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OBESITY

Counseling emPOWERs patients to lose weight

Two randomized, controlled trials presented at the 2011 AHA Scientific Sessions and published in the *New England Journal of Medicine* indicate that the most-effective weight-loss programs involve high levels of counseling and patient support. These studies are two of three independent Practice-based Opportunities for Weight Reduction (POWER) trials.

Dr Tom Wadden became interested when "in 2003, the US Preventive Services Task Force recommended that clinicians screen all adults for obesity and offer intensive behavioral weight-loss counseling to appropriate individuals." He and other researchers in a trial based at the University of Pennsylvania (POWER-UP) compared three interventions: usual care (quarterly visits to primary care providers that included education about weight management), brief lifestyle counseling (quarterly visits to primary care providers combined with brief monthly instructions about behavioral weight control from a lifestyle coach), or enhanced brief lifestyle counseling (the same care as above plus meal replacements or weight-loss medication—either orlistat or sibutramine).

Researchers enrolled 390 patients with a BMI of 30–50 kg/m^2 and at least two of the five components of the metabolic syndrome. In total, 86% of patients completed the 2-year trial, and the mean weight loss was 1.7, 2.9, and 4.6 kg in the usual-care group, and with brief or enhanced lifestyle counseling, respectively. Initial weight decreased by at least 5% in 21.5%, 26.0%, and 34.9% of patients in each group, respectively. No differences in serious adverse events occurred between strategies.

In the POWER trial at Johns Hopkins, two behavioral weight-loss interventions were compared with a control group of self-directed weight loss. One intervention provided remote support (by telephone, e-mail, and the Internet); the other strategy gave both in-person support during individual and group sessions and remote support.

In total, 415 patients with obesity (mean BMI = 36.6 kg/m^2, mean weight = 103.8 kg) and one or more cardiovascular risk factors (hypertension, diabetes mellitus, or hypercholesterolemia) were randomly allocated and followed up for 2 years. Mean weight loss was 0.8, 4.6, and 5.1 kg in the self-directed, remote-support, and in-person support groups, respectively. Initial weight decreased by at least 5% in 18.8%, 38.2%, and 41.4% of patients in each group, respectively. Weight loss was significantly greater in the supported groups compared with self-directed controls, but did not differ between the two intervention groups.

Dr Wadden "plans to make his treatment protocols available to health-care providers for use in their practices. Further study is needed to determine the most cost-effective methods of providing behavioral weight-loss counseling," and similar strategies might be applied to other chronic diseases.

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Original articles Wadden, T. A. *et al.* A two-year randomized trial of obesity treatment in primary care practice. *N. Engl. J. Med.* doi:10.1056/NEJMoa1109220 | Appel, L. J. *et al.* Comparative effectiveness of weight-loss interventions in clinical practice. *N. Engl. J. Med.* doi:10.1056/NEJMoa1108660