



Effect of Behavior Counseling on Weight Loss in Primary Care

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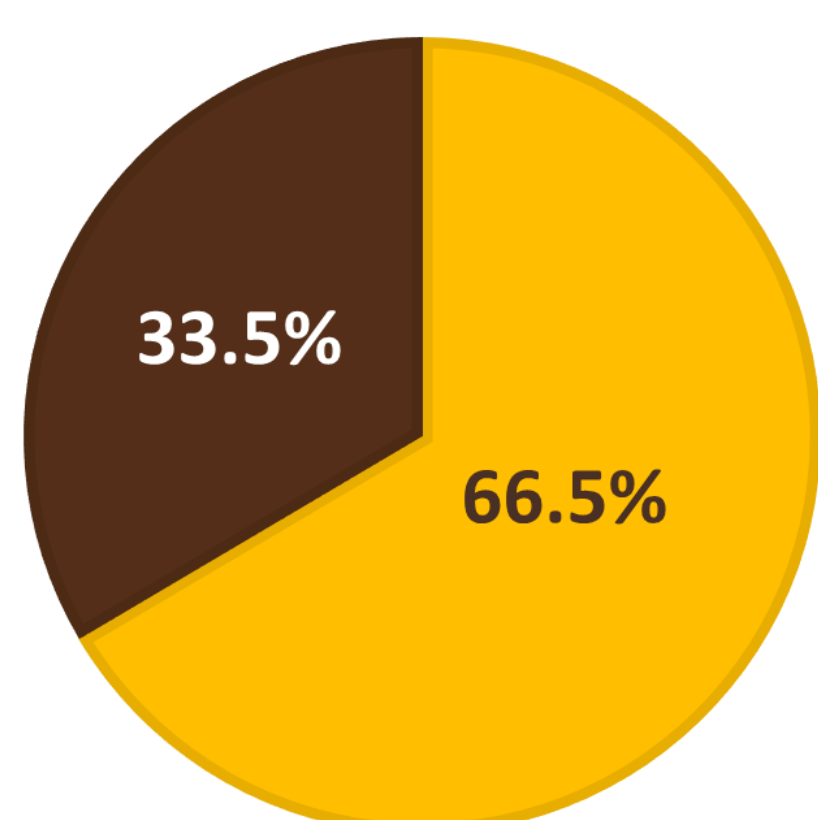
Background

- Obesity affects more than two-thirds of adults living in the United States.
- Individuals who are overweight or obese are at increased risk for a variety of comorbid conditions including diabetes, cardiovascular disease, cancers, asthma, obstructive sleep apnea, gallbladder disease, and musculoskeletal disorders.
- Due to the high number of overweight and obese individuals in the US, nurse practitioners (NPs) must counsel clients on lifestyle changes and weight reduction.
- Behavior therapy can be effective in promoting weight loss in individuals who are overweight or obese. However, little evidence exists regarding the effect of NP-guided behavior change programs on weight loss in a primary care setting.

