

UNCOVERING
MASS-MARKET/COMMERCIAL
WEIGHT LOSS SOLUTIONS AS
THE ANSWER FOR THE
OBESITY EPIDEMIC

BY: JONATHAN CONDON

RESEARCH IN THE DISCIPLINES: PUBLIC HEALTH ISSUES

PROFESSOR WILFORD

APRIL 2022

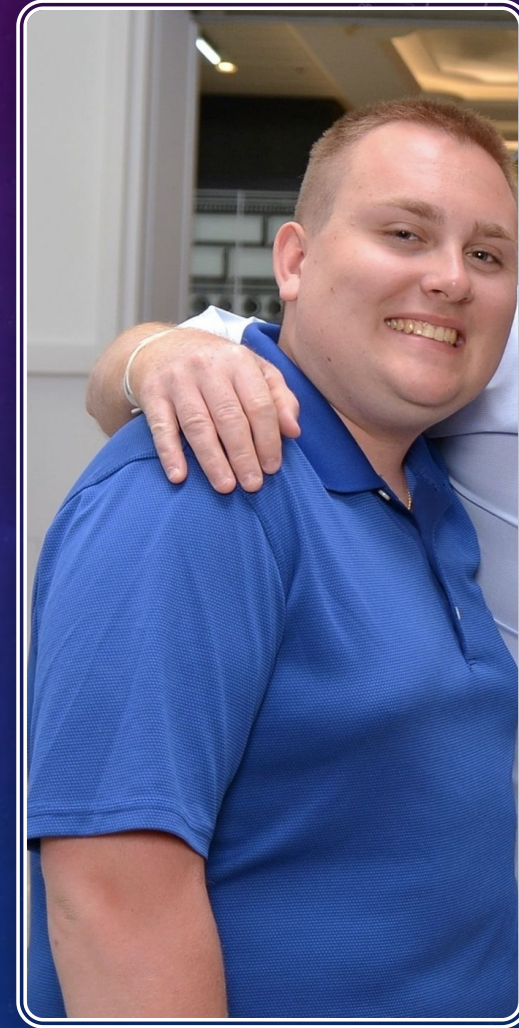
RESEARCH QUESTION

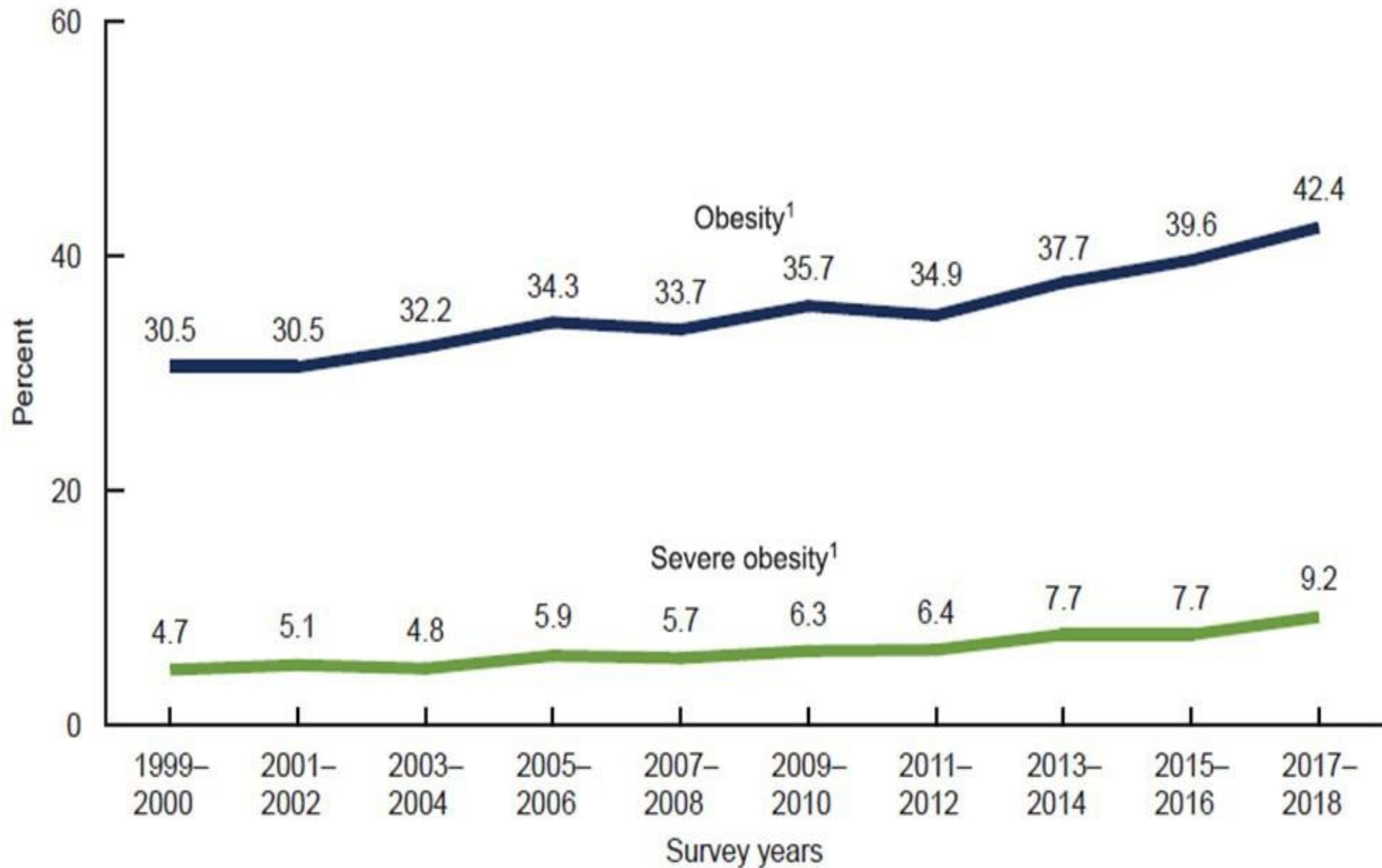
Can physician referrals to mass-market/commercial weight-management programs help mitigate the obesity epidemic or will they do more harm than good?



