Obesity Prevention and Control: Multicomponent Provider Interventions with Patient Interventions

Summary Evidence Table

Adult Populations

Study	Intervention and Comparison	Study Population	Effect measure	Basel	Reporto ine and Up	ed Follow-	Reported effect	Follow- up time
Author (year): Laws et al. (2004) Study Period: 2003-2004 Study Design: Time series Design Suitability: Moderate Quality of Execution: Fair	Location: United Kingdom (Aberdeen, Bath, Birmingham, Solihull, Glasgow, Hammersmith, Leeds, Luton) Components: Practice-based training and support includes for practice nurses 6 to 8 hours on core competencies for evidence based weight management, Follow-up with weight management advisors for 6 months and for General practitioner trained 1 hour on stages of change, confidence	80 clinical practices baseline =1549 obese patients age 18-75 years) 3 mo =728 patients 6 mo=492 patients12 mo=445 patients	Mean change in body Weight (kg) >5% wt loss - all patients (%) >5% wt loss - patients with data (%)	3 mo -3.3 13.7 26	6mo -4.2 15.3 30.2	12mo -3.2 16.2 32.6	-3.2	12 months
	and the benefits of a 5-10% weight loss Patient intervention consisted of screening and treatment pathways incorporating evidence-based approaches, anti-obesity medications, and weight maintenance strategies							
Author (year): Ockene et al. (1999) Study Period: not reported	Components: Nutrition counseling alone: Two 2.5 hour sessions in small group and 30 min individual sessions (role play). Focus on	45 primary care internists (46 available, 1 declined) randomized into 3 groups.	Weight (kg) (direct measure) Nutri counseling Nutri counseling + Control	12 mor -1.0 -2.3 0	nth		-1.0 -2.3	12 months

Study	Intervention and Comparison	Study Population	Effect measure	Reported Baseline and Follow- Up	Reported effect	Follow- up time
Study Design: Group RCT Design Suitability: Greatest Quality of Execution: Fair	counseling. Tools given to practitioners. Nutrition counseling +: same as above plus physicians received office support Comparison: Usual care	1162 patients recruited with total blood cholesterol levels in the highest 25 th percentile age 20-65 years; 550 completed weight at 1 year 161 control 192 nutri alone 197 nutri +	LDL	0.01 -0.02 0.02 -0.11 -0.01 -0.04 -1.10 0 0.05 -0.10 0.03 0.1 -0.1 0.1 -1.0 -2.3 -0.7	0.02 -0.13	

Study	Intervention and Comparison	Study Population	Effect measure	Reported Baseline and Follow- Up	Reported effect	Follow- up time
Author (year):	Location: Indianapolis, IN	3-4 resident teams	Diastolic Blood Pressure	Baseline 26m		26
Vinicor et al.		and 532 diabetic	(mmHg)			months
(1987)	Components:	patients randomized		81.4 85.2	3.8	
	Patient Education: patients	from 1 clinic	,	83.1 83.4	0.3	
Study Period:	receive education focused on		Patient & Physician	81.8 81.3	-0.5	
not reported	target behaviors essential for	Group N ₀ N ₁				
	self-management of diabetes	Contr 129 68	Systolic Blood Pressure			
Study Design:	Physician Education:	Phy 130 62	(mmHg)			
Group RCT	physicians receive intensive	Pat&Phy 133 133		137.2 144.9	7.7	
	education program		, ,	142.5 146.4	3.9	
Design	Patient and Physician		Patient & Physician	140.4 145.0	4.6	
Suitability:	Education: Patients and		- · · · · · · · · · · · · · · · · · · ·			
Greatest	physicians receive Diabetes		Fasting Glucose (mg/dl)	200 7		
	Research and Training Center			201.1 208.7	7.6	
Quality of	-initiated training programs		,	209.6 196.5	-13.1	
Execution: Fair	la		Patient & Physician	229.2 190.2	-39.0	
	Comparison: Usual care					
	(diabetes education routinely		Glycosylated Hemoglobin			
	available in the clinic)		(Hb A1C)	10.10	0.55	
				10.19 10.74	0.55	
			,	10.51 10.64	0.13	
			Patient & Physician	11.34 10.42	-0.92	
			Weight (lbs. direct			
			Weight (lbs, direct			
			measure) Control	185.3 186.4	1.1	
				188.8 185.4	-3.4	
			Physican Only Patient & Physician		-3.4 -4.7	
			ratient & Physician	193.0 109.1	-4./	

Pediatric Populations

Study	Intervention and Comparison	Study Po	pulatio	n	Effect measure	R Baselin	eporte e and F Up		Reported effect	Follow- up time
Author (year):	Location: Melbourne,	29 General			BMI (direct measure)	Baseline	9 mo	15 mo		15
McCallum et al.	Australia	practices; 1	163		Intervention	20.5	21.0	21.7		months
(2006)		overweight	/mildly		Control	20.0	20.8	21.2		
	Components: General	obese child	ren ag	е						
Study Period:	practitioner received	5-9 years			Change in BMI z-score					
April to Dec 2002	standardized education				Intervention	2.0	1.96	2.0		
	package on delivery of the	Group N ₀		N_1	Control	1.9	1.93	1.92		
Study Design:	intervention, didactic and	Inter 82	_	70						
RCT	reflective teaching on obesity,	Cont 81	80	76	Change in % time in					
	and brief solution-focused				physical activity					
Design	therapy techniques in 3 group				Intervention	39.7	42.9	39.2		
Suitability:	sessions				Control	38.1	36.1	35.2		
Greatest	Intervention was general									
Quality of	practitioner-led family consultation using brief				Change in daily activity scores					
Execution: Good	solution-focused technique to				Intervention	3.3	3.3	3.3		
Exceution: Good	set and record appropriate				Control	3.3	3.2	3.2		
	healthy lifestyle goals				Control	3.5	5.2	5.2		
	targeting change in nutrition,				Change in nutrition					
	physical activity, and				scores					
	sedentary behavior				Intervention	16.3	19.0	18.7		
	, 55				Control	16.2	16.5	16.1		

Absolute effect size is calculated unless otherwise noted.

Abbreviations

CI, confidence interval	N_1 , sample size at time 1
BMI, Body Mass Index	N_2 , sample size at time 2
DBP, diastolic blood pressure	RCT, randomized controlled trial
HDL, high density lipoprotein	RD, registered dietitian
kJ, kilojoule	SBP systolic blood pressure
LDL, low density lipoprotein	TG, triglyceride
N ₀ , sample size at baseline	VLCD, very low calorie diet