COMMERCIAL SLIMMING PROGRAMMES: WHICH WAY DO I TURN?

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There is a plethora of advice available to someone who wishes to lose weight, ranging from commercial slimming organisations and primary care support groups to fad diets. How do we as health professionals decipher fact from fiction to best serve our patients and guide them to an evidence-based programme that best suits their needs?

Nearly two thirds of the UK population are either overweight or obese. The prediction is that approximately half will be obese by 2050,[1] compared to the current rate of one in four.[2] In 2014, survey results from Mintel highlighted that over half the population, approximately 29 million were trying to lose weight.[3] About half had tried cutting back on fatty foods, having smaller portions and/or consuming less sugar; 60% were trying to lose weight by being more active. There is clearly a myriad of routes tried by millions towards weight loss.

WHAT WORKS BEST AND FOR WHOM?

Obesity is a chronic, remitting, relapsing disease which requires ongoing support. Increasing body fatness is associated with serious medical conditions with 90% of persons with Type 2 diabetes having a BMI >23kg/m^2.[4] There is a five-fold increase in the risk of hypertension and a doubling in the risk of coronary artery disease in persons with BMI >30kg/m^2.[4] The risk of osteoarthritis rises with increasing body weight, resulting in reduced mobility. Obesity related comorbidities clearly affect quality of life and may make it harder to lose weight.

Weight is lost by consuming fewer calories than we use up in physical activity. The most effective programmes for optimal weight management have dietary, activity and behavioural components.[5,6] Findings from a review of all UK interventions, with recent peer review evidence of their effectiveness in realistic settings, concluded that no single approach to weight management is effective for everyone.[7] Different approaches suit different people, which concurs with several other studies.[8,9,10]

NICE recommendations deem the following commercial programmes of weight management to be effective at 12 and 18 months; Rosemary Conley, Slimming World and Weight Watchers.[5] Published data has shown that NHS referral onto commercial programmes works.[12,13] The findings of a randomised controlled trial (RCT) looking at four commercial weight loss programmes was published in 2006;[10] 293 volunteers with a mean age of 40, mean BMI 31.7 were randomised into one of five groups. The self-help cohort was allocated Atkins or Slim Fast in which participants adhered to the guidelines from a book or support pack respectively. These were compared to attending weekly Weight Watchers and Rosemary Conley slimming groups. Rosemary Conley slimming classes have moved to having an online presence and, as such, data pertaining to these groups have been removed from this article. The final group was a no intervention control group. Persons with Type 1 and 2 diabetes and diagnosis of coronary heart disease were excluded. Mean weight losses for completers at six months were:

- Atkins - 8.5kg
- Slim Fast - 6.5kg
- Weight Watchers - 8.0kg
- The no diet control group gained 0.9kg

This reflects the 1.0kg gain that is seen in the population if there is no conscious effort to manage weight.[14] Behaviour beyond the initial six months was also looked at. It was clear there was an advantage in the commercial programmes that offered group support compared to self-help programmes.

A more recent RCT compared a range of commercial and primary care led weight reduction programmes,[12] in which 740 participants were randomised to one of three commercial programmes; Weight Watchers, Slimming World and Rosemary Conley, or managed via an NHS group programme, GP or pharmacy programmes. The mean age of participants was 49 years and BMI 33.6kg/m^2. It was not stated as to diabetes status. The mean number of visits over the first 12 weeks in the commercial slimming groups, GP and pharmacy interventions was 12, and eight in the NHS group programme. Number of visits beyond the first three months was less clear. The mean weight loss at 12 months for completers was; -4.4kg, and -3.1kg for Weight Watchers and Slimming World respectively. This was compared to local NHS weight management support, GP and pharmacy weight management programmes which achieved -3.7kg, -1.3kg and -1.2kg at 12 months. For patients who were allowed to choose the intervention of their choice which best suited their needs, the mean weight loss at 12 months for completers was -2.9kg.[14]

