

The prevalence of co-morbidities in obese individuals embarking on a very low calorie diet (VLCD) weight loss programme at LighterLife



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Introduction

- LighterLife is a commercial weight loss provider offering a range of programmes for overweight and obese individuals.
- There are strict rules within the UK on marketing communications for products which facilitate weight control stating that 'Obesity is frequently associated with a medical condition and a treatment for it must not be advertised to the public unless it is to be used under suitably qualified supervision'.
- As such, an effective weight loss service cannot currently reference obesity in its advertising unless its usage is directly supervised by a medical professional.
- However, the prevalence of conditions which require medical monitoring in obese individuals embarking on the LighterLife Total VLCD weight loss programme is not known.

Aim

- To investigate the health of our clients upon application to join the LighterLife VLCD (Total) weight loss programme based on information provided in mandatory health questionnaires.

Method

- Baseline cross-sectional analysis of client data was performed to assess health status and prevalence of co-morbidities in all obese individuals who applied to embark on the Total programme in 2014.
- Potential clients completed a self-certified 'Wellness Profile' which was then checked by the LighterLife medical team. Those with certain conditions and/or on certain medications were then subject to further assessment by way of additional forms which were to be completed by their registered GP or Practice Nurse. All additional forms were reviewed by the medical team at which point individuals were either declined or approved onto the programme. Those who were approved but with specific conditions/medications were required to undergo ongoing monitoring by their GP throughout the duration of their weight loss. For clarity of interpretation of results, individuals designated 'No' were declined on the basis that they presented with an absolute contra-indicator (e.g. type 1 diabetes), those designated 'Not Yet' were declined as they presented with a time-limited contra-indicator (e.g. having had surgery or given birth within the last 3 months), those designated 'Yes (mon)' were accepted as they presented with a condition or were on medication which required GP monitoring and those designated 'Yes' were also accepted and were considered to be medically approved without the need for any supervision.

Results

- Data from 14,855 individuals (12,542 females) with a mean (\pm stdev) age of 44.6 (\pm 11.7) years and mean BMI of 36.9 (\pm 6.0) were analysed.
- 970 individuals (6.5%) presented with contra-indications for a VLCD and were declined onto the programme, albeit only 190 (1.3%) of these presented with absolute contra-indicators.
- Just 1084 individuals (7.3%) presented with co-morbidities or were on medication which required ongoing medical supervision through their GP whilst on the programme.

	Female (n=12550)	
	BMI (kg/m ²)	Age (yrs)
No (n=155)	38.2 (6.7)	46.2 (13.8)
Not Yet (n=650)	38.1 (6.9)	51.8 (11.5)
Yes (mon) (n=849)	38.0 (6.5)	53.2 (12.0)
Yes (n=10896)	36.5 (5.7)	43.6 (11.2)
Total (n=12550)	36.7 (5.9)	44.7 (11.7)

Table 1: Baseline data for female LighterLife VLCD clients (mean \pm STDEV)

	Male (n=2305)	
	BMI(kg/m ²)	Age (yrs)
No (n=35)	41.3 (11.0)	50.4 (15.6)
Not Yet (n=130)	37.9 (5.2)	51.2 (10.2)
Yes (mon) (n=235)	38.2 (6.6)	52.1 (10.7)
Yes (n=1905)	37.4 (6.3)	42.3 (10.9)
Total (n=2305)	37.5 (6.4)	43.9 (11.5)

Table 2: Baseline data for male LighterLife VLCD clients (mean \pm STDEV)

Conclusion

- 12,801 (86.2%) of all obese individuals who sought to join the LighterLife Total VLCD weight loss programme in 2014 presented with no obesity related co-morbidities and did not require any medical supervision. Whilst further analysis of these data is required, this figure, which is significantly lower than that suggested by CAP should be taken into consideration when formulating advertising rules to avoid basing guidelines on inaccurate generalisations.