EVIDENCE-BASED NURSING. REVIEW

Overweight and obesity: Effectiveness of interventions in adults

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Abstract

Objective: To identify the most effective interventions in overweight and obese adults.
Method: A narrative review through a search of the literature in databases PubMed, Cochrane, Joanna Briggs Institute, EMBASE, Cuiden y Cinahl with free and controlled language (MeSH terms) using Boolean operators AND and NOT. The research was limited to articles published between 2007 and 2015. Eighteen articles were selected based on the established inclusion and exclusion criteria.
Results: Different types of interventions were identified based on the modification of lifestyles, mainly diet, physical activity and behaviour. Major differences were found in specific content, degree of intensity of interventions, time tracking and elements evaluated. Most of studies found statistically significant weight loss but this was limited in terms of weight and number of people. Web-based interventions have no uniform effect on weight loss but achieve similar levels to face-to-face interventions in maintaining weight loss.
Conclusions: The combination of personalised diet, exercise and cognitive behavioural therapy is the most effective form of intervention in overweight and obesity. There is insufficient data to indicate whether group or individual interventions are more effective. Online intervention allows greater accessibility and lower cost.

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Keywords

Obesity; Intervention; Adults

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Introduction

Obesity affects 600 million people. In Spain it affects 17% of the population. It is linked with cardiovascular diseases, endocrine-metabolic diseases and cancer. Environmental factors contribute to 70% of its development, with diet and a sedentary lifestyle being the most relevant.

Therapeutic alternatives are based on lifestyle changes, medication and surgery. The aim of this review is to identify the most effective interventions in adults applicable to primary care.

Method

A search of the literature in Spanish and English, from 2007 to 2015 in Cochrane, PubMed, Joanna Briggs Institute, EMBASE, CINAHL and Cuiden. Mesh obesity terms, adults, education, child, combining them with Boolean operators AND, OR, NOT. Inclusion criteria were individual, group, face-to-face and online interventions with overweight and obese adults. Exclusion criteria were those on prevention, pharmacological treatment, surgery, with children, teenagers, pregnant or postpartum women, or associated pathologies such as bulimia, anorexia or those focusing on specific foods. 264 articles were found and 6 were referenced in them. 245 were excluded as they did not meet with the inclusion criteria. 5 did not meet the objectives and 2 did not present findings (Fig. 1).

Results

The characteristics of the selected publications were as follows: 8 systematic reviews, 6 clinical trials, one cohort study, 2 qualitative studies, one quasi-experiential study (Table 1).

Articles and clinical practice guidelines demonstrate that hypocaloric diets with a reduction of 500–1000 calories per day on caloric output,1 are effective. The proportion between macronutrients is secondary. There are no differences in weight loss between diets based on dietary supplements,2 commercial weight-loss programmes3 and traditional diets.

Weight loss improves significantly4 when dietary advice is supplemented by strategies with explicit objectives, the signing of a witnessed contract of intentions, adherence to caloric self-control and the keeping of a food diary. Behavioural or cognitive-behavioural interventions are effective when they are combined with dietary strategies and exercise.5 For weight maintenance the avoidance of eating associated with moods and having a positive image of the body itself6 are effective.

Combining exercise with diet is effective, with a level of evidence (N) 1 and a level of recommendation A.7 If the intensity of exercise increases, weight loss increases.
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