Data from another RCT comparing a commercial weight management provider with standard care, revealed a mean weight change of -5.06kg for the commercial group at 12 months compared to a weight change of -2.25kg receiving standard care. The mean number of visits in 12 months was 36 versus 12 respectively.[15]

UK SLIMMING ORGANISATIONS

Weight Watchers and Slimming World (Table 1) are market leaders for commercial slimming organisations in the UK. They offer those wanting to lose weight an opportunity to be part of a group which is aimed to provide moral support with others who can spur them on. Sessions are usually held in non-NHS settings at times that suit different working patterns. Groups are open and last 60-90 minutes, with new participants welcome at any point.

The leader is trained to a set standard and has experience of managing their own weight with the programme. One-to-one support is offered briefly during weighing, which can be used to discuss personal calorie or points allowances. Additional support can be via email, magazines and/or telephone support from a trained consultant. Each programme works on an energy deficit approach through prescribed eating plans, points system or goal-setting approaches. Members are encouraged to set goals to increase their level of physical activity to achieve 30 minutes moderately intensive exercise most days of the week, ultimately increasing to 10,000 or more steps daily.

There is a recognition within many slimming groups of the use of behavioural strategies, such as regular weighing, nutrition and physical activity education, social support, relapse prevention and rewards.

Commercial based providers are in a good position to provide weight management support. The research shows that they have good outcomes for patients who have no mobility issues, BMI <35kg/m^2, and few comorbidities, such as diabetes.[7,10] Clinical judgement is needed to determine whether they are suitable for patients with higher levels of obesity and more complex needs. There is also a need for longer-term data beyond 12 months.

NHS WEIGHT MANAGEMENT SERVICES

There are few peer reviewed studies on the weight change outcomes of NHS weight management programmes. The biggest to date is The Counterweight programme which is a prospective evidence-based intervention for weight management (Table 1). Healthcare staff are trained and mentored to deliver a structured programme to overweight and obese patients. In 2008, the programme was evaluated. Training and mentoring was standardised and competency-based. Mentoring was provided to healthcare staff to provide on-the-job supervision. Patients were seen either individually or via small closed groups.[16] They attend six structured intervention sessions over three months, then three-monthly reviews thereafter for a year to encourage weight-loss maintenance.

The sessions cover previous weight loss history, weight loss expectations, managing difficult times, physical activity, SMART goal setting, eating behaviours and weight loss maintenance. There is an emphasis throughout the programme on behaviour change strategies.

In the study, 1,906 patients were recruited to attend the programme via their GP practice. The mean BMI was 37kg/m^2. A quarter of participants had a BMI >40kg/m^2. Three quarters had at least one obesity-related comorbidity, with 25% having three or more. Mean weight losses at 12 months were -3.0kg and 31% of completers achieved >5% or 5.0kg weight loss at 12 months. The mean number of visits was eight. The number of visits associated with optimal weight loss was between 10 and 15.[16] This programme used in the pharmacy setting in a later evaluation showed weight loss outcomes.[17]

There has been mixed data published relating to primary care weight management programmes. This perhaps relates to the many

