



Brief intervention for weight loss trial

Research article:

Screening and brief intervention for obesity in primary care: a parallel, two-arm, randomised trial.

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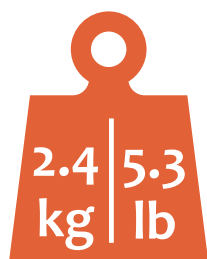
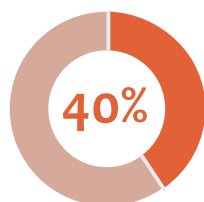
Most of us carry too much weight and losing only small amounts of weight will reduce the chance of developing diabetes, lower blood pressure, reduce cholesterol and make us feel better.

Most of us know this and so about half of us are trying to lose weight at any one time. Although it seems simple, most of us are not very successful at it and our research has shown that going to programmes like Slimming World or Weight Watchers leads to much greater weight loss than trying to lose weight alone.

As a result, GPs can now refer people for 12 weeks of Slimming World or Weight Watchers on prescription, but rarely do so.

About BWeL

In the BWeL trial we wanted to find out if patients would accept an offer of a referral to a commercial weight management programme and whether this would lead to weight loss. We asked GPs to deal with the patient's problems as normal, and then, at the end of the consultation, to offer referral to a weight management programme and make the appointment while in the surgery.



SECONDS

to carry out this brief opportunistic intervention.

ATTENDED

the weight-loss programme they were referred to.

WEIGHT LOSS

on average after 1 year compared with 1.04kg in the control group.

LOST 5%

of their bodyweight over 12 months.

PATIENTS AGREED

that the conversation with their doctor was appropriate and helpful.



We trained GPs to do this in 30 seconds, to make this a practical thing for GPs to do. To test whether this would lead to weight loss, we had a group who did not get this intervention. In them, doctors simply advised weight loss. We decided at random, such as by the toss of a coin, which patient would get which advice from the doctor to make this a fair test.

In total 1882 people entered our trial. The results showed that 3 in 4 people accepted the referral and more than half of these people actually went along to the weight management programme, so 4 in 10 people who were invited to attend a weight loss programme did so.

Immediately after people had seen their GP we asked them how they felt. 8 in 10 people thought it was both appropriate and helpful for the doctor to have talked to them about their weight, while 1 in 500 thought it was inappropriate and unhelpful. People's feelings about the doctor bringing up weight did not depend on whether the doctor offered referral or advised weight loss.

What we found - the results

12 months after people first saw their doctor, we invited them back to be weighed and three quarters returned. Overall, the group who were offered a referral to the weight loss group lost 2.4kg, about 5 pounds. In this group, the people who attended the weight loss programme lost 4.7kg, about 10 pounds. The group who were advised to lose weight had lost 1.0kg, about 2 pounds.

This is a bit more than we would have expected, suggesting that even if the doctor does something as simple as advising weight loss, this could motivate people to try.



These results tell us something new

They tell doctors that it really is ok to bring up weight out of the blue and that patients will think it appropriate and helpful if they do. They tell doctors that doing more than that, offering and then making a referral while in the practice will help their patients lose weight and that will lead to health benefits.

For patients, these results tell us yet again that asking for a referral to a weight loss programme is a good idea if you want to lose weight.

