

**PART 2 OF A 2-PART WEBINAR SERIES**



## Helping Clients Make Lifestyle Changes That Get & Keep Pounds Off

### What Works?

April 1, 2020, 2-3 PM EST

PRESENTED BY  
Hope Warshaw, MMSc, RD, CDE, BC-ADM

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### Learning Objectives

- 1 Detail the clinical benefits of minimal weight loss and maintenance of lost weight on prevention and/or delay of chronic diseases.
- 2 Delineate at least 5 key findings from research studies that promote and maximize successful maintenance of lost weight.
- 3 Identify at least 4 research-based strategies that successfully prevent weight regain after weight loss.
- 4 Detail at least 3 ways you can evolve your counseling techniques to better support people in their long term weight management efforts.

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### Topics We'll Cover Today

- Frame Our Discussion
- The Studies
- The Successful Strategies
- "Ah ha's!" from HCPs and Successful Clients

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### Meet Michael Wajda

- Annual physical
  - 2016: FPG 113, No A1c
  - 2017: FPG 100, A1c 6.4%
- Wt: 230 (Ht: 5'10")
- Family history of diabetes: Father, grandmother
- Work: Retired
- Family: Married 37 years, 2 sons, 1 grandson
- Hobbies: gardener, "old-fashioned foodie"
- 4/17 Enrolled NDPP



Permission to disclose personal information and likeness granted.

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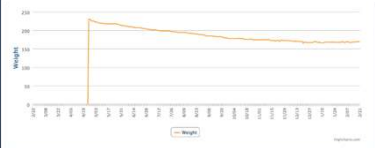
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### Michael Wajda: Two Years Later

- Wt: ~180 lbs ("maintenance")
- Wife: lost 25 lbs
- 3/19: 175 lbs, 3/20: ~180 lbs
- 3/18: A1c = 5.7%, 9/18: 5.9%, 3/20: FPGs "upper 90s, not >100"
- Biggest motivation? *"Fear. I just don't want to have diabetes."*



Permission to disclose personal information and likeness granted.

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### Weight Management - 3 Foci

1. Lose weight
2. Stay at a healthy weight
3. **Maintain lost weight**



Permission to disclose personal information and likeness granted.

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# Weight Loss Maintenance Wisdoms

*Quotes from the Experts*

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“Losing weight and keeping it off is hard, and if anyone tells you it’s easy, **run the other way.**”  
- James O. Hill, PhD

Time Magazine (special edition). The Science of Weight Loss. 2019.

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### HCP's Charge: *When Weight Loss Begins*

-  **REFRAME**...the weight loss journey beyond pounds lost
-  **REINFORCE**...the focus on long term maintenance
-  **REDEFINE**...“success” is beyond the scale

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### The Studies: *Weight Loss/Maintenance*

1. National Weight Control Registry (NWCR)
2. Diabetes Prevention Program (DPP)/DPP Outcomes Study
3. POUNDS LOST
4. Look AHEAD
5. DiRECT UK



Studies are listed in chronological order from study initiation; several are ongoing.

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### National Weight Control Registry (NWCR)<sup>1</sup>

- Initiated 1994, Wing and Hill, ongoing
- Goal: ID successful weight loss maintainers and describe their strategies
- **Largest** prospective investigation of long-term successful weight loss maintenance
- Criteria:
  - > 30lbs maintained > 1 year
  - Today > 10,000 participants
- Surveys

<http://www.nwcr.ws>

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### NWCR: 10 Years & Predictors of Success

- Magnitude of initial weight loss and duration
- Increased physical activity
- Low calorie and low fat intake
- High restraint and low disinhibition around food
- Self-weighing > several times/week

*“Continued adherence to each behavior can improve long term outcomes.”*

Graham, Thomas J et al: Weight-loss maintenance for 10 years in NWCR. Am J Prev Med. 2014;46(1):17-23.

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### Diabetes Prevention Program (DPP): Trial Details

- DPP initiated: 1998
  - Stopped early 2001
- RCT, multi-site in U.S.
  - ~3000 subjects
- 3 Arms:
  - Intensive Lifestyle Intervention (ILI)
  - Metformin w/ standard care
  - Placebo w/ standard care



Diabetes Prevention Program Research Group. Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. N Engl J Med. 2002;346:393-403.

