

Intensive Behavioral Therapy for the Treatment of Obesity in the Elderly

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Intensive Behavioral Therapy for the Treatment of Obesity in the Elderly

Shabaaz Sandhu, Elaine Banerjee, MD, and Robin Schroeder, MD

Introduction:

As the prevalence of obesity in the United States continues to rise, so too does the number of older Americans who are considered obese. The medical complications of obesity for the elderly can be profound, and may severely impair physical function and quality of life [4].

Preventative care has already found a strong hold in the primary care setting. However, such strategies have historically been underutilized in the context of long-term weight loss [2].

To address this, the Affordable Care Act expanded Medicare to cover programs such as Intensive Behavioral Therapy (IBT) specifically in the context of obesity. IBT utilizes motivational interviewing to facilitate self-directed weight loss, and is being incorporated into weight management centers across the country [1].

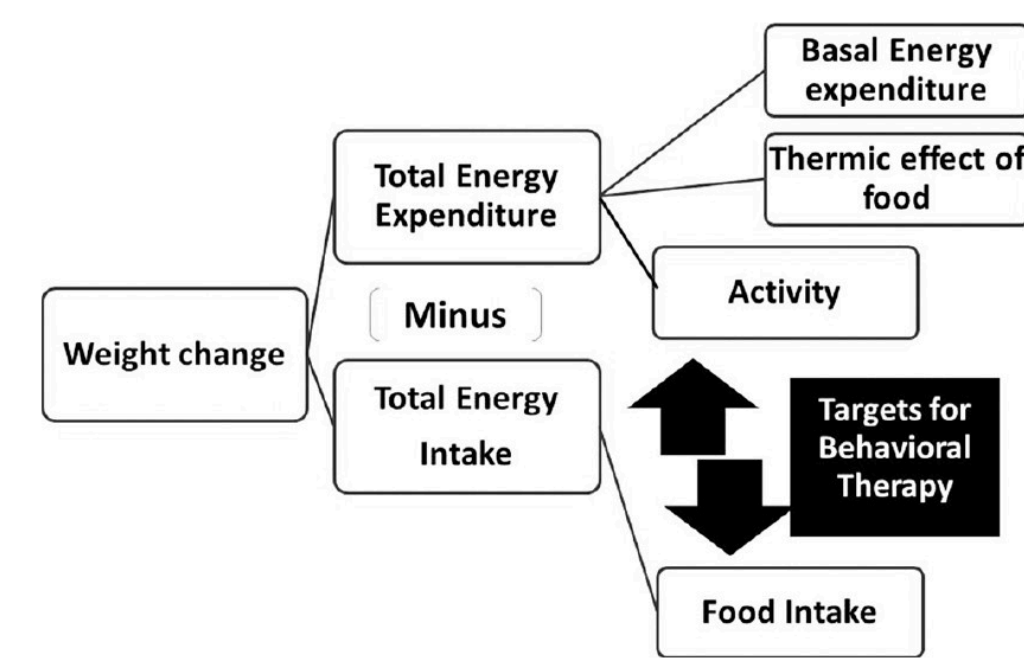


Figure 1: Targeting obesity by behavioral therapy [3]

Plan:

Two primary care practices within the Lehigh Valley Health Network have served as pilot sites for IBT. LVHN maintains robust medical and surgical weight loss services, but IBT is a relatively new addition to the program. Data regarding its performance is still scarce.

The goal of this study was to determine the feasibility of an IBT program in a primary care setting by measuring weight loss within the target population. This can be defined as Medicare beneficiaries classified as clinically obese (BMI >30 kg/m²). Patient satisfaction with the program was also investigated.

Do:

To assess the medical effects of IBT, 15 patients who had been in the program for at least two months and completed at least six IBT sessions were selected for a retrospective chart analysis. The participants' weight, BMI, and blood pressure would be recorded from each visit. A database was built in order to determine the rate of weight change and any long-term alterations in blood pressure. Medications, labs, and medical diagnoses were also recorded, but there was as yet insufficient data to draw conclusions from these measures.

In order to examine satisfaction, these same patients were presented with a 14 question survey in which they could provide anonymous feedback. The surveys were scored on a 5-point Likert scale, and were kept separate from the clinicians who had been seeing the patients. Patients received their surveys at least two months after beginning the program. The results were entered into a separate database for analysis and any individual comments were noted.

Study / Results:

Number of Active Participants	15
Average # Visits	9.5
Average # Months	3.75
Average Weight Lost	2.30 kg
Average Decrease in BMI	0.83 kg/m ²
Average Decrease in SBP	11.2 mmHg
Average Decrease in DBP	1.7 mmHg

