

U.S. Preventive Services Task Force Recommends Behavioral Weight Loss Interventions to Prevent Obesity-Related Morbidity and Mortality in Adults

Intensive behavioral interventions are beneficial for patients with obesity

WASHINGTON, D.C. – September 18, 2018 – The U.S. Preventive Services Task Force (Task Force) today posted a final recommendation statement and evidence summary on behavioral weight loss interventions to prevent obesity-related morbidity and mortality in adults. Based on its review of the evidence, the Task Force recommends that clinicians offer or refer adults with a body mass index (BMI) of 30 kg/m² or higher to intensive, multicomponent behavioral interventions. **This is a B recommendation.**

Grade in this recommendation:

B: Recommended.

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“The Task Force found that intensive, multicomponent behavioral programs are safe and effective, can help patients lose and maintain weight loss, and reduce risk of diabetes in people with elevated glucose levels,” says Task Force member Chyke A. Doubeni, M.D., M.P.H. “There are many programs available, and one method or type of program isn’t necessarily right for everyone. We encourage people to talk to their clinician about what might work best for them.”

Effective intensive behavioral interventions may include use of group sessions (at least 12 sessions or more in the first year), help people make healthy eating choices, encourage increased physical activity and goal setting, and help people monitor their weight.

“Intensive, multicomponent behavioral interventions combine interventions such as counseling on nutrition and increased physical activity,” says Task Force vice chair Alex Krist, M.D., M.P.H. “They can be conducted in group or classroom-style sessions that are led by a moderator, use face-to-face counseling, or use technology-based interventions like smartphone applications and social networks.”

More than 30 percent of adults in the United States are considered obese. Obesity is associated with several chronic and life-threatening health issues, including cardiovascular disease, type 2 diabetes, and various types of cancer. It is measured using a person’s BMI, which is calculated using height and weight.

This recommendation statement has been published online in the *Journal of the American Medical Association*, as well as on the Task Force Web site at: <http://www.uspreventiveservicestaskforce.org>. A draft version of the recommendation statement was available for public comment from February 20, 2018 to March 19, 2018.

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

Dr. Doubeni is the Harrison McCrea Dickson, M.D., and Clifford C. Baker, M.D., Presidential professor and an associate professor of epidemiology at the University of Pennsylvania School of Medicine. He is also a senior scholar at the Center for Clinical Epidemiology and Biostatistics at the University of Pennsylvania.

Dr. Krist is a professor of family medicine and population health at Virginia Commonwealth University and an active clinician and teacher at the Fairfax Family Practice Residency. He is codirector of the Virginia Ambulatory Care Outcomes Research Network and director of community-engaged research at the Center for Clinical and Translational Research.

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