WHY DID I CHOOSE THIS TOPIC?

- I have utilized different types of mass-market/commercial solutions. I have also utilized conventional medical solutions by a doctor / dietitian.
- My doctor referred me to a mass-market/commercial solution instead of a referral to a medical professional or dietitian.
- I was ultimately curious as to which approach is more beneficial to improving overall public health. A big question that I have had is WHY was I referred to a mass-market/commercial solution instead of a medical professional?
 - Framing term: Medical Care vs Health Care



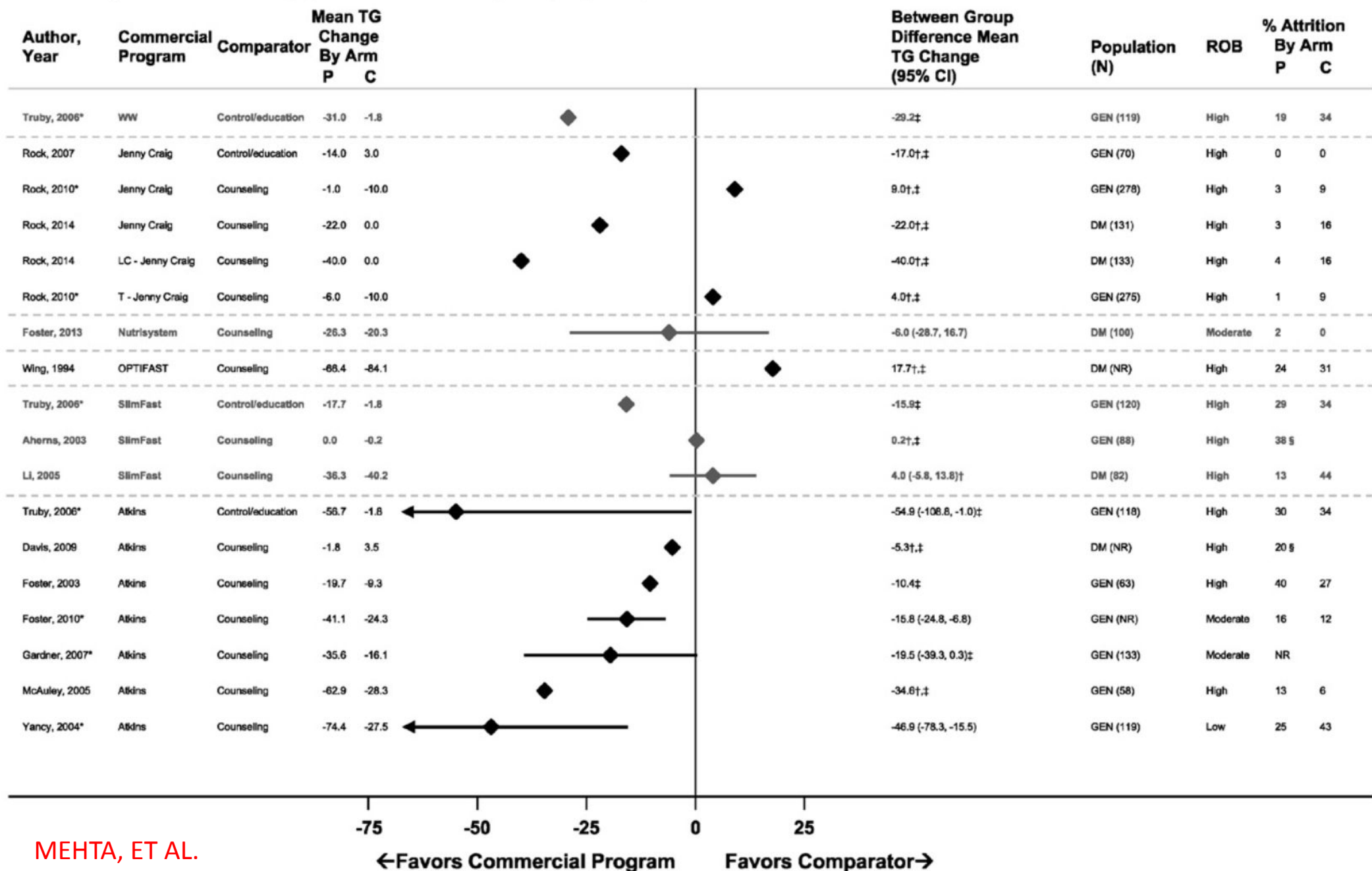


Wellness Care	Disease Management
Treats symptoms by addressing underlying cause of the problem	Masks or suppresses symptoms, but does not address underlying cause
Treatments have mild or no side effects, and other unrelated complaints often improve spontaneously	Treatments often have serious side effects and complications, including death
Patient is empowered, educated and encouraged to play active role in healing process	Patient is treated as victim, discouraged from playing active role, and not educated about their condition and how to manage it
Views the body as an interconnected whole, and recognizes the importance of these connections in health and disease	Views the body as a collection of separate parts, each of which has its own doctor (i.e. cardiologist, podiatrist, etc.)
Tests and treatments designed to promote optimal function and health	Tests and treatments designed to prevent death and treat life-threatening disease
Focused on preventing disease before it occurs	Focused on managing disease long after it has occurred

THEORETICAL FRAME: HEALTH CARE VS MEDICAL CARE

- “Medical Care”, which is providing treatments for diseases that a person already has, instead of “Health Care”, which is providing *preventative* treatments for diseases that a person does not currently have but it likely to develop in the future.
- The U.S. Preventive Services Task Force has recommended that clinicians provide intensive counseling and behavioral interventions (LeFevre, 2014); however, “barriers exist to implementing this practice due to limited time and counseling skill” (Mehta et al. 97).
