NPs Match Physicians in Weight Loss Counseling

BY MARY ANN MOON

FROM THE ARCHIVES OF INTERNAL MEDICINE

Lifestyle counseling from specially trained nurse practitioners in a primary-care setting was no better at preventing weight gain than was usual care delivered by the primary-care physician, in a 3-year study of more than 400 men and women.

Researchers in the Groningen Overweight and Lifestyle (GOAL) study compared the effects of two different approaches to preventing weight gain in the primary-care setting: structured lifestyle counseling provided by nurse practitioners (NPs) versus usual care.

The study subjects were 457 men and women aged 40-70 years who attended 11 primary-care practices in the Netherlands. They had a body mass index between 25 kg/m^2 and 40 kg/m^2 and concomitant hypertension or dyslipidemia, said Nancy C.W. ter Bogt of University Medical Center Groningen, The Netherlands, and her associates.

These subjects were randomly assigned to usual care with the primary physician (232 patients) or to an intervention in which NPs counseled them in four in-person 30-minute individual sessions and one telephone "feedback" session during the first year, followed by one individual and two feedback sessions during the next 2 years.

The NP sessions incorporated several elements of behavioral counseling such as individual goal-setting, keeping food diaries, using pedometers to track physical activity, and addressing barriers to lifestyle change.

The primary aim of the intervention was to prevent

VITALS

Major Finding: Behavioral counseling by a nurse practitioner was no better than usual care by a primary physician in helping overweight patients prevent further weight gain.

Data Source: A randomized, controlled trial involving 457 overweight patients attending 11 primary-care practices in The Netherlands who were followed for 3 years.

Disclosures: This study was supported by The Netherlands Organization for Health Research and Development and Foundation Fund de Gavere. No conflicts of interest were reported.

VIEW ON THE NEWS

Primary Care Provider Is Key

In an accompanying editorial, Debra Haire-Joshu, Ph.D., and Dr. Samuel Klein noted that while this study did not demonstrate that using a nurse practitioner to provide limited lifestyle counseling within a general medical practice results in meaningful long-term weight loss, substantial data suggest "that intensive interventions achieve weight loss that improves health outcomes. …"

"The primary care provider is a critical entry point to the health care setting for the obese population. The high prevalence rate of obesity and its association with medical complications ensures that obese patients are commonly encountered in primary care practice. Patients usually make three health care visits annually, mostly to their primary care physician. Therefore, the primary care provider is uniquely positioned to consistently monitor weight, health indicators, and risk and to counsel or refer for weight management" (Arch. Intern. Med. 2011;171:313-4).

Dr. Haire-Joshu is director of the Obesity Prevention and Policy Research Center and Dr. Klein is director of the Center for Human Nutrition, both at Washington University, St. Louis. They reported no conflicts of interest.

weight gain and, in those patients who were motivated to do so, to promote the loss of 5%-10% of body weight.

After 1 year, 80% of the subjects in the NP group had not gained any weight, compared with only 64% in the physician group.

However, in this follow-up at 3 years, that difference had disappeared. An equal proportion of both groups – approximately 60% – had maintained or lost weight, Ms. ter Bogt and her colleagues said (Arch. Intern. Med. 2011;171:306-13).

Subjects counseled by NPs showed a slight advantage in fasting glucose level at 3 years, and there were no differences between the two groups in serum lipid levels or blood pressure levels.

The researchers hypothesized that two visits with the NP after the first year of the intervention may not have been sufficient to help patients sustain weight loss.

However, analysis showed that maintaining weight was not related to the number of visits in either study group.

Analysis of data in subgroups of patients showed that those who had attempted to lose weight four or more times in the years preceding the study had less success in preventing weight gain than did those who had not.

"This means that our intervention is not suitable for experienced dieters," Ms. ter Bogt and her associates wrote. ■

VERBATIM

'This is a nonviolent crime and is often committed by … business people, hospitals, doctors, and administrators. … It relies on an often unsuspecting victim base of Medicare recipients.'

Aghaegbuna 'Ike' Odelugo, who pled guilty to fraudulently billing Medicare, page 50