

Changes in Medical Risk Factors, By Percentage of Body Weight Lost

Percentage of initial body weight lost

	5%-10% (n = 651)	11%-15% (n = 623)	16%-20% (n = 501)	>20% (n = 789)
Reduction in:				
Total cholesterol	-8.1%	-12%	-13.2%	-22.5%
Triglycerides	-12.9%	-21.7%	-19.5%	-40.7%
Fasting blood glucose	-4%	-6.9%	-6.7%	-12.5%
Systolic BP (mm Hg)	-4	-6	-6	-12
Diastolic BP (mm Hg)	-3	-5	-5	-9

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Source: Ms. Grant

Weight Loss in Prehypertension Cuts Risks, Helps Avoid Drugs

BY NANCY WALSH
New York Bureau

BOSTON — Prehypertensive patients who participate in a structured weight-management program can significantly reduce their risk factors and may avoid the need for antihypertensive drug therapy, according to a study presented at the annual meeting of NAASO, the Obesity Society.

A group of 351 patients who enrolled in various weight-loss programs had a mean baseline blood pressure of 127/83 mm Hg. Over an average follow-up period of just under 3 years, these readings fell to a mean of 119/74 mm Hg, reported Linda Grant of Health Management Resources (HMR), Boston.

The patients' mean weight at baseline was 231 pounds. During the follow-up period, this fell to 194 pounds, which represented an average of 16% of initial body weight lost.

None of the patients was taking anti-hypertensive medications at baseline, and about 94 of them remained medication free throughout the study.

Patients in this cohort also had significant decreases in all other measured risk factors. Total cholesterol levels fell by an average of 14%, triglycerides decreased by 30%, and fasting blood glucose was lowered by 5%, Ms. Grant wrote in a poster (see box). "Lifestyle changes, including weight management, should be the first step in preventing or delaying the progression of prehypertension to hypertension and in reducing other comorbid risk factors," Ms. Grant wrote.

The weight-management options offered by HMR include medically supervised low and very low calorie diets, moderately restricted diets, and telephone-based programs. All of the options focus on lifestyle changes such as increased physical activity to an expenditure of 2,000 kcal/week or more, the use of meal replacements, and increased fruit and vegetable intake to 35 servings/week or more.

In another study undertaken by HMR, Steve May, Ph.D., reported that program participants who lost 20% or more of their body weight had greater decreases in risk factors than did those who lost smaller amounts of weight.

"There is some controversy as to whether health professionals should encourage patients to lose more than the standard 5%-10% of their body weight," Dr. May of HMR wrote in another poster session at the meeting.

Among 2,564 patients who had participated in the HMR weight-management programs at 65 clinics across the country, those who lost the most weight—and kept it off for an average time of 123 weeks—also showed significant decreases in all other measured risk factors.

Moreover, a significant percentage of patients were able to eliminate medications for cholesterol, blood pressure, and diabetes. "The standard 5%-10% of initial weight should not be considered a limit," Dr. May wrote. ■

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