Prevalence of Overweight & Obesity in the United States

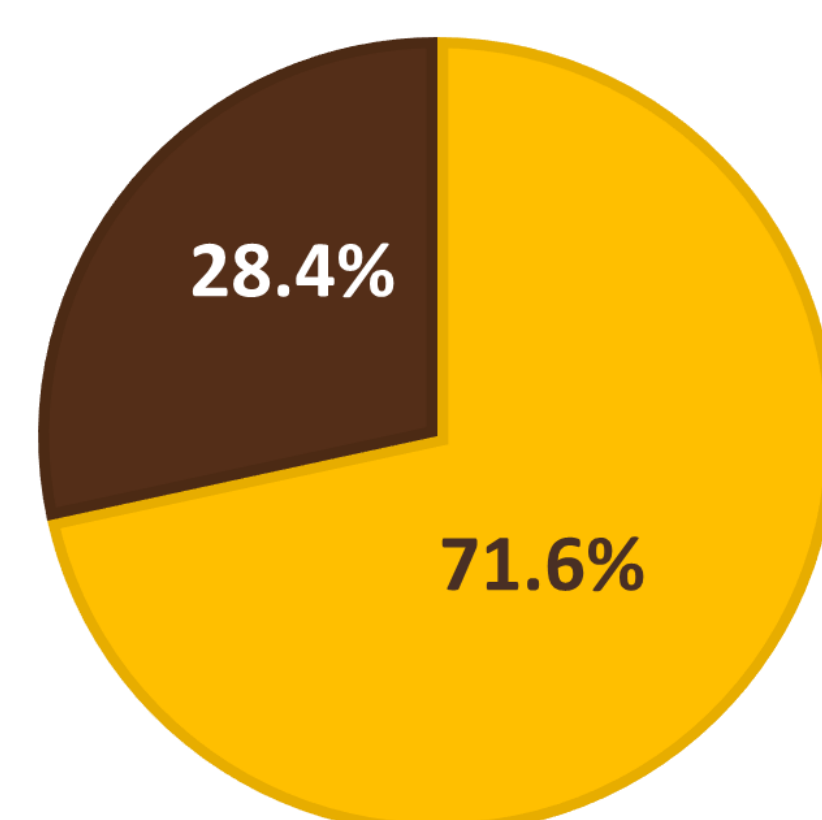
PREVALENCE OF OVERWEIGHT & OBESITY IN WOMEN

■ Overweight & Obesity Combined
■ Normal Weight



PREVALENCE OF OVERWEIGHT & OBESITY IN MEN

■ Overweight & Obesity Combined
■ Normal Weight



Purpose

The objective of this study was to identify the effect of behavior change counseling techniques such as motivational interviewing, goal setting, self-monitoring, and perceived self-efficacy on weight loss in adult clients within a primary care setting.

Methods

- Three established clients at a low-income primary care clinic in Laramie, Wyoming were enrolled in six 30-minute weight loss counseling sessions led by a DNP-FNP student.
- Participants were eligible if:
 - They were over the age of 18
 - Had a body mass index ≥ 25
 - Were able to speak, read, write, and understand English
- Participants' weights were obtained during each encounter.
- Motivational interviewing was used as a weight loss coaching technique during all counseling sessions.
- Additional data were collected using questionnaires, face-to-face interviews, self-efficacy scales, and self-monitoring results to analyze participants' weight loss goals, previous attempts with weight control, and perceived barriers to losing weight.

Results

Weight Loss Findings

- Only one participant attended all six weight loss counseling sessions. Another participant attended four out of six sessions and one participant only attended the first session.
- One participant experienced minimal weight loss and another participant experienced weight gain.

Participants' Weights During Weekly Weight Loss Counseling Sessions

Gender	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Difference
Male	338 lbs.	338 lbs.	336 lbs.	340 lbs.	342 lbs.	342 lbs.	+ 4 lbs.
Female	260 lbs.	258 lbs.	258 lbs.	257 lbs.	--	--	- 3 lbs.

