Orlistat **used to lose weight in intervention arm. (ILI)**
Orlistat is a weight loss drug.
Go to page 31 in supplement on drugs. 10% use in year one Orlistat 8% wt. loss

As Orlistat use decreased in yrs. 2, 3 and 4, the weight lost % went down.

ATTRITION Rate Bias

"All participants had the opportunity to complete 8 years of intervention before Look AHEAD was halted in September 2012; **≥88%** of both groups completed the 8-year outcomes assessment."

Thus 4,527 completely the 8 year trial which seems excellent to me.

However at the end of 8 years the % of weight loss reported is not affected by the attrition rate?

The people who dropped out gained weight? Thus the % wt. loss would have been less than reported?

Article one quote:

"I think our patients did a fantastic job, and we were able to see an 8.6% reduction in body weight in the first year. That was not entirely sustained. During

the next year, that weight loss changed to only about 5% of their body weight, but that was maintained through the duration of the trial to 11 years."

Article two quote:
On average, **participants in the intervention group lost 8.5% of their initial weight at 1 year and 4.7% of their initial weight at 8 years.**

Send to:
Nutr Metab Cardiovasc Dis. 2014 Jan;24(1):4-9. doi: 10.1016/j.numecd.2013.12.001. Epub 2013 Dec 20.

The results of Look AHEAD do not row against the implementation of lifestyle changes in patients with type 2 diabetes.

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Author information

Abstract

The Look AHEAD trial, evaluating the effects of weight loss on cardiovascular (CV) morbidity and mortality in overweight/obese people with type 2 diabetes (T2D), was interrupted after a median 9.5-year follow-up because the incidence of CV events was not different between the Intensive Lifestyle Intervention (ILI) and the control groups, and unlikely to statistically change thereafter.
This made health providers and patients wondering about clinical value of diet and physical exercise in diabetic patients.
Many factors may have made difficult to ascertain benefits of lifestyle intervention, besides the lower than predicted CV event rates.

Among others, ***LDL-cholesterol was lowered more***, **with a higher use of statins, in the control group.**

Anyhow, ILI significantly improved numerous health conditions, including quality of life, CV risk factors and blood glucose control, with more diabetes remissions and less use of insulin.

The intervention aimed at weight loss by reducing fat calories, and using meal replacements and, eventually, **orlistat**, likely under emphasizing dietary composition.

There is suggestive evidence, in fact, that qualitative changes in dietary composition aiming at higher consumption of foods rich in fiber and with a high vegetable/animal fat ratio favorably influence CV risk in T2D patients.

In conclusion, the Look AHEAD showed substantial health benefits of lifestyle modifications.

Prevention of CV events may need higher attention to dietary composition, contributing to stricter control of CV risk factors.
As a better health-related quality of life in people with diabetes is an important driver of our clinical decisions, efforts on early implementation of behavioral changes through a multifactorial approach are strongly justified.

KEYWORDS: