



Weight Loss and Long-term Follow-Up of Severely Obese Individuals Treated with an Intense Behavioral Program

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Objectives

To review weight loss and maintenance for severely obese individuals enrolled in an intensive behavioral weight loss program using very-low or low-energy diets.

Design

Chart review of consecutively treated active patients between 1995 and 2002 seen at three weight loss centers.

Subjects

1531 patients with severe obesity (BMI ≥ 40 kg/m²) treated in three cities ("Study Group"). Of these, 1100 completed the 12-week core curriculum ("Completer Group"). Weight loss of ≥ 100 pounds (> 45 kg) was seen in 268 patients ("100-Pound Group").

Program

HMR offers intensive behavioral treatment programs for all levels of weight loss. The program commitments include: weekly attendance including a midweek phone call, and daily/weekly record keeping. The program focus is on three defined behaviors for both weight loss and maintenance: a minimum of 5 HMR meal replacements per day (35/week) for weight loss (14/week for maintenance), a minimum of 2000 calories of physical activity (PA) per week, and a minimum of 5 servings of vegetables and fruits per day (35/week) for some weight loss options and all maintenance.

Results

Measure	Study Group	Completers (≥ 12 weeks)	≥ 100 lbs. Weight Loss
N	1531	1100	268
Age	44	44	43
Initial Weight (lbs.)	306.0	308.2	349.2
Initial BMI (kg/m ²)	48.3	49.4	52.7
WEIGHT LOSS PHASE			
Weight Loss (lbs.)	↓62.0	↓77.6	↓137.4
Treatment weeks	30.1	38.5	57.0
MAINTENANCE PHASE			
Entered Maintenance	1103	947	251
Weight Loss Maintained (lbs.)	45.4	50.0	90.4
% Weight Loss Maintained	61.0%	59.0%	65.1%
Follow-up weeks	64.0	72.1	94.7
TOTAL TREATMENT WEEKS	94.1	110.6	151.7

Conclusions

- ✓ An intensive, ongoing treatment program is an option for those with BMI ≥ 40 kg/m². Patients can lose 100 lbs. or more using behavioral interventions which have low risk of side effects and mortality.
- ✓ Behavioral programs teach healthy lifestyle behaviors that are necessary for maintaining weight loss and reducing co-morbidities.

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