

Fast Facts: Benefits of 5 to 10 Percent Weight Loss

Obesity is associated with significantly increased risk of more than 20 chronic diseases and health conditions that cause devastating consequences and increased mortality. Beyond the significant personal toll, obesity and related health complications are driving up health care costs and threatening employers' bottom lines. This fact sheet is one in a series of 'Fast Facts' that provides information to help shed light on this complex health issue.

- Research indicates that modest weight loss (five to 10 percent 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.ⁱ
- The National Heart, Lung and Blood Institute (NHLBI) recommends slow, progressive weight loss over rapid weight loss, which carries health risks and may be more difficult to maintain over time.ⁱⁱ
 - According to NHLBI guidelines, treatment of obesity should focus on producing slow, progressive weight loss with a weight-loss goal of 10 percent of baseline weight after six months. Treatment may include diet, physical activity and behavioral modification, as well as pharmacotherapy and surgery for some patients. After the initial goal is reached, patients should focus on weight maintenance or additional weight loss, as advised by their physician.
- Modest weight loss achieved through lifestyle interventions is particularly effective for reducing the risk of developing type 2 diabetes. Results from the Diabetes Prevention Program showed that participants who received lifestyle interventions (including intensive individual counseling and motivational support on diet, exercise and behavior modification) achieved a 58 percent reduction in their risk of developing diabetes.ⁱⁱⁱ
- There is some evidence that a small amount of intentional weight loss is associated with lower all-cause mortality rates among men and women.^{iv}
 - The use of behavioral interventions to improve health-related quality of life has been shown to produce beneficial effects, which may persist over time. For example, one study found that patients who participated in a six month behavioral intervention experienced improvements in both physical and mental quality of life after achieving modest weight loss. At the two-year follow-up, patients retained their improvements in physical functioning and mental health, despite some weight regain.^v
- Many individuals who undergo weight loss interventions regain some weight over time. 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. In addition, there is data to suggest that improvements in health-related quality of life are not 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 consumer, provider, government, labor, business, health insurers and quality-of-care organizations united to drive innovative and practical strategies that combat obesity. The STOP Obesity Alliance is directed by Research Professor Christine C. Ferguson, J.D., of The George Washington University's Department of Health Policy and former Health Commissioner for the State of Massachusetts. Richard H. Carmona, M.D., M.P.H., FACS, 17th U.S. Surgeon General (2002-2006) and President of the non-profit Canyon Ranch Institute, serves as Health and Wellness Chairperson of the Alliance. The Alliance Steering Committee is comprised of the following public and private sector organizations: American Diabetes Association, American Heart Association, America's Health Insurance Plans, American Medical Group Association, Canyon Ranch Institute, the Center for Disease Control and Prevention's Division of Nutrition, Physical Activity and Obesity (DNPAO), DMAA: The Care Continuum Alliance, National Business Group on Health, National Quality Forum, Partnership for Prevention, Reality Coalition, Service Employees International Union, The Obesity Society and Trust for America's Health. The Strategies to Overcome and Prevent (STOP) Obesity Alliance receives funding from founding sponsor, sanofi-aventis U.S. LLC, and supporting sponsors, Allergan, Inc. and Amylin Pharmaceuticals, Inc. For more information, visit www.stopobesityalliance.org.

ⁱ 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>

ⁱⁱ 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.

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

^{iv} 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>

^v Blissmer 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>