

Trials Back Weight Loss in Obese Knee OA Patients

BY BRUCE JANCIN
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AMSTERDAM — Obese patients with knee osteoarthritis can be told with confidence that a sustained weight loss of at least 5% of their body weight will typically lead to a moderate reduction in physical disability, while a greater weight loss will result in even more marked improvement, Robin Christensen reported at the annual European Congress of Rheumatology.

His metaanalysis of three randomized controlled trials totaling 417 obese osteoarthritis (OA) patients also concluded that the intensity of weight loss required to

least 7.6% than it was with a 5% weight loss. The impact of weight loss upon pain scores was considerably less consistent than for physical disability, he noted at the congress, sponsored by the European League Against Rheumatism.

Mr. Christensen was principal investigator in one of the randomized trials included in the metaanalysis (Osteoarthritis Cartilage 2005;13:20-7). In that study, patients randomized to a low-energy 3.4 MJ/day diet lost a mean 11.1% of their body

weight, and 55% of them sustained at least a 10% weight loss at 1 year. They experienced a mean 20% reduction in symptoms from a baseline Western Ontario and McMaster Universities Osteoarthritis Index of 936 mm.

Under the EULAR system of grading evidence-based medicine, the new metaanalysis ranks as level 1A evidence supporting the benefit of weight loss in obese knee OA patients.

Mr. Christensen added that it has been

his impression that knee OA patients have a significantly better than average success rate in losing weight and keeping it off.

Still, sustained weight loss remains a major challenge. In his 1-year randomized trial, Mr. Christensen had patients use a powdered nutritional formula as the core of a low-energy diet during the first 8 weeks before shifting to a more moderate dietary regimen. "The powdered supplement acts as a catalyst so they can feel that this is really working," he explained. ■



The reduction in physical disability was greater with a sustained weight loss of at least 7.6% than with a 5% weight loss.

MR. CHRISTENSEN

achieve this benefit corresponded to a loss rate of at least 1% of baseline body weight per month, said Mr. Christensen of HS Frederiksberg Hospital, Copenhagen.

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Brisk Walking Stresses Knee Joints In Obese People

DENVER — Brisk walking appears to place significant stress on knee joints, especially in obese individuals, and that may contribute to musculoskeletal injuries, Ray Browning, Ph.D., reported at the annual meeting of the American College of Sports Medicine.

Walking at 1.5 m/sec (3.4 mph), obese people have about 50% more torque at the knee joint than normal-weight individuals. That increased torque disappears when obese people walk at 1 m/sec (2.2 mph).

Dr. Browning, a physiology researcher at the University of Colorado, Boulder, cited data from the Centers for Disease Control and Prevention indicating that about one in four obese patients suffer a musculoskeletal injury when they first start walking for exercise, and that 25% of those injured patients never return to exercise. Prescribing slower walking speeds to obese patients may, in part, alleviate this problem.

The study involved 10 obese patients with a mean BMI of 35.5 kg/m², and 10 normal-weight people with a mean BMI of 22 kg/m². They walked on a treadmill at six speeds between 0.5 and 1.75 m/sec. High-speed video enabled calculation of ground reaction forces and torque at the knee joint. Dr. Browning attributed the increase in ground reaction forces and torque at the knee joint to the 60% wider step width of obese people compared with normal-weight people.

—Robert Finn

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