


CLINICAL INQUIRIES

Evidence-based answers from the
Family Physicians Inquiries Network 

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Q / Does brief physician counseling promote weight loss?

EVIDENCE-BASED ANSWER

A / IN SOME CASES, it may. While physician counseling alone isn't more effective for weight loss than usual care (strength of recommendation [SOR]: **A**, larger randomized controlled trials

[RCTs]), counseling (adults) as part of a multidisciplinary intervention may promote modest (2-3 kg) weight loss over 1 year (SOR: **B**, a single RCT).

Evidence summary

The **TABLE** summarizes the results of 6 RCTs that evaluated physician counseling for weight loss. The largest RCT, which included patients with elevated serum low-density lipoprotein levels (>75th percentile), randomized participants to 3 groups: physician counseling plus office support (dietary assessment tools, counseling algorithms, and in-office prompts), physician counseling alone, or usual care.¹

Patients who received physician counseling with office support lost 2.3 kg ($P<.001$ vs usual care), whereas patients who received physician counseling alone lost 1.0 kg and patients who received usual care didn't lose any weight.

Other large studies show mixed results

The second largest RCT randomized participants from community health centers in Colorado to receive either physician counseling (in which physicians reviewed nutritional and physical activity goals generated by a computer in response to a survey) or usual care (patient handouts alone).² Although the physician-counseled group didn't lose more total weight, more people in this group had lost 2.7 kg or more at the 12-month follow-up (32% vs 19% for usual care; $P=.006$).

The third largest RCT assigned low-income women from primary care clinics in

Louisiana to either a 6-month tailored weight loss intervention or usual care.³ The intervention included monthly 15-minute visits with physician counseling about weight loss, fat intake, physical activity, barriers to weight loss, and weight loss maintenance. Women who received counseling lost 1.5 kg at the 9-month follow-up compared with a loss of 0.6 kg for women who received usual care. Both groups showed no net loss at the 12- and 18-month follow-up.

Counseling with follow-up leads to drop in BMI

Physician counseling in an Italian RCT included a 1-minute, patient-centered assessment of readiness for change, 2 to 5 minutes of exercise counseling by a physician for patients in active and maintenance stages, and phone or mail follow-up at 2 to 3 weeks.⁴ The reported decreases in body mass index (BMI) in the counseling group would translate to 2.4 and 1.0 kg of weight loss for men and women of average height, respectively.

No significant weight loss in a pediatric study

An RCT of children brought to a pediatric clinic for well-child visits recruited children who had either a BMI in the 85th to 95th percentile or obese parents ($\text{BMI} \geq 30 \text{ kg/m}^2$).⁵ Parents were randomized to intensive coun-

TABLE

The effectiveness of weight loss counseling by physicians: What the RCTs reveal

Number and characteristics of patients	Duration of intervention	Study design	Weight change
1162 adults from internal medicine clinics (mean BMI=29 kg/m ²) ¹	12 mo	3 arms: 1. Physician counseling plus office support 2. Physician counseling alone 3. Usual care	1. -2.3 kg; <i>P</i> <.001 vs usual care 2. -1.0 kg (<i>P</i> value not reported) vs usual care 3. 0 kg; reference standard
310 adult Hispanic patients with type 2 diabetes (mean BMI=35 kg/m ²) ²	12 mo	Physician counseling vs usual care	-0.1 kg vs +0.6 kg gain; <i>P</i> =.23
144 adult African American women (mean BMI=39 kg/m ²) ³	6 mo	Physician counseling vs usual care	-1.5 kg vs -0.6 kg at 9 mo; <i>P</i> =.01 0 kg net loss in both groups at 12- and 18-month follow-up
96 Italian adults (mean BMI=25 kg/m ²) ⁴	5-6 mo	Physician counseling vs usual care	Men: BMI decrease from 30.3 to 29.5 kg/m ² vs increase from 31.9 to 32.4 kg/m ² ; <i>P</i> <.05 Women: BMI decrease from 30.6 to 30.2 kg/m ² vs increase from 30.7 to 31.0 kg/m ² ; <i>P</i> <.05
91 children (3-7 years of age) either overweight or with obese parents ⁵	6 mo	3 arms: 1. Intensive physician counseling 2. Minimal physician counseling 3. Usual care	No significant weight loss in any group
30 Israeli adults with hypertension (mean BMI=34 kg/m ²) ⁶	6 mo	Resident physician counseling vs usual care	-0.9 kg vs +1.3 kg at 6 mo; <i>P</i> value not given No difference between groups at 12-mo follow-up

BMI, body mass index.

seling, minimal counseling, or usual care. The intensive intervention group participated in a 10- to 15-minute motivational interview with the pediatrician, followed by 2 45-minute sessions with a dietician at

months 1 and 3 of the 6-month program; the minimal intervention group only participated in the motivational interview. No significant weight loss occurred in any of the 3 study groups.

CONTINUED



Physician counseling alone isn't more effective for weight loss than usual care.

The smallest RCT compared counseling by a family medicine resident with usual care in 30 adult patients.⁶ At 6 months, the counseling group had lost 0.9 kg compared with a gain of 1.3 kg in the usual care group, but follow-up at 12 months found no difference between the groups.

Recommendations

The US Preventive Services Task Force (USPSTF) says that intensive counseling (person-to-person meetings at least monthly, combined with diet, exercise, and behavioral

interventions plus longer-term maintenance) can promote modest sustained weight loss and improve clinical outcomes.⁷ They recommend screening adults for obesity and offering intensive counseling and behavioral interventions for obese adults.

USPSTF notes, however, that evidence is insufficient to recommend for or against low- or moderate-intensity counseling and behavioral interventions in obese or overweight adults because the trials showed mixed results, typically had small sample sizes and high dropout rates, and reported average weight change rather than frequency of response.⁸ **JFP**

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