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### DPP ILI: Core Goals

- **Attain weight loss:** > 5-7%
  - Maintain maximal weight loss **long term**
- **Food:** U.S. Dietary Guidelines for Americans
- **Physical activity:** > 150 minutes of aerobic activity/week
- **Frequent individual counseling** with behaviorist
  - Weekly, first 16 weeks, less over time



Diabetes Prevention Program Research Group. Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. N Engl J Med. 2002;346:393-403.

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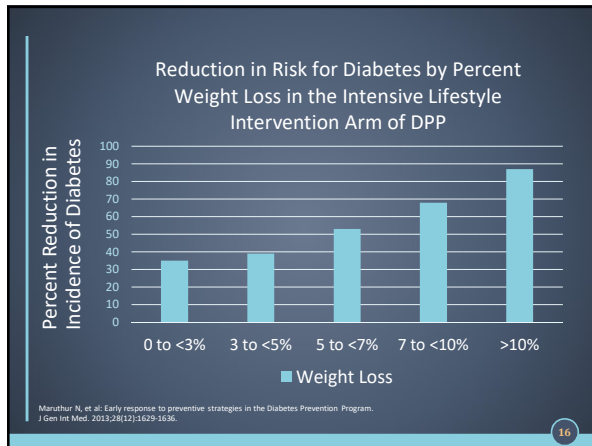
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### DPP: *Weight Loss or Physical Activity?*

- Weight loss = **dominant** predictor of reduced T2D incidence, return to normoglycemia<sup>1</sup>
- Per kg weight loss = 16% **reduction in risk** for T2D
  - Subjects > 5-7% weight loss reduced T2 risk > **90%**<sup>2</sup>
  - Plays “best lead role”
- Physical activity **helps sustain** weight loss
  - Play “best supporting role”

1. Perreault et al. Regression from pre-diabetes to normal glucose regulation in the DPP. Diabetes Care. 2009;32(9):1583-1588.  
2. Heaman RG, et al. Effect of Weight Loss With Lifestyle Intervention on Risk of Diabetes. Diabetes Care. 2006;29(9):2102-2107.

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### DPP/DPPOS: *Results Reduced Incidence of T2D*

	ILI*	Metformin*
DPP <sup>1**</sup>	58%**	31%
DPPOS at 10 yrs <sup>2</sup>	34%	18%
DPPOS at 15 yrs <sup>3****</sup>	27%	17%

\* Compared to placebo/std care. All DPP participants offered lifestyle intervention post DPP, leading to reduction in differences over time.<sup>3</sup>  
\*\* 71% reduction in 60 years old and older.  
\*\*\*\* DPPOS begins ~2002 remains an ongoing NIH/NIDDK study to 2026.

1. Diabetes Prevention Program Research Group. Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. N Engl J Med. 2002;346:933-943.  
2. Diabetes Prevention Program Research Group 10-year follow-up of diabetes incidence and weight loss in the Diabetes Prevention Program Outcomes Study. The Lancet. 2009;374(9702):1677-1686.  
3. Diabetes Prevention Program Research Group long-term effects of lifestyle intervention or metformin on diabetes development and microvascular complications over 15-year follow-up: the Diabetes Prevention Program Outcomes Study. Lancet Diabetes Endocrinol. 2015;3: 866-875.

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### POUNDS LOST Study: Preventing Overweight Using Novel Dietary Strategies

Study details:

- NIH - 2-year weight loss trial, 800+ subjects, 2 sites
- Overweight adults, BMI: 25 - 40
- 4 diets, varying % calories:
  - Carbohydrate: Low 35% to high of 65%



Sacks, F, et al. Comparison of Weight-Loss Diets with Different Compositions of Fat, Protein, and Carbohydrates. New Eng J Med. 2009;360(9):859-873.

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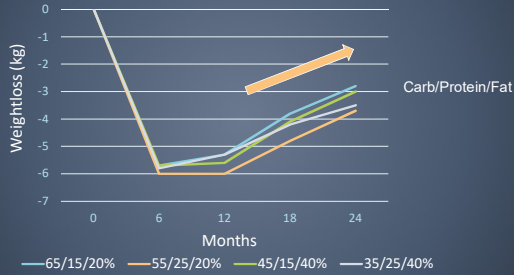
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### Challenge: Physiologic Mechanisms Protect Against Weight Loss



Months	65/15/20%	55/25/20%	45/15/40%	35/25/40%
0	0	0	0	0
6	-6	-6	-6	-6
12	-5	-5	-5	-5
18	-4	-4	-4	-4
24	-3	-3	-3	-3

Sacks, F, et al. Comparison of Weight-Loss Diets with Different Compositions of Fat, Protein, and Carbohydrates. New Eng J Med. 2009;360(9):859-873. Reprinted with permission from T. Garvey, MD.

