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Weight-loss intervention adherence levels and factors promoting adherence

Background: Adhering to weight-loss interventions is difficult for many people. The majority of those who are overweight or obese and attempt to lose weight are simply not successful. The objectives of this study were 1) to quantify overall adherence rates for various weight-loss interventions and 2) to provide pooled estimates for factors associated with improved adherence to weight-loss interventions.

Methods: We performed a systematic literature review and meta-analysis of all studies published between January 2004 and August 2015 that reviewed weight-loss intervention adherence.

Results: After applying inclusion and exclusion criteria and checking the methodological quality, 27 studies were included in the meta-analysis. The overall adherence rate was 60.5% (95% confidence interval [CI] 53.6-67.2). The following three main variables were found to impact adherence: 1) supervised attendance programs had higher adherence rates than those with no supervision (RR= 1.65; 95% CI 1.54-1.77); 2) interventions that offered social support had higher adherence than those without social support (RR= 1.29; 95% CI 1.24-1.34); and 3) dietary intervention alone had higher adherence than exercise programs alone (RR= 1.27; 95% CI 1.19-1.35).

Conclusion: A substantial proportion of people do not adhere to weight-loss interventions. Programs supervising attendance, offering social support, and focusing on dietary modification have better adherence than interventions not supervising attendance, not offering social support, and focusing exclusively on exercise.

Biography

Mark Lemstra has completed eight university degrees: Bachelor of Science, a Master of Science in Physical Medicine and Rehabilitation, a PhD in Psychiatry, a Master of Science in Public Health, a Master of Science in Epidemiology, a Doctor of Science in Public Health, a Doctor of Science in Epidemiology and a PhD in Epidemiology.

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