Table 1: Summary of medical outcomes

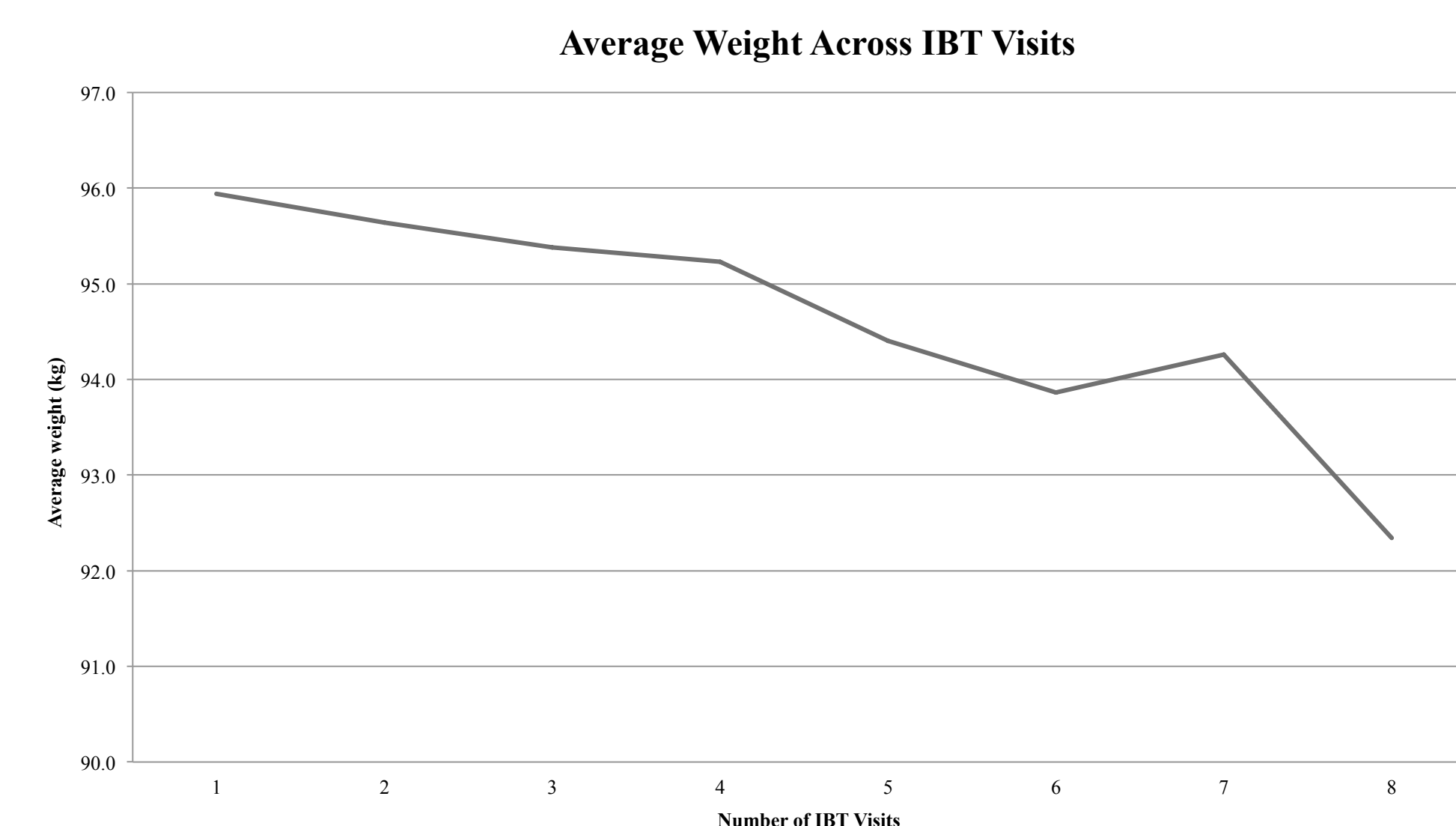


Figure 2: Change in average weight over time

Table 1 summarizes the medical outcomes of IBT within the patient sample, and Figures 2 and 3 visualize these data. Weight and BMI showed an overall decreasing trend over eight IBT sessions, and blood pressure fell by an average of 11.2/1.7 mmHg. It should be noted that, among the five patients with post-IBT lab work, A1C showed an average drop of 0.5%.

Table 2 summarizes the survey data. The data show that patients were generally happy with the program itself, but were not as satisfied with their total (as of the survey) overall weight loss.

Item	Average Score (1-5)
Appointments were available at convenient times.	4.875
The physician/nurse practitioner (NP)/ physician assistant (PA) helped me understand what foods to eat to help reduce my weight.	4.875
The physician/NP/PA helped me understand portion sizes.	4.875
The physician/NP/PA helped me set goals to change what I eat.	4.875
The physician/NP/PA helped me set goals to increase my physical activity.	5
The physician/NP/PA helped me set goals to change the way I eat (slower, mindfully, in response to emotions, etc.).	5
The nurse answered my questions.	4.75
The nurse helped me identify barriers to achieving my goals.	4.875
Meeting with the nurse provided motivation.	4.75
I feel my overall health improved through this program.	4.375
I have achieved my weight loss goals.	2.25
I have made progress toward my weight loss goals.	4
I would recommend this program to others.	4.75
Overall, I have been satisfied with this program.	4.375