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### POUNDS LOST Study: Results

- **No single nutrient composition faired better than another** (subjects modified towards diet goal, but didn't reach diet's goal)
- **Weight loss:**
  - 6 months: similar weight loss - 7% (6 kg/13 lbs)
  - 12 months: regained similar amounts of weight
  - 2 years weight loss remained similar: 4 kg/9 lbs
  - Subjects attending 2/3rd of sessions lost: 9 kg/20 lbs
- **Clinical improvements:**
  - Reduced CVD, T2D risk factors including lower LDL-C, BG and serum insulin levels; and slightly lower BP

Sacks, F, et al. Comparison of Weight-Loss Diets with Different Compositions of Fat, Protein, and Carbohydrates. New Eng J Med. 2009;360(9):859-873.

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## Look AHEAD Trial

**Study details:**

- Long term (start ~2000), multicenter, RCT, ended early 2012<sup>1,2</sup>
- > 5,137 (55-76 years), overweight or obese individuals<sup>2</sup>
- T2 diabetes for 6.8 + 6.5 years (range 3 mos-13 years)<sup>3</sup>
- Median follow up 9.6 years<sup>4</sup>



**Primary Outcome:**

- Will intentional weight loss reduce the incidence of fatal and nonfatal cardiovascular and cerebrovascular events?

1. <http://www.nih.gov/news/health/oct2012/hiiddt-19.htm>  
 2. Look AHEAD Research Group. Reduction in weight and cardiovascular disease risk factors in individuals with type 2 diabetes. Diabetes Care. 2007;30(6):1374-1383  
 3. Bertoni, et al. Suboptimal control of glycemia, blood pressure, and LDL cholesterol in overweight adults with diabetes: the Look AHEAD Study. Journal of Diabetes and Its Complications. 2008;22(1-9).  
 4. Look AHEAD Research Group. Cardiovascular effects of intensive lifestyle intervention in type 2 diabetes. N Engl J Med. 2013;369:145-154.

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## Look AHEAD Trial: Groups Defined

- Intensive Lifestyle Intervention (ILI):<sup>1,2</sup>
  - 7% > weight loss at one year
  - >175 minutes physical activity/ week
  - Calorie goal: 1200-1800 cal/day, < 30% of cal as fat
  - Support: significant, especially early
- Diabetes Support and Education (DSE)/(control)



1. Look AHEAD Research Group. Reduction in weight and cardiovascular disease risk factors in individuals with type 2 diabetes. Diabetes Care. 2007;30(6):1374-1383  
 2. Look AHEAD Research Group. Cardiovascular effects of intensive lifestyle intervention in type 2 diabetes. N Engl J Med. 2013;369:147-154.

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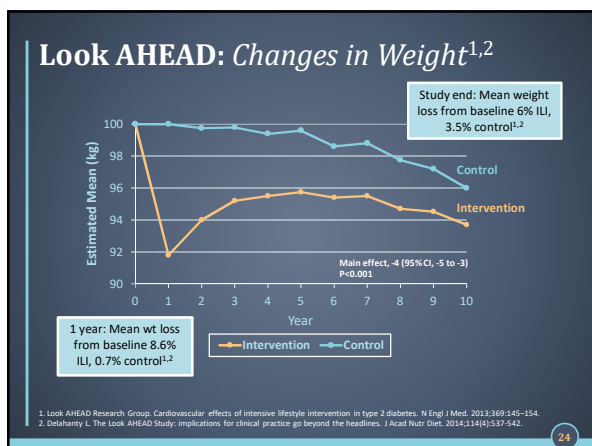
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### Look AHEAD: Benefits of Weight Loss on CVD

- ILLI who lost >10% of BW
  - 20% ↓ primary outcome\*
  - 21% ↓ secondary outcome\*\*
- Change in fitness not significantly associated with change in primary outcome\*
- **Key factor** = amount of weight lost

\*Primary outcome: composite of death from CV causes (non-fatal acute MI, non-fatal stroke, or hospital admission for angina).