Participants' Perceptions

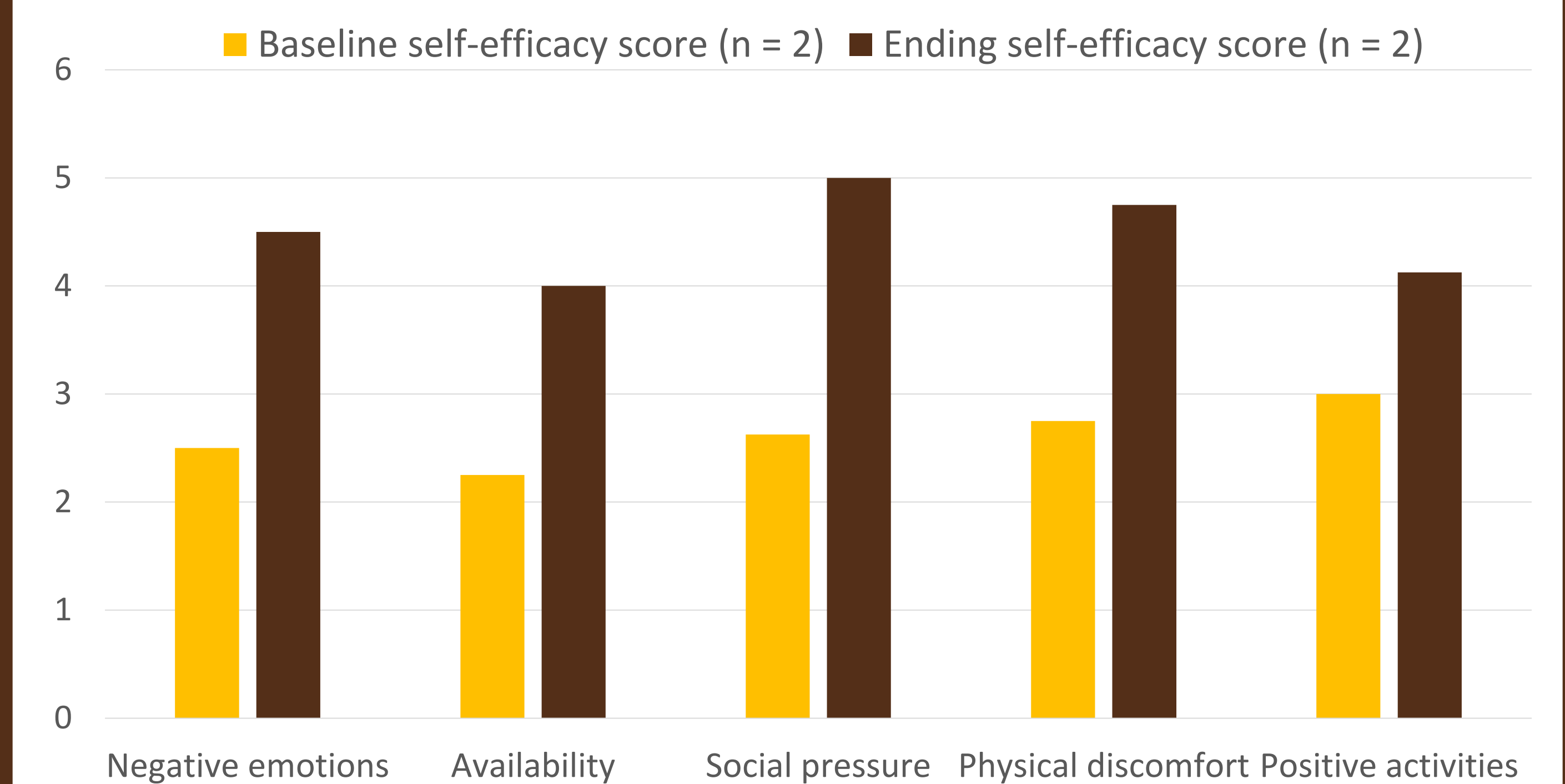
- Weight loss barriers included health conditions, lack of family support, financial stress, and stress at home.
- Goal setting, rewards, routine encouragement, weekly weight monitoring, and mentorship were the most helpful aspects of weight loss counseling.

Results Continued

Self-Efficacy Analysis

- Mean self-efficacy scores increased over time

Baseline & Ending Self-Efficacy Scores Related to Eating Behaviors



Self-Monitoring

- There was no correlation between routine self-monitoring and weight reduction.

Conclusion

- Participants' mean self-efficacy scores increased over time, indicating improved confidence confronting difficult eating behaviors.
- This study evaluated eating self-efficacy only. More research is needed to evaluate exercise self-efficacy.
- Participants appreciated having a mentor and felt routine counseling sessions made them more accountable to change negative behaviors.
- Previous studies have evaluated weight loss programs over a 3-6 month time period, while this study only lasted 6 weeks. More long-term evaluation of behavior counseling is needed to identify its effect on weight reduction in adult clients.

References

References available upon request.