Table 2: Summary of survey data

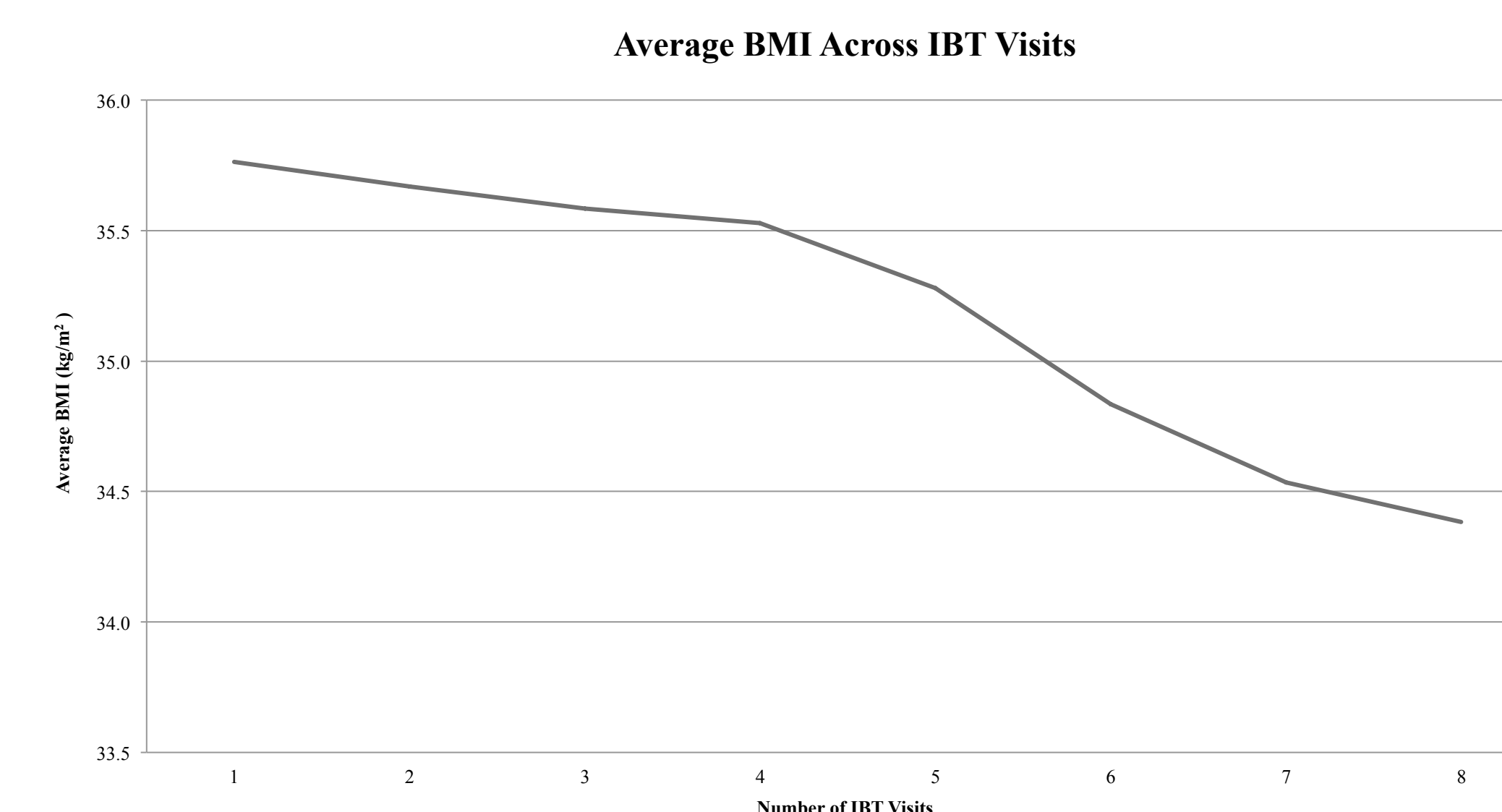


Figure 3: Change in average BMI over time

Act / Conclusions:

Patients who participated in the IBT program generally were successful in losing some weight over time. The Centers for Medicare and Medicaid Services (CMS) recommends a minimum weight loss of 3 kg over 6 months for IBT patients. In this study, participants lost an average of 2.3 kg in an average of 3.75 months. Further, there was a drop in average blood pressure. In the absence of a control group, these changes cannot be attributed specifically to IBT. However, the survey results also appear to lend some support. Although most patients had not yet achieved their weight loss goals, there was a consensus that they were making progress in a positive direction. Nearly all patients agreed that they had been well educated within the program about the different aspects of diet and exercise, and how these affect weight loss.

Though IBT has shown some initial promise, there is no data regarding long-term weight maintenance within the Medicare population. Further, Medicare will only provide coverage to those patients with a BMI of 30, or "obese". Once patients fall into the "overweight" category (BMI 25-29.9), they are no longer covered for IBT. Compensation for IBT is also generally lower than other types of office visits. A financial feasibility evaluation has been planned in order to investigate.

The issue of elderly obesity is likely to worsen with time, and Medicare-covered IBT is a step to address this. Further research should be done to determine its long-term efficacy in terms weight maintenance. The medical effects of IBT, in terms of blood glucose, cholesterol, and A1C, will be examined in a follow-up study.

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Further information

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