\*\*Secondary outcome: primary plus history of CABG, carotid endarterectomy, percutaneous coronary intervention, hospitalization for CHF, peripheral vascular disease, or total mortality (death).

Gregg EW. Association of the magnitude of weight loss and changes in physical fitness with long-term cardiovascular disease outcomes in overweight or obese people with type 2 diabetes: a post-hoc analysis of the Look AHEAD randomized clinical trial. *Lancet Diabetes Endocrinol.* 2016 Nov;4(11):913-921



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### DiRECT UK: Diabetes Remission Clinical Trial

#### Study Description

- 2 year, open-label, cluster randomized trial
- 49 PCP in Scotland, England
- Nurse or dietitian in PCP was trained


#### Participants: Total 306 (149/group)

- 20-65 years of age
- BMI 27-45
- Diagnosed T2D in previous 6 years

#### Primary outcomes:

- >15 kg
- Remission of T2D (>2 months off BG-lowering meds) with A1c <6.5%

Lean MEJ, et al. Primary care-led weight management for remission of type 2 diabetes: an open-label, cluster randomized trial. *Lancet.* 2018;391(10120):541-551.



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### DiRECT UK: Diabetes Remission Clinical Trial

- Control group: standard care<sup>1,2</sup>
- Intervention Year 1
  - BG lowering and BP meds d/c
  - Total replacement low energy formula: 12 to 20 weeks
  - Stepped food reintroduction: over 2-8 weeks (post formula)
  - Structured support for weight-loss maintenance
- Intervention Year 2
  - Monthly follow up/support visits

1. Lean MEJ, et al. Primary care-led weight management for remission of type 2 diabetes: an open-label, cluster randomized trial. *Lancet.* 2018;391(10120):541-551.  
2. Lean MEJ, et al. Durability of a primary care-led weight-management intervention for remission of type 2 diabetes: 2-year results of the DiRECT open-label, cluster-randomised trial. *Lancet Diabetes Endocrinol.* 2019;7(5):344-355.



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## ADA 2019 Consensus Report: Nutrition Therapy for Adults with Diabetes and Prediabetes



**Nutrition Therapy for Adults With Diabetes or Prediabetes: A Consensus Report**  
<https://doi.org/10.2337/1619-0054>

This Consensus Report is intended to provide clinical professionals with evidence-based guidance about individualizing nutrition therapy for adults with diabetes or prediabetes. Strong evidence supports the efficacy and cost-effectiveness of nutrition therapy as a component of quality diabetes care, including its integration into the medical management of diabetes. Therefore, it is important that all members of the health care team know and champion the benefits of nutrition therapy and key nutrition messages. Nutrition counseling that works toward improving or maintaining

Alison B. Evert,<sup>1</sup> Michelle Jonsson,<sup>2</sup> Christopher D. Gardner,<sup>3</sup> W. Timothy Garvey,<sup>4,5</sup> Kay Hoj Karen Lau,<sup>6</sup> James Mckinlay,<sup>7</sup> Suzanne Maki,<sup>8</sup> Ronald F. Peters,<sup>9</sup> Kelly Reinking,<sup>10</sup> Sherrine Robinson,<sup>11</sup> Laura Scriver,<sup>12</sup> Sochea Vittmer,<sup>13</sup> Patricia B. Urbanski,<sup>14</sup> and William S. Tancy, Jr.<sup>15</sup>

Evert A, et al. Nutrition therapy for adults with diabetes or prediabetes: A consensus report. Diabetes Care. 2019;42(5):731-754.

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## ADA 2019 Consensus Report: Nutrition Therapy for Adults with Diabetes and Prediabetes

**Major points: weight loss and maintenance**

- Customized plan helps **long-term sustainability**
- **Physical activity** can help prevent weight regain
- Value of learning/use of **behavior strategies**
- Greater weight loss = greater clinical benefits;
  - While 5-7% = good, > 15% = even better (Look AHEAD, DiRECT UK)

Evert A, et al. Nutrition therapy for adults with diabetes or prediabetes: A consensus report. Diabetes Care. 2019;42(5):731-754.

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## Topics We'll Cover Today

- Frame Our Discussion
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- "Ah ha's!" from HCPs and Successful Clients

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## Personalize, Customize, Individualize

There's no one way, right way... Each person's journey is their own.

