

U.S. Preventive Services Task Force Issues Draft Recommendation Statement on Behavioral Weight Loss Interventions to Prevent Obesity-Related Morbidity and Mortality in Adults

Clinicians should refer patients who have obesity to intensive behavioral interventions

WASHINGTON, D.C. – February 20, 2018 – The U.S. Preventive Services Task Force (Task Force) today posted a draft recommendation statement and draft evidence review on behavioral weight loss interventions to prevent obesity-related morbidity and mortality in adults. Based on its review of the evidence, the Task Force recommends that clinicians offer or refer adults with a body mass index (BMI) of 30 kg/m² or higher to intensive, multicomponent behavioral programs. **This is a B recommendation.**

Grade in this recommendation:

B: Recommended.

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Obesity is an important public health issue that affects millions of Americans—more than 30 percent of adults in the United States are considered obese. Obesity is associated with several chronic and life-threatening health issues, including cardiovascular disease, type 2 diabetes, and various types of cancer. It is measured using a person’s body mass index (BMI). BMI is calculated using height and weight.

“The Task Force found that intensive, multicomponent behavioral programs are safe and effective, and they can help patients lose weight and reduce risk factors for heart disease,” says Task Force chair David C. Grossman, M.D., M.P.H. “There are many programs available, so we encourage people to talk to their clinician about what might work best for them.”

Evidence shows that intensive behavioral programs that include a variety of activities are successful in helping people manage their weight. These programs take more time than a single conversation with a health care professional and may happen outside of doctors’ offices. Common components of these programs include use of group sessions (at least 12 sessions or more in the first year), help people make healthy eating choices, encourage increased physical activity, and help people monitor their own weight.

“Of the programs we examined, those that combined multiple activities and included group sessions had the strongest effect,” says Task Force member Chyke A. Doubeni, M.D., M.P.H. “Evidence shows that people regain less weight with these types of programs.”

The Task Force’s draft recommendation statement and draft evidence review have been posted for public comment on the Task Force Web site at www.uspreventiveservicestaskforce.org. Comments can be submitted from February 20, 2018 to March 19, 2018 at www.uspreventiveservicestaskforce.org/tfcomment.htm.

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

Dr. Grossman is a board-certified pediatrician recognized for his research on clinical preventive services, injury prevention, and Native American health. He is senior investigator at the Kaiser Permanente Washington Health Research Institute, a pediatrician at Kaiser Permanente Washington, and a senior medical director for the Washington Permanente Medical Group. Dr. Grossman is also a professor of health services and adjunct professor of pediatrics at the University of Washington.

Dr. Doubeni is the chair of the Department of Family Medicine and Community Health, where he holds the Presidential professorship, and an associate professor of epidemiology at the University of Pennsylvania Perelman School of Medicine. He is a senior scholar at the Center for Clinical Epidemiology and Biostatistics and a senior fellow in the Leonard Davis Institute of Health Economics at the University of Pennsylvania.

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