- It can be hypothesized that due to the overwhelming effects of the obesity epidemic, doctors are having to spend more time on “medical care” versus “health care”. This means doctors are leaving preventative services (like losing weight to improve health outcomes) to the mass-market solutions, while they are dedicating more time to medical services after the fact like a heart attack.

A) 6-Month Triglyceride Changes (mg/dL)



MEHTA, ET AL.

←Favors Commercial Program Favors Comparator→

Intuitive eating



1
Reject diet mentality



2
Honour your hunger



3
Make peace with food



4
Challenge the 'food police'



5
Discover the satisfaction factor



6
Feel your fullness



7
Cope with emotions with kindness



8
Respect your body



9
Exercise and feel the difference



10
Honour your health with gentle nutrition

Ineffectiveness of commercial weight-loss programs for achieving modest but meaningful weight loss: Systematic review and meta-analysis

Samantha M McEvedy¹, Gillian Sullivan-Mort¹,
Siân A McLean¹, Michaela C Pascoe² and Susan J Paxton¹

Abstract

This study collates existing evidence regarding weight loss among overweight but otherwise healthy adults who use commercial weight-loss programs. Systematic search of 3 databases identified 11 randomized controlled trials and 14 observational studies of commercial meal-replacement, calorie-counting, or pre-packaged meal programs which met inclusion criteria. In meta-analysis using intention-to-treat data, 57 percent of individuals who commenced a commercial weight program lost less than 5 percent of their initial body weight. One in two (49%) studies reported attrition ≥ 30 percent. A second meta-analysis found that 37 percent of program completers lost less than 5 percent of initial body weight. We conclude that commercial weight-loss programs frequently fail to produce modest but clinically meaningful weight loss with high rates of attrition suggesting that many consumers find dietary changes required by these programs unsustainable.

