



Concurrent Counseling With Dietitian, Physician Is Effective in Achieving Weight Loss

Concurrent counseling with a dietitian and a physician in an outpatient setting is effective in achieving and maintaining weight loss, according to a new study.

"Nationally, the reported rate of physician counseling about exercise is approximately 34%," Dr. Francine K. Welty and colleagues from Beth Israel Deaconess Medical Center, Boston, write. "However, many clinicians do not routinely measure patients' weight, assess their lifestyle, or offer advice on such topics."

In the current study, the researchers advised 80 overweight or obese patients with at least one cardiovascular risk factor (86%) or coronary heart disease (14%) to exercise 30 minutes per day. The subjects were also counseled to eat a modified Dietary Approaches to Stop Hypertension (DASH) diet. Weight, body mass index, lipid levels, and blood pressure were measured at one follow-up visit with the dietitian and physician and at least one additional visit with the physician alone. The authors note that the approach is fully reimbursable.

The average age of the patients was 55 years. The mean baseline body mass index was 30.1 kg/m squared. The average maximum weight loss was 5.6% (10.8 lb) of usual weight at a mean follow-up of 1.75 years. At a mean follow-up of 2.6 years, 64 of these patients (81%) maintained significant weight loss (average weight loss 5.3%). The subjects who maintained weight loss exercised an average of 3.8 days per week, compared with 2.6 days in those who did not ($p = 0.012$).

There was an average decrease in LDL cholesterol of 9.3% (from 142 to 129 mg/dL) and in triglycerides of 34% (from 297 to 196 mg/dL). The average increase in HDL cholesterol was 9.6% (from 48 to 53 mg/dL). Systolic and diastolic blood pressure was lowered from 129 to 126 mm Hg ($p = 0.21$) and from 79 to 75 mm Hg ($p = 0.003$), respectively.

"In a primary care setting, office staff can help perform anthropometric measurements including height, weight, and waist circumference, calculate body mass index from a nomogram, and prompt, coordinate, and deliver counseling and follow-up services," Dr. Welty and colleagues conclude.

They also suggest that that "primary care physicians hold an 'obesity' clinic on prespecified days and arrange for a dietitian to be available at those sessions, a situation similar to that described in this report."

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FACT:

Diet Soft Drinks May Increase Risk of Heart Disease: *Diet soft drinks are lower in calories, but are still associated with a greater risk of heart disease as are sugar-laden sodas, according to a new study.* US researchers tracked for four years the health of more than 6,000 middle-aged adults and found those who drank one or more soft drinks daily had an increased risk for metabolic syndrome when compared to individuals who drank fewer of the fizzy beverages, regardless whether they were diet or regular sodas. By the end of four years, the consumers of soft drinks had a 31 percent greater risk of becoming obese, a 30 percent greater risk of increased weight circumference and a 32 percent greater risk of having low levels of HDL or, so-called good cholesterol. They also had a 25 percent higher risk of having high blood triglycerides or high blood glucose. Adults who drank one or more sodas a day had a 50 to 60 percent greater chance of having developed metabolic syndrome - despite drinking diet or regular sodas. **See This Week's Item# 7**

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