Behavioral interventions for the treatment of obesity

Introduction

Drive down Main Street USA and you can find donuts and ice cream at the same drive-up window. Baskin-Robbins and Dunkin' Donuts never close. They are open 24hours a day, 7days a week. Across the street, you can get steak burgers round the clock, at Steak 'n Shake. If you are still hungry, you can munch on chocolate chip waffles and hash browns any time of the day or night at IHOP.

When it comes to exercise America has been referred to as a paradise of energy conservation. You never need to run, rarely do you need to walk, and you can often sit for hours at a time. Our modern environment has created-even trapped us in a culture that requires more than just knowledge to manage our weight. Achieving weight loss is a matter of skill; patients need to know what to do and how to do it in world that will literally stand in their way.

Despite these challenges, it is possible to help your patients lose weight. Here are five evidence-based practices that will make you a more effective weight-management coach.

Step 1: define program commitments

When enrolling patients into your weight management program, the first things you need are commitments that establish the non-negotiable parts of the program. For example, you may require patients to attend weekly coaching sessions and keep a food journal for eight weeks. Identifying these commitments up front ensures that patients who enroll are willing to keep them. Keeping the program commitments helps patients confront and problem-solve program behaviors.

Step 2: define program behaviors

When defining program behaviors, the more specific you can be the better. Two behaviors we coach patients on are first, consuming at least five full-cup servings of whole fruits and vegetables every day, and second, completing two full-body strength workouts per week. These behaviors are specific and measurable. The specificity allows you to measure compliance and problem-solve how to achieve compliance. Be as prescriptive as you can when it comes to program behaviors; unclear or unspecific behaviors are impossible to measure and coach.

Step 3: get a quick start

Contrary to popular opinion, slow weight-loss does not increase the probability of long-term success. However, losing greater amounts of weight early in the program can improve results down the road.[1] A 2011 review published in the American Journal of Clinical Nutrition found that greater initial weight-loss increased total weight-loss and improved long-term maintenance.[2] In other words, achieving high compliance early in the program builds momentum and generates better results on the scale.

In a review of 400 patients enrolled in the HMR Program for Weight Management those who achieved a quick start (high compliance early

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in the program) lost nearly five times more weight than those who did not get a quick start.[3] When patients practice good-for-you behaviors right away they are much more likely to continue with these behaviors after the program. Coaching your patients to get a quick start will increase their chances of achieving long-term success.

Step 4: keep outcome data

Tracking behaviors and keeping outcome data is an essential factor in effective coaching. Some of the behaviors we track include: meal replacements (usually shakes and entrées), fruit and vegetable consumption, physical activity calorie expenditure, and strength workouts completed. We also track weekly weight change and compliance with record keeping. This data is then used to coach patients and give them perspective on their progress. We also set weekly goals for program behaviors and challenge patients with weekly assignments.

Step 5: be a role model

The best way to be a coach is to model the behaviors you are coaching. Being a role model helps on two levels. First, it gives you credibility. In a society abounding in competing weight-loss theories, your patients are looking for more than just information-they want you to show them how to succeed. By role modeling your program behaviors, patients will be more likely to take your coaching when you give it.

Second, part of your job is to help patient's problem-solve these behaviors in an unsupportive environment. If you have already problem-solved the behaviors for yourself, you will be better able to coach your patients through the same process.

Conclusion

Healthcare professionals who treat obesity would be well served by integrating these five evidence-based practices into their patient care model. Adding these practices will help patients develop the skills needed to lose weight and keep it off.

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Conflict of interest

The author declares no conflict of interest.

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