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RESEARCH ARTICLE

Trying again (and again): Weight cycling and depressive symptoms in U.S. adults

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Abstract

As the prevalence of overweight and obesity have risen over the past few decades, so have weight control attempts. Research has shown, however, that intentional weight loss results are often short-lived, with people regaining the weight over time. This can lead to weight cycling—losing and gaining weight repeatedly. Previous research, mostly done over two decades ago, concluded there was no relationship between weight cycling and psychological health. The goal of the current paper was to re-examine the relationship between weight cycling and depressive symptoms in a national sample of American adults ($N = 2702$; 50.7% female; mean age = 44.8 years). If, as hypothesized, there is a relationship between more frequent weight cycling and depressive symptoms, then internalized weight stigma will be examined as a potential mediator of the relationship. Results of a cross-sectional survey showed that 74.6% of adults report they have intentionally tried to lose weight. Amongst those who have tried to lose to weight, the average number of weight cycles over the lifetime was 7.82 cycles. Simultaneous regression showed that greater weight cycling was related to greater reported depressive symptoms ($\beta = .15$, $p < .001$), controlling for age, gender, education, income, and body mass index. Internalized weight stigma was a partial mediator of this relationship. Discussion focuses on the potential implications for weight cycling and mental health.

Maintenance of lost weight and long-term management of obesity

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Synopsis

Weight loss can be achieved through a variety of modalities, but long-term maintenance of lost weight is much more challenging. Obesity interventions typically result in early rapid weight loss followed by a weight plateau and progressive regain. This review describes our current understanding of the biological, behavioral, and environmental factors driving this near-ubiquitous body weight trajectory and the implications for long-term weight management. Treatment of obesity requires ongoing clinical attention and weight maintenance-specific counseling to support sustainable healthful behaviors and positive weight regulation.

Research report

Intuitive eating in young adults. Who is doing it, and how is it related to disordered eating behaviors? ☆

Kara N. Denny^a  , Katie Loth^b , Marla E. Eisenberg^{b, c} , Dianne Neumark-Sztainer^d 