- Live and learn
- Trial and error
- Conduct mini-experiments



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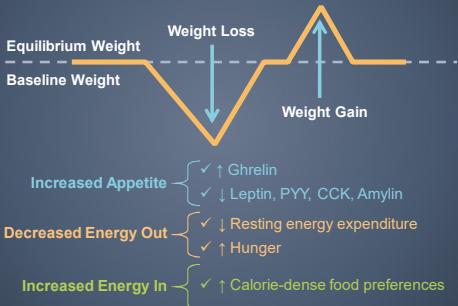
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## Weight Loss: Physiologic Changes Require Understanding and Compensation



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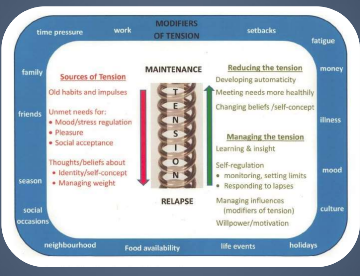
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## Conceptual Model of the Dynamics of Weight Loss Maintenance



Reprinted with Permission, Gineavas C. et al. Understanding the challenge of weight loss maintenance: a systematic review and synthesis of qualitative research on weight loss maintenance, Health Psychology Review, 2017;11:2, 145-163.

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### Psychological/Behavioral Success Factors and Strategies

- Internal/intrinsic **motivation**
- Limited internalized weight **stigma**
- **Low novelty** seeking (with food, associated behaviors): KISS
- Use 90/10 or 80/20 thinking – **find the right balance**
- **Manage** reduced disinhibition/implement eating restraint
- Behavior changes: **practice, practice, practice**
- Disrupt obesogenic habits, learn/sustain new habits
- Frequent self weigh-in<sup>1,2</sup>

1. Look AHEAD Research Group. Eight-year weight losses with an IU: The Look AHEAD Study. Obesity. 2014;22(1):5-13.  
2. Graham Thomas J et al: Weight-loss maintenance for 10 yrs in NWCR. Am J Prev Med. 2014;46(1):17-23.

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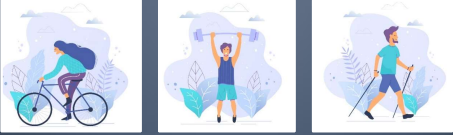
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### Physical Activity: A MUST DO

- Physical Activity (PA): all movement that creates energy expenditure
- Exercise = planned, structured PA
- 3 Types: Include ALL
  - Aerobic
  - Resistance
  - Decrease sedentary activity



Cox CE: Role of Physical Activity for Weight Loss and Weight Maintenance. Diabetes Spectrum. 2017;30(3):157-160.

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### Physical Activity: How Much?

**Physical Activity<sup>1</sup>:**

- **Regular** significant physical activity (60-90 min/day)<sup>2-3</sup>
  - 90% NWCR participants report exercising 7 days/week<sup>4</sup>
  - Energy expenditure  $\geq 1500 - 2000$  kcal/day associated with weight maintenance<sup>5</sup>
- **Minimize** sedentary behavior (TV watching)<sup>4</sup>

**Counseling notes:**

- Emphasize **all** health benefits of **all** types of PA and exercise
- BIG challenge = **continuity**
- Research shows **significant** variability/individual responses<sup>5</sup>

1. Look AHEAD Research Group. Eight-year weight losses with an IU: The Look AHEAD Study. Obesity 2014;22(1):5-13.  
2. Heister. On the Cutting Edge. Diabetes Care and Education. 2008:29-41.  
3. Wadden, TA, Neiberg, RH, Wing, RR, et al., The Look AHEAD Research Group (2011). Four-Year Weight Losses in the Look AHEAD Study: Factors Associated With Long-Term Success. Obesity. 2011;19:1987-1998.  
4. Graham Thomas J et al: Weight-loss maintenance for 10 yrs in NWCR. Am J Prev Med. 2014;46(1):17-23.  
5. Cox CE: Role of Physical Activity for Weight Loss and Weight Maintenance. Diabetes Spectrum. 2017;30(3):157-160.

