

1. BACKGROUND

Obesity represents a significant and growing burden to the National Health Service (NHS) in the UK. The Health Survey for England in 2001 estimated that the prevalence of obesity was 21% in men and 23.5% in women. Public health policy makers suggest that the NHS should consider using commercial slimming groups to enhance local services to tackle obesity in general practice (House of Commons Health Committee, 2004; National Institute for Health and Clinical Excellence 2006). Implementing strategies in primary care can help to prevent weight gain as well as treat the obesity. Whilst many Primary Care Trusts are looking to develop their own weight management programmes, an increasing number are looking to commission programmes from third party providers. However, evidence on the effectiveness of these programmes operating in a UK NHS environment is currently not available.

2. WEIGHT WATCHERS

Weight Watchers is a structured weight loss programme that encompasses dietary advice, activity planning, behavioural modification and group support. The programme targets lifestyle change. The eating plan is based on consensus healthy eating guidance and designed to achieve a moderate energy-deficit diet coupled with increased physical activity. The programme is delivered through weekly group meetings held at accessible community venues.

3. OBJECTIVE

To evaluate weight loss outcomes from a pilot scheme in 3 Primary Care Trusts (PCTs) involving referral of overweight and obese patients to Weight Watchers meetings.

4. METHODS

During 2004 and early 2005, 155 overweight/obese patients were referred by General Practitioners (GPs) or practice nurses for a course of Weight Watchers meetings (10-13 weeks). The study involved referral from 3 PCTs in the North West, North East and South West of England. PCTs either partially or fully funded patients attendance. Core selection criteria included BMI ($\geq 28\text{kg/m}^2$), age (≥ 18 years), not pregnant, and not taking any obesity medication. Patients were also screened for their readiness to change.

Patients who agreed to try the Weight Watchers programme were provided with information and a series of vouchers entitling them to free or discounted meetings. These patients were 'referred' by their GP; most of these patients (87.5%) subsequently registered at a meeting and enrolled on to the Weight Watchers programme. Data on weight change was recorded weekly by Weight Watchers leaders and collated by PCT staff.

5. RESULTS: WEIGHT LOSS OUTCOMES

134 (87.5 % of the referred patients enrolled at Weight Watchers meetings. This sample comprised of 18 males; 116 females aged between 20-80 years (mean 49.1 years) with a mean referral BMI of 39.2 kg/m^2 . 78% of this group were obese. Overall weight gain was halted in 122 patients (91% of those who enrolled and 79% of those referred). Table 1 summarises the weight loss results. A total of 41 patients (31% of enrolled and 27% of referred patients) lost clinically significant amounts of weight (more than 5% of initial weight). Mean weight loss of the enrolled group was $-3.8\text{kg}\pm 4.41$. Patients who regularly attended meetings (i.e. those attending 80% or more of the course of meetings offered) lost more weight ($-6.0\text{kg}\pm 5.1$) than those who attended less regularly ($-1.4\text{kg}\pm 2.8$), yet the characteristics of these 2 groups appear similar (see table 1).

6. Table 1: Weight loss outcomes from referral to Weight Watchers – regular compared to less regular attendees

	Regular attendees (completing 10 weeks or more) (n=69) (7 males, 62 females)		Irregular attendees (dropping out before 10 weeks) (n = 65) (11 males, 54 females)	
	Mean	± SD	Mean	± SD
Age (years)	50.5	14.2	47.6	14.7
Initial weight (kgs)	104.2	23.3	103.5	20.9
Weight loss (kgs)	6.0	5.1	1.4	2.8
Initial BMI (kg/m ²)	38.8	7.5	39.8	7.6
Finish BMI (kg/m ²)	36.5	7.1	39.3	7.7
% losing 5% or more of initial weight	49% (n = 34)		11% (n = 7)	

7. DISCUSSION: EFFECTIVENESS

These referral pilots were set up to help patients lose weight rather than as research studies per se. For these reasons data collection methods were less rigorous. However weight loss and compliance results from these referral pilots were in line with levels of success achieved by the Counterweight and Diet Trials Studies at 12 weeks (Counterweight Project Team, 2006; Truby et al 2006). One of the limitations of the present evaluation is the lack of long term follow-up. However, other longer term studies that have reported weight loss resulting from participation in the Weight Watchers programme are presented in Table 2. In addition, recent evidence used this data to calculate the cost effectiveness of Weight Watchers methods and suggests this is comparable to other interventions provided by the NHS (Trueman and Flack 2006).

8. Table 2: The effectiveness of Weight Watchers

Study	Weight loss (kgs)	Duration of follow-up
Heshka et al. 2000	4.8 kg	6 months
Truby et al. 2006	6.6 kg	6 months
Heshka et al. 2003	2.9 kg	24 months

9. CONCLUSIONS

The findings from this early pilot suggests that referral to Weight Watchers results in roughly one third of patients losing clinically significant amounts of weight (5% or more) with an average weight loss of 3.8 kg over a 12 week course and that consistently attending meetings dictates better weight loss results. Based on previous studies, there is agreement amongst clinicians that modest weight losses are to be expected from Primary Care interventions and that different weight loss approaches suit different people.

Clearly there is a need for well designed long term randomised trials of referral schemes like this and particularly to define the screening methods to identify patients who will adhere to, and do well on this type of group intervention. This information will be vital to maximise the cost effectiveness, to the NHS, of referral schemes to third party providers of weight management services.

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