Is it more effective? Increased resources spent on weight management program

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Introduction
The patient empowerment group therapy (PEGT) program revamped in 2010 produced significant weight loss in comparison to conventional method. Literature reviewed that lower body fat percentage reduces the risk of chronic diseases. As body weight alone cannot inform quantity of fat or lean mass, therefore, from October 2012, body composition analysis (BCA) and two individual follow-up (FU) sessions were added to the revised weight management program (RGT) for better outcomes.

Objectives
1) To investigate the effectiveness of addition resources (BCA and increase contact time) 2) To decide whether BCA and individual follow-up sessions should be continued with RGT.

Methodology
A retrospective observational study was conducted to compare the effectiveness of weight control group therapy between PEGT and RGT. Student t-test was used to compare the outcomes of the two groups. Both PEGT and RGT consist of three patient empowered group sessions. RGT has additional three BCA at the beginning and end of group sessions as well as the end of two FU sessions. Each BCA takes 30 minutes using the Inbody Analyser (InBody 520) and each FU take 15-20 minutes.

Result
From January 2012 to July 2014, 58 patients completed PEGT, 236 patients completed RGT group sessions of which 111 patients attended the FU sessions. The mean weight loss, on completion, was similar for both PEGT (2.04 Kg) and RGT (2.02 Kg).
Kg) which has BCA. For RGT, a mean weight reduction of 3.22 Kg was found at the end of the FU sessions. In RGT, 56.8% had less than 5 percent and 6.4% had 5 to 10 percent weight loss after group sessions with 55.0% has less than 5 percent and 18.9% had 5 to 10 percent weight loss after the two FU. Upon completion of FU, body fat decreased 2.38kg. Attendance rate for second class of PEGT and RGT group sessions were 60% and 73% respectively while it was 43% and 68% after the third class respectively. The attendance after RGT second FU was 47%. Those tried to lose weight before and those whose age 41-50 did better. Mean weight loss for RGT is better. BCA increases attendance but not help in losing weight. The RGT mode of care delivery is effective and worth to continue for weight management. Future program improvement may focus on how to better motivate patients for diet change for different age group.