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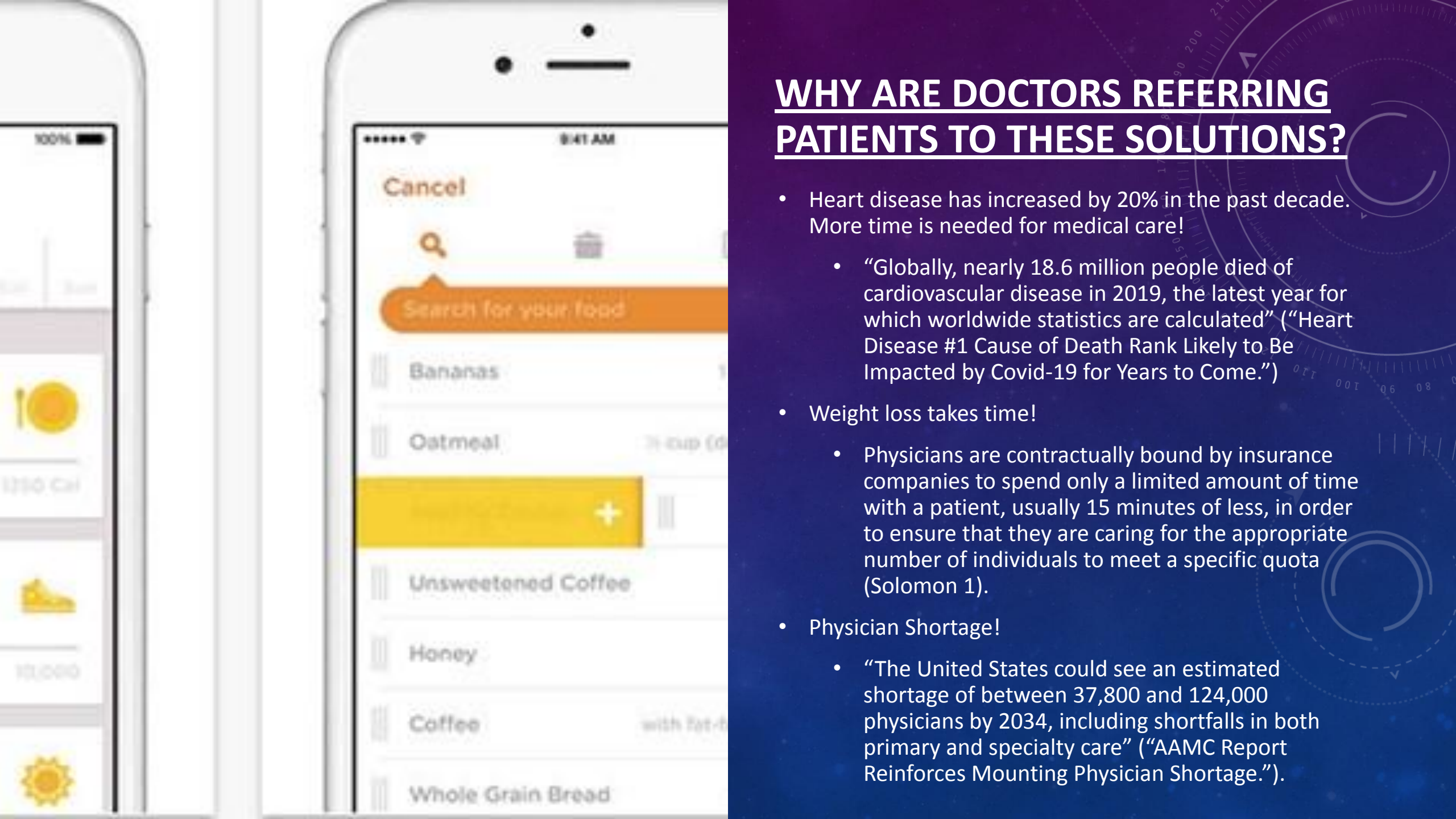
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Abstract

Intuitive eating (i.e., reliance on physiologic hunger and satiety cues to guide eating) has been proposed as a healthier, more effective, and more innate alternative to current strategies of weight management. The current study explored intuitive eating among young adults according to socio-demographic characteristics and body mass index (BMI), and examined associations between intuitive and disordered eating behaviors. Data were drawn from Project EAT-III, a population-based study of 2287 young adults (mean age: 25.3 years). More males reported trusting their bodies to tell them how much to eat than did females. Intuitive eating was inversely associated with BMI in both genders. Males and females who reported trusting their body to tell them how much to eat had lower odds of utilizing disordered eating behaviors compared to those that did not have this trust. Females who reported that they stop eating when they are full had lower odds of chronic dieting and binge eating than those who do not stop eating when full. Overall, this study found that intuitive eating practices are inversely associated with a number of harmful outcomes. Clinicians should discuss the concept of intuitive eating with their young adult patients to promote healthier weight-related outcomes.



WHY ARE DOCTORS REFERRING PATIENTS TO THESE SOLUTIONS?

- Heart disease has increased by 20% in the past decade. More time is needed for medical care!
 - “Globally, nearly 18.6 million people died of cardiovascular disease in 2019, the latest year for which worldwide statistics are calculated” (“Heart Disease #1 Cause of Death Rank Likely to Be Impacted by Covid-19 for Years to Come.”)
- Weight loss takes time!
 - Physicians are contractually bound by insurance companies to spend only a limited amount of time with a patient, usually 15 minutes or less, in order to ensure that they are caring for the appropriate number of individuals to meet a specific quota (Solomon 1).
- Physician Shortage!
 - “The United States could see an estimated shortage of between 37,800 and 124,000 physicians by 2034, including shortfalls in both primary and specialty care” (“AAMC Report Reinforces Mounting Physician Shortage.”).



