Nutrition Interventions and Weight Loss

Anne Wolf, MS, RDN
Academy of Nutrition and Dietetics
Academy’s Position Statement:

Successful treatment of overweight and obesity in adults requires adoption and maintenance of lifestyle behaviors contributing to both dietary intake and physical activity.

These behaviors are influenced by many factors; therefore, interventions incorporating more than one level of the socioecological model and addressing several key factors in each level may be more successful than interventions targeting any one level and factor alone.

Comprehensive Weight Management Program

- Reduced calorie diet
- Increased physical activity
- Behavioral strategies
- Medication and/or surgery when indicated
Weight Management in the Diabetes Prevention Program

- Motivated individuals
- Structured diet and activity curriculum
- Frequent visits with a lifestyle interventionist
- Use of daily food and activity records
- Social support/problem solving

Combining Lifestyle Modification and Sibutramine – Results Across One Year

Addition of RD visit to Bariatric Surgery

- Greater weight loss at 6 mos\(^1\) (some studies)
- Lower number of minor complications\(^2\)
- Reduced readmission due to dietary-related problems\(^3\)
- Improvement in serum thiamine, HDL & TG\(^3\)

Intrapersonal-Level Obesity Intervention

All Adults Annually

• Height, Weight, BMI, Waist Circumference

Overweight or Obese Adults

• Referral to RDN for medical nutrition therapy
• Nutrition assessment, diagnosis, intervention, monitoring and evaluation
• Interventions target intrapersonal-level factors that assist with changing energy balance behaviors
Intrapersonal-Level Obesity Intervention

• Assessment
  – Food and nutrition-related history
  – Anthropometric measures
  – Biochemical data, medical tests and procedures
  – Nutrition-focused physical findings
  – Client History
  – Energy intake and nutrient content
    • If indirect calorimetry is not available, use RMR
    • Mifflin-St. Jeor equation; actual weight used
  – Motivation, readiness and self-efficacy

• Dietary Intervention -- one of the following:
  – 1,200 kcal to 1,500 kcal (women); 1,500 kcal to 1,800 kcal (men)
  – Energy deficit of 500 to 750 kcal/day
  – One of the evidence-based diets that restrict certain food types
<table>
<thead>
<tr>
<th>Diet</th>
<th>RCT Evidence Supportive</th>
<th>RCT Evidence-Not Supportive</th>
<th>Lacking RCT Evidence</th>
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<td>Decreasing sugar-sweetened beverages</td>
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<td>Decreasing fast food</td>
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<td>Meal replacement/structured meal plans</td>
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<td>Breakfast consumption</td>
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Physical Activity

Weight Loss

- 150 to 420 minutes or more per week depending on intensity

Weight Maintenance

- 200 to 300 minutes or more per week depending on intensity
RDN “Change” Tools

Behavioral Change

- Self monitoring
- Motivational interviewing
- Structured meal plans and meal replacements
- Portion control
- Goal setting
- Problem solving

Behavioral Therapy Strategies

- Cognitive restructuring
- Contingency management
- Relapse prevention techniques
- Slowed rate of eating
- Social support
- Stress management
- Stimulus control and cue reduction
Nutrition Intervention Recommendations

Weight Loss
- 14 MNT encounters
- Individual or group
- At least 6 months

Weight Loss Maintenance
- Monthly MNT encounters
- At least 1 year
MNT for Weight Management: The Payment Landscape

**The Good News**

- Expanded coverage under private payers, Medicaid and plans sold in the state marketplaces due to the ACA
  - USPSTF Grade B recommendations for obesity screening and counseling for adults and children
  - 18 state Medicaid programs cover nutrition counseling for obesity
  - No cost-sharing

- As of 1/1/2011, Medicare covers Intensive Behavioral Therapy for Obesity

- Alternative payment models provide financially viable opportunities to incorporate MNT services for weight management
MNT for Weight Management: The Payment Landscape

The Not-So-Good News

- No standardized coverage
  - Recognized providers, place of service, number of encounters, length of encounters, CPT/ICD-10 codes vary by payer and by plan

- Medicare does not recognize RDNs as direct providers for IBT for Obesity services

- Catch-22 for bariatric surgery patients
  - Surgery not covered without prior attempts at weight loss, but payer may not cover MNT services
  - Payers require pre-op nutrition evaluation but may not cover this service

- Limitations on provider networks
The Alliance for a Healthier Generation convened national medical associations, leading insurers and employers to offer comprehensive health benefits to children and families for the prevention and treatment of childhood obesity.

Insurers and employers offer:

- at least four **follow up appointments** with a primary care provider
- at least four **visits with a registered dietitian nutritionist**
Thank you!

Questions?