

More Work on Weight Loss

Both commercial weight-loss programs and intensive lifestyle modification show significant, although small, benefits.

Two studies add to efforts to combat the obesity epidemic.

In one study, researchers randomized 442 overweight or obese women (mean age, 44; mean weight, 92 kg) to usual care or to enrollment in a commercial weight-loss program; this program provided them with free low-fat, reduced-calorie, packaged, prepared meals and with weekly counseling — either in person or by telephone — and access to the program's website and message boards. Women in the commercial program could transition to regular foods as desired. Control-group participants received two counseling sessions with nutrition professionals, written materials, and monthly telephone or e-mail follow-up. In an intent-to-treat analysis at 2 years, the in-person and by-telephone intervention groups lost a mean of 7.4 kg and 6.2 kg, compared with 2.0 kg for the control group.

In another study, 130 severely obese people (mean age, 47; mean body-mass index, 44 kg/m²) received a diet intervention that provided regular group, individual, and telephone contacts, free liquid and packaged meals for the initial months, and pedometers and other exercise aids. Participants were randomized to receive an exercise intervention for the entire 1-year study or to receive it beginning at month 6. At 1-year follow-up, both groups lost roughly 10 kg to 12 kg and had similarly small but statistically significant improvements in various cardiometabolic risk factors.

Comment: Does the modest, albeit statistically significant, weight loss achieved with these very intensive behavioral interventions (including free food) justify their cost? The commercial weight-loss program used in the commercial-program study has an estimated 2-year cost of nearly US\$14,000 — that's about \$920 per average pound lost in the intervention groups. In comparison, bariatric surgery, according to an editorialist, costs as much as \$29,000, with greater weight loss but higher risk. Adherence to these structured interventions in routine community practice likely would be much lower than it was in these studies, even with free food.

— [Thomas L. Schwenk, MD](#)

Published in [Journal Watch General Medicine](#) October 19, 2010