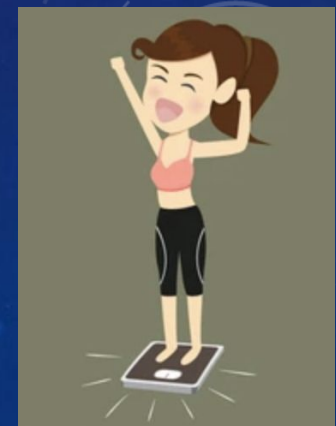
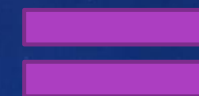
DIETITIANS ARE THE SOLUTION

- Doctors are not referring patients to the nutrition experts for further support.
 - A study evaluating the prevalence of physician to dietitian referrals found that “the percentage of patients referred for medical nutrition therapy from the total number of patients diagnosed with corresponding diseases was, on the average, 3% for diabetes mellitus, 1% for hypertension” (Madden, et al. 1).
 - “Doctors are taught an average of 1 percent of their total lecture time in medical school learning about nutrition” (Ldanziger).
- There is a general belief by many healthcare providers that dietitians simply have not had the amount of extensive training on the medical side of obesity. Prior to 2024, only a bachelor’s degree was needed.
 - As of 2024, all dietitians are required to have a masters degree in order to practice medical nutrition therapy, in addition to 1,200+ hour dietetic internship, licensure examination, continuing education, and completion of a didactic program in dietetics.

THESIS / CONCLUSION



- Commercial weight loss programs are beneficial to individuals in reducing their weight and improving blood lipid, sugar, and blood pressure levels in the short-term; however, long-term success is highly unlikely due to severe restriction which leads to weight regain, decreased metabolism, and increased evidence of psychological harm.
- Mass-market/commercial weight loss programs should be avoided. An approach from professional psychological behavior change, social support, and medical nutrition therapy should be utilized like Registered Dietitian (RD) for long-term success.
- Further outreach from dietitians are needed in order to educate doctors on the extensive amount of nutrition training that they have, so for the obesity epidemic, doctors can focus on medical care, while dietitians can focus on health care. Together, a partnership between a dietitian and doctor can help reverse the obesity epidemic, improve public health, and lead to an overall healthier nation.



WORKS CITED

"FastStats - Overweight Prevalence." *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 10 Sept. 2021, <https://www.cdc.gov/nchs/fastats/obesity-overweight.htm>.

Ldanziger. "Doctors Don't Learn Nutrition. One MD Is out to Change That." *The Beet.*, 25 Nov. 2020, <https://thebeet.com/doctors-dont-learn-nutrition-in-med-school-heres-how-that-affects-you/>.

Markets, Research and. "Global Weight Loss Products and Services Market Report 2021: The Business of Weight Loss in the 20th and 21st Centuries." *Global Weight Loss Products and Services Market Report 2021: The Business of Weight Loss in the 20th and 21st Centuries*, 13 Aug. 2021, <https://www.prnewswire.com/news-releases/global-weight-loss-products-and-services-market-report-2021-the-business-of-weight-loss-in-the-20th-and-21st-centuries-301354957.html>.

McEvedy, Samantha M et al. "Ineffectiveness of commercial weight-loss programs for achieving modest but meaningful weight loss: Systematic review and meta-analysis." *Journal of Health Psychology* vol. 22,12 (2017): 1614-1627. doi:10.1177/1359105317705983

Mehta, Ambereen K et al. "Benefits of commercial weight-loss programs on blood pressure and lipids: a systematic review." *Preventive Medicine* vol. 90 (2016): 86-99. doi:10.1016/j.ypmed.2016.06.028

Quinn, Diane M., et al. "Trying Again (and Again): Weight Cycling and Depressive Symptoms in U.S. Adults." *PLOS One*, vol. 15, no. 9, PUBLIC LIBRARY SCIENCE, 2020, pp. e0239004–e0239004, <https://doi.org/10.1371/journal.pone.0239004>.

Sreenivas, Shishira. "What Is Intuitive Eating?" *WebMD*, WebMD, <https://www.webmd.com/diet/what-is-intuitive-eating>.

Thomas, Dr. Liji. "Almost One in Two Americans Will Be Obese by 2030." *News*, 20 Dec. 2019, <https://www.news-medical.net/news/20191219/Almost-one-in-two-Americans-will-be-obese-by-2030.aspx>.

Watt, E. "The Weigh to Wellness: RDN Effectiveness at the Forefront of Lifestyle Management." *Journal of the Academy of Nutrition and Dietetics*, vol. 119, no. 9, Elsevier Inc, 2019, pp. A64–A64, <https://doi.org/10.1016/j.jand.2019.06.185>.

"5 Steps to Become a Registered Dietitian Nutritionist." *EatRightPro*, <https://www.eatrightpro.org/about-us/become-an-rdn-or-dtr/high-school-students/5-steps-to-become-a-registered-dietitian-nutritionist>.



Thank you!