

Is weight stabilisation successful with the LighterLife weight-maintenance programme post-VLCD? A retrospective study of 237 female patients after an average 29.2kg (4st 8lb) weight loss on the LighterLife Total VLCD

Hallam CL, Mullins G, du Plessis J, Cox JSA, Hewlett B.

LighterLife UK Limited, Cavendish House, Parkway, Harlow Business Park, Harlow, Essex CM19 5QF, UK



Rapid weight loss is not associated with rapid weight regain

Introduction

There is a common belief that rapid weight loss leads to rapid weight regain, particularly following VLCD where formula foods have been used to initiate weight loss and then conventional foods are reintroduced.

LighterLife Total is a commercial weight-management programme for patients with BMI \geq 30.

It enables rapid weight loss with a very-low-calorie diet (VLCD), used alongside a behavioural-modification programme specifically developed for weight management. This incorporates techniques from transactional analysis and cognitive behavioural therapy (TCBT) in small, single-sex, weekly groups.

Post-VLCD, patients undertake a 12-week structured reintroduction to a full range of food in a weight-maintenance programme with TCBT, to implement and sustain healthy lifestyle choices. This includes weekly group meetings, regular weigh-ins, information on healthy eating, portion control and physical activity, along with self-monitoring techniques and strategies to deal with lapses, all designed to support continued weight maintenance.

Aim

To determine if weight loss can be maintained by post-obese female patients during an initial 12-week weight-stabilisation programme following VLCD.

Method

This group of obese women lost a mean 29.2kg (4st 8lb) on the LighterLife Total VLCD from January to August 2009. In accordance with guidance on the use of VLCDs from the National Institute for Health and Clinical Excellence (NICE), patients were required to break from VLCD for a period of one week every 12 weeks.

Following VLCD, these post-obese patients completed a 12-week structured reintroduction to a full range of conventional foods, weekly group sessions and TCBT. This programme was designed to support weight stabilisation and ongoing, successful weight management. Patients were weighed weekly by their weight-management counsellors.

Patients were encouraged to record their daily intake and their thoughts and feelings about reintroducing each novel foodstuff in a food-and-mood diary. This could be used to identify unhelpful patterns of behaviour, giving patients the opportunity to work out strategies for dealing with the high-risk food and drink situations that epitomise the obesogenic environment (Foresight, 2007).

Results

Mean start weight pre-VLCD	101.0kg (15st 12lb)
Mean start BMI pre-VLCD	37.5
Mean weight loss on VLCD	29.2kg (4st 8lb)
Mean weight at start of food reintroduction	71.8kg (11st 4lb)
Mean BMI at start of food reintroduction	26.7
Mean weight at end of food reintroduction	70.7kg (11st 2lb)
Mean BMI at end of food reintroduction	26.3

Following weight loss on VLCD, patients who completed LighterLife's 12-week food-reintroduction programme experienced no significant change in weight or BMI from baseline.

Conclusion

- The significant and rapid weight loss achieved on the LighterLife Total VLCD was maintained when conventional food was reintroduced in a structured programme.
- This contradicts popular opinion that rapid weight loss is associated with rapid weight gain.
- Further data on longer-term weight maintenance will be published separately.

Key words: VLCD, food reintroduction, weight stabilisation, LighterLife

References: Foresight, Tackling Obesity: Future Choices – Project Report, Government Office for Science, October 2007

