

Focus on Emotions Is Key to Improving Heart Health in People Living With Obesity

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People living with obesity who attended a non-judgemental and personalised lifestyle modification programme improved their cardiovascular and mental health during just 10 weeks.

Participants lost weight and achieved benefits in anxiety and depression and physical measurements including blood pressure.

"We focus on changing behaviours and improving people's relationship with food," said study researcher. "Many participants have tried diets with strict rules and have fears about foods they can't eat. Our programme has no diet or meal plan, and no foods are excluded. Each person sets their own goals, which are reviewed weekly, and our approach is non-judgemental, which builds rapport and gains trust."

"Obesity develops for multiple reasons and blaming someone for their weight can stop them from getting healthcare and advice," said researcher. "It can lead to emotional eating and feeling too self-conscious to exercise. By identifying each person's triggers, we can develop alternative coping strategies, all within the context of their job, caring responsibilities, external stresses, and so on. For some people, coming to a group like this might be the only social contact that they've had in the week or that they've had in years. People share experiences and support their peers."

Both overweight and obesity are associated with an increased risk of dying from cardiovascular disease. Weight loss is recommended to reduce blood pressure, blood lipids, and the risk of developing type 2 diabetes, and thus lower the likelihood of heart disease. This study analysed the impact of a community-based, lifestyle modification programme on the physical and mental health of people living with obesity referred from a specialist bariatric service. The researchers reviewed data from 1,122 participants between 2013 and 2019.

The 10-week Croi CLANN (Changing Lifestyle with Activity and Nutrition) programme started with an assessment by a nurse, dietitian and physiotherapist and baseline measurements of weight, blood pressure, cholesterol, blood glucose, fitness, and levels of anxiety and depression. Personalised goals and a management plan were agreed in collaboration with each patient.

Participants attended a 2.5-hour session each week for 8 weeks. The

first 30 minutes were devoted to one-to-one goal setting. Next was a 1-hour exercise class led by the physiotherapist. A 1-hour health promotion talk followed on topics such as healthy eating, portion sizes, reading food labels, emotional versus physical hunger, stress management techniques (e.g. meditation), physical activity, sedentary behaviour, cardiovascular risk factors, and making and maintaining changes. Participants used activity trackers and kept food diaries to identify triggers for emotional eating.

In the last week patients had an end of programme assessment with the nurse, dietitian and physiotherapist to look at outcomes. They were then referred back to the hospital.

At baseline, the average body mass index (BMI) was 47.0 kg/m² and 56.4% of participants had a BMI above 45 kg/m². In addition, 26.7% had type 2 diabetes, and 31.4% had a history of depression.

More than three-quarters of participants (78%) completed the programme. Psychosocial health was assessed using the 21-point Hospital Anxiety and Depression Scale (HADS), where 0-7 is normal, 8-10 is mild, 11-15 is moderate, and 16-21 is severe. Anxiety and depression scores decreased by 1.5 and 2.2 points, respectively, over the course of the programme. The proportion with an anxiety score greater than 11 at the start was 30.8% and reduced to 19.9%; for depression the corresponding proportions were 21.8%, falling to 9.5%.

The average reduction in body weight was 2.0 kg overall, with 27.2% of participants losing more than 3% of their initial weight. The proportion achieving recommended physical activity levels rose by 31%. There were significant reductions in total cholesterol, low-density lipoprotein (LDL) cholesterol, and blood pressure. The proportion with high blood pressure fell from 37.4% at baseline to 31.1% at 10 weeks. In those with type 2 diabetes, the proportion achieving the recommended blood sugar target rose from 47.6% to 57.4%.

"Nearly eight in ten people finished the programme which suggests that the content and format were acceptable. We observed improvements across all psychosocial and health outcomes during a relatively short period indicating that this could be a model of service delivery for other centres."

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