Table 1: Characteristics of weight management programmes

Weight Watchers www.weightwatchers.com	
• Open group and/or online membership. • Weekly group meetings approx. one hour held at same day and time at local community venue. • One-to-one support for new clients and during weighing. • New members given points budget which considers height, weight, gender and age. • Group talk from leader who has experience with managing their weight with the programme.	• 500Kcal deficit plan discussed using points system. • Recipes and menu plans given. • Aims for 0.5kg-1.0kg weight loss per week. • Physical activity encourages gradual increase to 10,000 steps daily. • Weekly supportive emails. • Behavioural strategies discussed in group sessions.
Slimming World www.slimmingworld.co.uk	
• Open group, new members can join at any time. • Weekly support in community venues. Same day and time. • Leaders are ex-members who have lost weight with the programme. • 60- to 90-minute sessions. • Individual support if needed. • Access also to website, magazines and one-to-one telephone support from a consultant.	• Recipes and menu plans. • Food optimising emphasising low energy density foods that encourage optimal satiety and create energy deficit. Personal eating plans. • Mini targets negotiated for dietary and physical activity changes. • Behavioural strategies highlighted in groups to encourage weight management.
Counterweight www.counterweight.org	
• Practitioners trained and mentored by registered dietitians. • Structured lifestyle programme based on everyday foods, drinks and activity. • Nine education appointments delivered either individually or via closed groups (60 to 90 minutes) over one year. • Energy deficit created using SMART goals or 500-600Kcal prescribed energy deficit dietary plans.	• Menu planning. • Behavioural strategies used to ensure long-term changes to dietary and activity habits. • Delivered in NHS settings, community settings and pharmacies. • Aim to achieve 5-10% or 5-10kg and weight loss maintenance.

Table 2: Examples of fad diets

• Low carbohydrate diet	• Macrobiotic diet
• Grapefruit diet	• Blood type diet
• Detox diet	• Juicing diet
• Cabbage soup diet	• Secret diet drops

different aspects of primary care programmes, with no standard training or accreditation to the training for practitioners delivering sessions. Mentoring is a key aspect to successful and competent delivery of weight management in primary care settings.[18]

FAD DIETS

Half the population is trying to lose weight and £1.8 billion was spent on diet food products in 2013 (Mintell 2014).[3] The offer of a quick fix, with a promise of large weight losses can be very alluring. There is little information as to the numbers following current 'fad diets'. These diets are very restrictive and often contain unusual food choices. There is little scientific understanding of healthy nutrition within these diet plans. Focus is on energy deficit with little consideration for increased physical activity or long-term behaviour change strategies.

Some fad diets recommend certain vitamins, minerals or specific supplements that encourage fat burning and weight loss. It useful to inform patients that any effective programme will have quantitative evidence of results. Many fad diets are based on personal testimonials or celebrity endorsements which would not stand up to the rigours of scientific peer review. Examples of some popular diets can be seen in Table 2.

Characteristics of a Fad Diet:[19]

- Promise of a magic bullet and it will solve your weight loss problems.
- Promise rapid weight losses of more than 2.0lbs body fat in a week.
- Involves dietary manipulations to detox and cleanse the digestive system.
- Recommends fat burning effects, e.g. grapefruit diet.
- Avoidance of whole food groups and recommends vitamins and supplements.
- Promotes eating only one type of food, e.g. cabbage soup diet.
- Recommends food for genetic type or blood groups.
- Has only celebrity endorsement and no quantitative evidence.
- Involves long-term reliance on vitamins, minerals or supplements.

Fad diets can create unrealistic expectations of weight loss and are unsustainable. It is valuable to speak with patients about their previous dieting history and ascertain their expectations of a successful programme. We can see from previous data that irrespective of the mode of delivery of weight management programmes, successful weight management is reliant on optimal attendance.[12,16,17] Meeting patient's expectations has a bearing on continued attendance. Other factors associated with greater attendance appear to include: ages 35-44, higher baseline BMI and absence of diabetes and arthritis.[16]

CONCLUSION

Studies seem to concur that one size does not fit all.[7,10,11] Commercial weight loss programmes effectively support overweight and obese patients to manage their weight. They are best, but not exclusively, suited to patients with BMI <35kg/m^2 and uncomplicated obesity. Patients with higher BMIs, especially above 40, seem to benefit more from programmes delivered by healthcare professionals based in primary care. Staff delivering these programmes should be trained to a high standard and mentored to ensure optimal competency. The use of fad diets continues. Health professionals need to be aware of the detrimental nature that these may have on health and also on patient expectations of successful weight management programmes. Expectations have a bearing on attendance which further influences weight management success.