



**Service Priorities and Programmes
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Impact of Telephone Intervention on Weight Management, a Randomised Control Study

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Introduction

Overseas studies regarding impact of telephone intervention on dietary behaviour showed improvement in efficacy and positive dietary outcomes. Weight management programme in local settings has not incorporated telephone intervention as part of its intervention.

Objectives

Compare the effects of telephone intervention with traditional weight reduction programme in local settings.

Methodology

Out-patients in 6 weight reduction classes were randomised to intervention and control group. Patients in intervention group received telephone intervention (verbal reminders and text reminders) on a regular basis between initial and 6-month follow-ups in addition to usual care. All patients were followed-up at 3-, 6- and 12-month after initial consultation. Patients who were incompetent to have telephone follow-up were excluded. Primary outcome was weight loss. Secondary outcome was attendance rate.

Result

There were 60 patients in intervention group and 72 patients in control group. As the sample did not show a normal distribution, non-parametric tests were performed. Median cumulative weight loss in intervention group was significantly more than control group at 6-month, -2.5kg (interquartile range, IQR, 5.9kg) and -0.55kg (IQR 5.2kg), respectively, $p=0.016$. Median percentage weight loss in intervention group was significantly more than control group at 6-month, -3.4% (IQR 7.8%) and -0.7% (IQR 6.6%), respectively, $p=0.17$. Such difference between groups was not observed at 12-month. There is statistical difference in body weight across the 4 time points in intervention group, $\chi^2(3, n=13) = 19.8, p < 0.001$. Inspection of the median values showed a decrease in weight from initial consultation to 12-month follow-up. However, no difference was observed among control group. Attendance rate of intervention and control groups at 3-, 6- and 12-month were 62% and 44%, 43% and 31%, and 22% and 22%, respectively. To conclude, patients received telephone intervention and

usual care had a better weight loss progress at 6-month but not at 12-month. Patients might be benefit from intensive follow-ups with telephone intervention. Telephone intervention appears to improve attendance rate at early stage.