 52 percent higher (for men) and 62 percent higher (for women) than the rates in men and women of normal weight. For men, the relative risk of death was 1.52 (95 percent confidence interval, 1.13 to 2.05); for women, the relative risk was 1.62 (95 percent confidence interval, 1.40 to 1.87). In both men and women, body-mass index was also significantly associated with higher rates of death due to cancer of the esophagus, colon and rectum, liver, gallbladder, pancreas, and kidney; the same was true for death due to non-Hodgkin's lymphoma and multiple myeloma. Significant trends of increasing risk with higher body-mass-index values were observed for death from cancers of the stomach and prostate in men and for death from cancers of the breast, uterus, cervix, and ovary in women. On the basis of associations observed in this study, we estimate that current patterns of overweight and obesity in the United States could account for 14 percent of all deaths from cancer in men and 20 percent of those in women.

Conclusions Increased body weight was associated with increased death rates for all cancers combined and for cancers at multiple specific sites.

<http://www.uoguelph.ca/hhns/grad/courses/HBNS6710/HBNS6710W04Calle.pdf>

Foster GD, Makris AP, Bailor B. **Behavioural treatment of obesity.** Am J Clin Nutr. 2005;82:230S–235S. Abstract only

Abstract

Behavioral treatment is an approach used to help individuals develop a set of skills to achieve a healthier weight. It is more than helping people to decide what to change; it is helping them identify how to change. The behavior change process is facilitated through the use of self-monitoring, goal setting, and problem solving. Studies suggest that behavioral treatment produces weight loss of 8-10% during the first 6 mo of treatment. Structured approaches such as meal replacements and food provision have been shown to increase the magnitude of weight loss. Most research on behavioral treatment has been conducted in university-based clinic programs. Although such studies are important, they tell us little about the effectiveness of these approaches in settings outside of specialized clinics. Future research might focus more on determining how these behavioral techniques can be best applied in a real-world setting.

http://www.pec-journal.com/medline/record/ivp_00029165_82_230S

Avenell A, Broom J, Brown TJ, Poobalan A, Aucott L, Stearns SC, et al. **Systematic review of the long-term effects and economic consequences of treatments for**

obesity and implications for health improvement. Health Technol Assess. 2004;8:1–182. <http://www.hta.ac.uk/pdfexecs/summ821.pdf>