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Weight Loss and Lifestyle Change Within the Commercial Sector – a Good Complement to Healthcare?

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Background: Only a small proportion of overweight patients currently get state-financed help with weight loss and lifestyle changes. The quality of commercial weight loss programs is still relatively unknown.

Method: 340 participants (BMI 31.9 ± 5.3 kg/m²; age 47.4 ± 11.8 years, 89.7% female) underwent a commercial 12-month weight loss program (Itrim) comprising 20 one-hour lectures on diet and exercise, 30-45 minutes of aerobic and strength training 2-3 times/week, individual coaching at every weigh-in (at the start, 10, 20 and 52 wks), and homework tasks/diaries. The participants, who all had a BMI >25 kg/m², were recruited consecutively between 2004-2005 from six centres in different parts of the country. The participants had all paid for the program themselves (cost approx. SEK 700/month). The participants could choose one of three specific low-calorie diets during the first ten weeks of the program (after which they gradually returned to energy balance): 1) VLCD; 2) 2 meals of normal food + 2 VLCD meals ("2+2"); and 3) normal food with a restricted fat and sugar content ("Normal food"). The intention to-treat principle was used (baseline carried forward). RM ANOVA with baseline weight as a covariat was used for hypothesis testing.

Result: 249 participants completed the 12 months. The dropout rate was 20.6% in the VLCD group (20/97), 30.2% in the 2+2 group (54/189) and 25.9 % in the normal food group. After 12 months the VLCD group had lost 12.3 kg (95% CI 10.4 to 13.7), the 2+2 group 7.6 kg (6.4 to 8.8), and the normal food group 5.7kg (3.5 to 7.9). The VLCD group had significantly better weight loss than both the 2+2 and the normal food groups ($P < 0.001$ for both). The 2+2 group achieved significantly better weight loss than the normal food group ($P < 0.05$).

Summary: All groups achieved clinically relevant weight loss. The greatest weight loss was achieved when meal replacement was used at the start of the program. Commercial weight loss programs may be an important complement to public healthcare.