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## Build New Skills to Eat and Live Healthier

- People may have never been taught or implemented certain weight maintenance skills; **they need to learn and master!**
  - Shopping, assembling meals, cooking
  - Choosing healthy restaurant meals (all types)
  - Integrating physical activity into life
  - Problem solving
  - Others...
- Practicing ANY of these skills is **NOT EASY** in our obesogenic environment



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## Relapse Prevention Skills

- Relapses **WILL** happen!
- **Define** your weight gain window:
  - Acceptable weight range (“I want to maintain X, I will take action if above Y.”)
- **DIRECT UK:**
  - “Restoring weight loss after >5 kg [11 lbs] regain is hard...”
  - Subjects asked to seek help if regain >2-4 kg [~4-9 lbs] for period of partial or full formula replacement to restore weight loss
  - ~50% subjects required “rescue plan”<sup>1</sup>
- **Success** = how fast and well you get back on track



1. Lean MEJ, et al. Low-calorie diets in the management of type 2 diabetes mellitus [Comment]. *Nature Reviews Endocrinol.* 2019;15(5):251-252.

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## Food Choices, Eating Habits

- Food/Calories:
  - Low calorie, low fat intake<sup>1,2,3</sup>, eat breakfast<sup>1,4</sup>
  - Simplify eating plan, minimize choices<sup>2</sup> (KISS)
  - Use of meal replacements<sup>2</sup>, formulas<sup>6</sup>



1. Fletcher. On the Cutting Edge. *Diabetes Care and Education* 2009;29(4).  
 2. Wadden TA, et al. The Look AHEAD Research Group. One-year weight losses in the Look AHEAD Study: Factors associated with success. *Obesity* 2009;17(6):713-722.  
 3. Wadden TA, et al. The Look AHEAD Research Group. Four-Year Weight Losses in the Look AHEAD Study: Factors Associated With Long-Term Success. *Obesity* 2011;19:1897-1906.  
 4. Look AHEAD Research Group. Eight-year weight losses with an IU. *The Look AHEAD Study. Obesity* 2014;22(1):5-13.  
 5. Graham TL, et al. Weight-loss maintenance for 10 yrs in IWGCR. *Am J Prev Med.* 2014;46(1):127-33.  
 6. Lean MEJ, et al. Primary care-led weight management for remission of type 2 diabetes: an open-label, cluster randomized trial. *Lancet.* 2018;391(10120):541-551.

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**There Isn't Just ONE!**  
*Best = healthy eating plan a person can follow forever!*

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**Topics We'll Cover Today**

- Frame Our Discussion
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- "Ah ha's!" from HCPs and Successful Clients

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**"Ah ha's!" Successful Clients' Secrets**

- Health issue, being healthier was internal motivator
- Observe health, QOL improvements (ease of movement)
- Transition food prep, eating, restaurant dining from focus to perfunctory
- Room for desired treats, but find new non-food rewards
- Made gradual changes I could incorporate into life I'm living...be my guide, let me find my way at my pace
- HCP was non-judgmental
- Surprised at how much this is mental gymnastics



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### "Ah ha's!" Successful HCPs' Secrets

- Form partnership, get to know person's "story" - the deeper issues (mental health, sleep, etc.)
- Determine person's weight management journey
- Talk from beginning about the challenges of keeping lost pounds off
- Discuss the commitment, mark calendar
- Physical activity...a must but how (remove barriers)
- Be the supporter, cheerleader, shoulder to cry on
- Person must be ready to make changes
- Use food, mood, hunger log...even short term
- Long term support is critical (1:1, group, online)



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*"It's critical to think about/plan for weight maintenance when a person starts to lose weight, not **once they've lost the weight**... It is important to understand more about the phenomenon of **weight regain**."*

- C. Greaves, et. al.

Greaves C. et. al. Understanding the challenge of weight loss maintenance: a systematic review and synthesis of qualitative research on weight loss maintenance. Health Psychology Review. 2017;11(2):45-163.

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### Questions?

**Hope Warshaw, MMSc, RD, CDE, BC-ADM**

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**Listen to Part 1: News in Nutrition Therapy for Prediabetes and T2D**

Part 1 of a 2-Part Complimentary Webinar Series

**NEWS IN NUTRITION THERAPY FOR PREDIABETES AND TYPE 2 DIABETES**  
*Getting From Didactic to Pragmatic*

Presented by Hope Warshaw, MMSc, RD, CDE, BC-ADM | Wednesday, March 4, 2020, 2-3 pm EST

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