HOSPITAL AUTHORITY CONVENTION 2014:
KWC WEIGHT MANAGEMENT PROJECT IN
OVERWEIGHT AND OBESE TYPE II DM
CHINESE PATIENTS
-PILOT STUDY IN LAY TRENCH GENERAL
OUT PATIENT CLINIC

Ho KM, Cheung PU, Tam CY, Ho SF, Wong YK, Chan KW, Luk W, Yiu YK

Cho DK(Statistical Support)

Kowloon West Cluster Department of Fi

Kowloon West Cluster Department of Family Medicine and Primary Health Care



Introduction

- Risk Assessment and Management Program(RAMP)
- To improve the diabetic control of diabetes mellitus patients
- No energy estimation and exercise prescription component

Objectives

• To examine the efficacy of a structural RAMP with and without energy estimation & exercise prescription to achieve weight loss by comparing the efficacy of health status improvement

Methodology

- Participants randomly assigned to either structural RAMP(RAMP) group or structural RAMP with energy estimation and exercise prescription(RAMP+E) group
- Both groups received individual monthly dietitian counseling, physiotherapist counseling and nursing support
- RAMP+E group emphasized energy estimation with negative energy balance and exercise prescription
- RAMP+E group with tailored-made lifestyle modification

Table Structural RAMP with energy estimation and exercise prescription (RAMP+E) group

海 八八八 章
○全人,安心。

Group Objective	Mean loss >=10% of initial weight
Objectives for participant behavior	Intake of 1200-1800kcal/day, depending on baseline weight, regular physical activity with negative balance of 500kcal/day according to the METS calculation
Content	
Knowledge	Proper diabetes management, caloric control, sound nutrition, methods to increase activity, exercise precautions
Motivation	Self-efficacy, outcome expectations, importance of lifestyle modification
Self-Regulatory Skills	Self monitoring, goal setting, self-reinforcement, social support, cognitive restructuring, relapse prevention
Environmental	Practical assistance in overcoming barriers to adherence
Contact Schedule	Monthly follow up for <i>dietitian</i> counseling and <i>family physician/physiotherapist</i> counseling
Monitoring and Adherence	Individual counselors will collect data on attendance, weight ad self- monitoring of diet and exercise; data will be entered into a computer-based tracking system; feedback will be given to participants

RESULTS

Table Comparison of clinical variables before and after the study

Clinical variables	RAMP Group(n=1	[9)	RAMP+E Grou	p(n=18)	p-value
	Mean at	Mean at	Mean at	Mean at sixth	
	baseline	sixth month	baseline	month	
HbA1c (%)	7.44	6.86	7.36	6.73	.568
Total Cholesterol	4.76	4.42	4.94	4.42	.526
(mmol//L)					
Triglyceride	1.64	1.57	1.52	1.47	.854
(mmol/L)					
High Density	1.16	1.21	1.22	1.34	.086
Lipoprotein(HDL)					
(mmol/L)					
Low Density	2.85	2.52	3.05	2.54	.478
Lipoprotein(LDL)					
(mmol/L)					
Systolic blood	138	136	134	133	.115
pressure(mmHg)					
Diastolic blood	82	76	78	74	.331
pressure(mmHg)					

Table Comparison of weight loss and body fat change before and after the study

-	O	V	
Clinical variable	RAMP Group	RAMP+E Group	p-value
	Mean	Mean	
	Difference(n=19)	Difference(n=18)	
Overall Weight	-1.963	-0.672	.769
loss(kg)			
Overall Body Fat %	-0.184	0.606	.878
Change (%)			

RESULTS



Table Comparison of clinical variables before and after the study (including both RAMP group and RAMP+E group as a group)

Clinical variables	Mean at baseline	Mean at sixth month	p-value
HbA1c (%)	7.443	6.910	.000*
Total Cholesterol	4.845	4.425	.004*
(mmol//L)			
Triglyceride (mmol/L)	1.588	1.512	.536
High Density	1.175	1.262	.000*
Lipoprotein(HDL)			
(mmol/L)			
Low Density	2.960	2.543	.001*
Lipoprotein(LDL)			
(mmol/L)			
Systolic blood	135.78	134.51	.615
pressure(mmHg)			
Diastolic blood	80.08	75.00	.002*
pressure(mmHg)			

Table Comparison of weight loss and body fat change before and after the study (including both RAMP group and RAMP+E group)

Clinical variable	Mean Difference	p-value
Overall Weight loss(kg)	-1.3154	.001*
Overall Body Fat %	.2179	.533
Change(%)		

^{*}Statistically significant



CONCLUSIONS

• The effect of the structural RAMP with component of energy balance calculation and exercise prescription could be as effective as the structural RAMP with diabetes support and education for improvement in the health status among overweight or obese Chinese patients with type 2 diabetes



Thanks