

Capsule Commentary on Weinstock et al., Weight Loss Success in Metabolic Syndrome by Telephone Interventions: Results from the SHINE Study

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Weinstock et al. report the results of a primary care-based weight loss intervention. Participants received counseling by telephone, either individually or in groups.¹ Differences in weight change between the two groups were not significant at year one, but were by year two.

At least one other trial has tested the efficacy of group-based telephone counseling.² In that study, a proprietary group-based program using liquid meal replacements and portion-controlled entrees was as effective when delivered via telephone as it was in-person. The trial by Weinstock et al. provides more evidence that group-based telephone interventions can be effective. The current study also confirms the results of a trial in which group interventions were more effective than individual interventions for weight loss, even when the participant preferred individual counseling.³

The major question that remains is how these interventions can be disseminated into routine medical practice to improve care for patients. Currently, reimbursement for non-surgical treatment of obesity remains a major barrier to dissemination of obesity treatment.⁴ Few health systems have figured out how to reimburse their clinicians and staff for time spent outside of a face-to-face visit. For example, the new Medicare benefit for Intensive Behavioral Therapy (IBT) for obesity mandates that the visits be done in the office.⁵ Outside of a clinical trial, clinicians practicing in smaller practices may be less likely to have the resources to conduct telephone counseling, as compared to clinicians practicing in larger accountable care organizations. A second concern related to dissemination is the 2 days of training that were required to implement the intervention.

Two days is a substantial amount of time in a busy primary care practice. Practices could choose to focus on tobacco cessation, medication adherence, or behavioral health issues other than obesity treatment.

The trial by Weinstock and colleagues is an excellent example of how we could improve the reach of intensive weight loss counseling. To achieve the goals of offering intensive therapy to every obese patient [as is recommended by the U.S. Preventive Services Task Force (USPSTF)], changes in the structure of our health system and in reimbursement will be needed.

Conflict of Interest: The author declares that he does not have a conflict of interest.

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