

This fact sheet explains the U.S. Preventive Services Task Force's (Task Force) draft recommendation statement on behavioral weight loss interventions to prevent obesity-related morbidity and mortality in adults. It also tells you how you can send comments about the draft recommendation to the Task Force. Comments may be submitted from February 20, 2018 to March 19, 2018. The Task Force welcomes your comments.

Behavioral Weight Loss Interventions to Prevent Obesity-Related Morbidity and Mortality in Adults

The Task Force has issued a **draft recommendation statement** on *Behavioral Weight Loss Interventions to Prevent Obesity-Related Morbidity and Mortality in Adults*. The Task Force reviewed the evidence to determine if intensive behavioral interventions for weight management such as group sessions, dietary changes, and physical activity are safe and effective methods for weight loss

and to help prevent illnesses and deaths related to obesity in adults.

The Task Force concluded that clinicians should offer or refer adults with obesity to intensive, multicomponent behavioral interventions.

This draft recommendation applies to adults aged 18 and older with obesity.

What is obesity?

Obesity refers to a person's overall body weight and whether it is too high. Obesity means having a high amount of extra body fat.

What are intensive, multicomponent behavioral interventions?

There are many approaches that can help people change their behavior to support weight loss or weight management. Those that combine multiple activities—or components—and have group sessions are the most effective.

Activities can include group sessions, clinicians encouraging changes in diet and healthy eating choices, increased exercise, and monitoring your own weight.

Facts about Obesity and Behavioral Interventions for Weight Management

Obesity is an important public health issue. More than one-third of adults in the United States have obesity. Obesity is associated with many ongoing and life-threatening health issues such as heart disease, type 2 diabetes, and various types of cancer.

When you visit your health care professional, he or she usually weighs you and measures your height. Your height and weight are used to calculate your body mass index, or BMI. BMI indicates if you are at a healthy weight or whether you have overweight or obesity. The higher your BMI, the higher your risk for health issues and other related conditions. Obesity is defined as having a body mass index, or BMI, of 30 kg/m² or higher.

If someone is found to have obesity, their health care professional may suggest that they join a weight management program. There are many such programs that can help people change behaviors and lose weight. Evidence shows that intensive programs that include a variety of activities can help people manage their weight and help prevent illnesses and deaths related to having obesity. Components of these programs may:

- include any use of group sessions,
- include 12 sessions or more in the first year,

- help people make healthy eating choices,
- encourage increased physical activity, and
- help people monitor their own weight.

Of these, group sessions are most successful for weight loss.

Potential Benefits and Harms of Behavioral Weight Loss Interventions

Intensive, multicomponent behavioral interventions for adults with obesity can help people maintain and eventually lose weight. Evidence shows that people regain less weight with these types of interventions too—even after the interventions are stopped. It's also important to note that intensive, multicomponent behavioral interventions can help decrease rates of type 2 diabetes among adults who have obesity.

The Task Force found little to no harms from these behavioral weight-loss interventions.

The Draft Recommendation on Behavioral Weight Loss Interventions to Prevent Obesity-Related Morbidity and Mortality: What Does It Mean?

Here is the Task Force's draft recommendation on behavioral weight loss interventions to prevent obesity-related morbidity and mortality in adults. It is based on the quality and strength of the evidence about the potential benefits and harms of interventions for this purpose. It is also based on the size of the potential benefits and harms. Task Force recommendation grades are explained in the box at the end of this fact sheet.

When the Task Force recommends an intervention (**B Grade**), it is because it has more potential benefits than potential harms.

Before you send comments to the Task Force, you may want to read the [draft recommendation statement](#). The recommendation statement explains the evidence the Task Force reviewed and how it decided on the grade. An [evidence document](#) provides more detail about the scientific studies the Task Force reviewed.

1 The USPSTF recommends that clinicians offer or refer adults with a *body mass index (BMI) of 30 kg/m² or higher* to *intensive, multicomponent behavioral interventions*.
(Grade B)

Notes

1 *body mass index*
A value calculated using someone's weight and height to determine if they are of a normal weight, have overweight, or have obesity.

30 kg/m² or higher
A BMI of 30 or more, indicating that someone has obesity.

Intensive, multicomponent behavioral interventions
Weight loss programs that use group sessions and include a variety of activities to help people lose weight.



What is the U.S. Preventive Services Task Force?

The Task Force is an independent, volunteer group of national experts in prevention and evidence-based medicine. The Task Force works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services, such as screenings, counseling services, and preventive medicines. The recommendations apply to people with no signs or symptoms of the disease being discussed.

To develop a recommendation statement, Task Force members consider the best available science and research on a topic. For each topic, the Task Force posts draft documents for public comment, including a **draft recommendation statement**. All comments are reviewed and considered in developing the final recommendation statement. To learn more, visit the [Task Force Web site](#).

USPSTF Recommendation Grades	
Grade	Definition
A	Recommended.
B	Recommended.
C	Recommendation depends on the patient's situation.
D	Not recommended.
I statement	There is not enough evidence to make a recommendation.

Click Here to Learn More about Obesity

-  **Obesity**
(MedlinePlus)
-  **Overweight and Obesity**
(Centers for Disease Control and Prevention)

Click Here for Related Task Force Recommendation on Obesity

-  **Obesity in Children and Adolescents: Screening**
(2017)
-  **Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults Without Known Risk Factors: Behavioral Counseling**
(2017)
-  **Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults With Cardiovascular Risk Factors: Behavioral Counseling**
(2017)

[Click Here](#) to Comment on the Draft Recommendation



The Task Force welcomes comments on this draft recommendation.



Comments must be received between February 20 and March 19, 2018.



All comments will be considered for use in writing final recommendations.