

School of Public Health & Health Services

THE GEORGE WASHINGTON UNIVERSITY

Fast Facts: Benefits of 5 to 10 Percent Weight Loss

This fact sheet is one in a series of 'Fast Facts' that provide information to help shed light on the complex health issue of obesity.

What Amount of Weight Loss Results in Health Improvement(s)?

- Research shows that modest weight loss (5-10% of baseline weight) is associated with improved health outcomes and a reduction in risk factors for chronic disease, including lower blood glucose levels, lower blood pressure, and reduced cholesterol levels.1
- The National Heart, Lung and Blood Institute (NHLBI) recommends slow, progressive weight loss over rapid weight loss, because rapid weight loss carries health risks and may be more difficult to maintain over time.²
 - According to NHLBI guidelines, treatment of obesity should focus on producing slow, progressive weight loss with a weight-loss goal of 10% of baseline weight after 6 months.
 - Treatment may include diet, physical activity, and behavioral modification, as well as pharmacotherapy and surgery depending on the individual's medical profile.
 - NHLBI recommends that after the initial weight loss goal is reached, patients should focus on weight maintenance or additional weight loss, as advised by their physician.

What Are Some of the Effects of Modest Weight Loss?

- There is some evidence that a small amount of intentional weight loss is associated with lower all-cause mortality rates among men and women.³
 - o The use of behavioral interventions to improve health-related quality of life has been shown to produce beneficial effects
- Many individuals who undergo weight loss interventions regain some weight over time.
 - o The health outcomes of weight loss followed by weight regain are not well understood, and more research is needed to determine whether health benefits achieved through weight loss persist despite weight regain. 4
 - o Improvements in health-related quality of life may not be solely dependent upon weight loss, but may also result from lifestyle changes such as an improved diet and increased physical activity.

About the STOP Obesity Alliance

The Strategies to Overcome and Prevent (STOP) Obesity Alliance is a collaboration of nearly 70 consumer, provider, government, labor, business, health insurer and quality-of-care organizations working to drive innovative and practical strategies that combat obesity. Housed at The George Washington University School of Public Health and Health Services, Department of Health Policy, the Alliance has centered on developing reports, policy recommendations, and tools for consumers and policy makers that are evidence-based and

Lifestyle Interventions

- Modest weight loss achieved through lifestyle interventions is particularly effective for reducing the risk of developing type 2 diabetes.⁵
- Diabetes Prevention Program: results showed that participants who received lifestyle interventions (including intensive individual counseling and motivational support on diet, exercise and behavior modification) achieved an average 58% reduction in their risk of developing diabetes.6



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approved by consensus. The Alliance receives funding from founding sponsor, Sanofi. For more information, visit www.stopobesityalliance.org and follow the Alliance on Facebook and Twitter.

Resources

¹ Aucott I Rothr

¹ Aucott L., Rothnie H., McIntyre L., Thapa M., Waweru C., Gray D. (2009) Long-term weight loss from lifestyle intervention benefits blood pressure? A systematic review. *Hypertension*. Available at: http://hyper.ahajournals.org/cgi/content/abstract/HYPERTENSIONAHA.109.135178v1. See also Lavie C.J., Milani R.V., Artham S.M., Patel D.A., Ventura H.O. (2009) The obesity paradox, weight loss, and coronary disease. *American Journal of Medicine*. Available at: http://www.amjmed.com/article/S0002-9343 percent2809 percent2900500-2/abstract

² National Heart Lung and Blood Institute. (1998) Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. Available at: http://www.nhlbi.nih.gov/guidelines/obesity/ob_gdlns.htm.

³ Gregg E.W., Gerzoff R.B., Thompson T.J., Williamson D.F. (2003) Intentional weight loss and death in overweight and obese U.S. adults 35 years of age and older. *Annals of Internal Medicine*. 138: 383-389. Available at: http://www.annals.org/cgi/reprint/138/5/383.pdf

⁴Blissmer B., Riebe D., Dye G., Ruggiero L., Greene G., Caldwell M. (2006) Health-related quality of life following a clinical weight loss intervention among overweight and obese adults: intervention and 24 month follow-up effects. *Health and Quality of Life* Outcomes. 4. Available at: http://www.biomedcentral.com/content/pdf/1477-7525-4-43.pdf

⁵ National Diabetes Information Clearinghouse. (October 2008) Diabetes Prevention Program. Available at: http://diabetes.niddk.nih.gov/dm/pubs/preventionprogram/.

⁶ Ibid.