Obesity is a complex, multifaceted condition. Increasing evidence suggests that obesity is not simply a problem of will power or self-control but a complex disorder involving appetite regulation and energy metabolism that is associated with a variety of comorbid conditions. Overweight and obesity are major preventable and modifiable risk factors for disease, but research affirms that weight loss and maintenance can be accomplished only through a reduction in the number of calories a person consumes and an increase in exercise. To achieve long-term weight loss and maintenance requires a life-long commitment to behavioral change.

Many different approaches to obesity treatment interventions have been evaluated to achieve weight loss and weight maintenance. According to the findings, in order to achieve best treatment outcomes, it is recommended that the combination of dietary therapy with low-calorie diet, increased physical activity, and the inclusion of behavioral interventions should be incorporated.

Weight loss could be achieved by different weight loss programmes such as a one-year weight loss programme in health care centres and a one-year dietary based weight loss programme. Moreover, the attendance at weight loss sessions has been found to be more important in successful weight loss than the component of the diet.

Behavioral approaches are not used alone but in conjunction with other approaches like diet and exercise strategies, and they have been shown to be effective. The main strategies employed in behavioural therapy for weight control are self-monitoring, stress management, stimulus control, problem solving, cognitive strategies, and social support. Self-monitoring. Keeping an extended food and exercise diary helps to give insight into personal behavior and to bring unrecognized behavior to light.

*Cognitive strategies. Cognitive restructuring requires modifying negative thoughts, unrealistic goals, and inaccurate beliefs about weight loss and preparing in advance for relapses.

*Problem solving. Patients engage in self-correction of problem areas related to their eating and physical activity.

*Cognitive strategies. Cognitive restructuring requires modifying negative thoughts, unrealistic goals, and inaccurate beliefs about weight loss and preparing in advance for relapses.

*Social support. A strong system of social support can facilitate weight reduction. Family members, friends, or colleagues can assist in maintaining motivation and providing positive reinforcement.

Finally, patients should be encouraged to take themselves, their health, and, thus, their weight seriously rather than attempting to lose weight so they can like themselves. Reaffirming the patient's self-worth, independent of body weight, is perhaps one of the most powerful interventions a health care provider can provide an obese patient.