Affordable, Scalable Effective Solutions Exist

Proof from Around the Globe

04.12.12

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Weight Watchers International, Inc.
When left to lose weight on their own, most people do not succeed.

433 Participants; mean age 45 years; mean BMI 34 kg/m²
Would probably change out for similar slide from the IMCT as it's more current

Karen Miller-Kovach, 5/16/2013
Community-Based Weight Loss: How Weight Watchers Works
Intensive, multi-component, community-based weight-loss intervention supports healthy weight loss.

Our 4-Way Approach
- Eat Smarter
- Move More
- Helpful Habits
- Get Support
Our goal is to surround the participant with information, tools, and support in a way that promotes engagement and drives compliance. Both attendance at meetings\(^1\) and online usage\(^2\) are highly predictive of weight loss results.

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NICE guidance helps health and social care professionals deliver the best possible care based on the best available evidence.

Self-help, commercial and community settings

● Primary care organisations and local authorities should recommend to patients, or consider endorsing, self-help, commercial and community weight management programmes only if they follow best
The Evidence: Community-Based Programs Are Scalable and Effective in the UK
Lighten Up Trial

RCT involving 6 interventions vs. leaving people to lose weight on their own (12 leisure centre vouchers) for 3 months

- Weight Watchers (n=100)
- Slimming World (n=100)
- Rosemary Conley (n=100)
- Size Down NHS (n=100)
- Pharmacy (n=70)
- GP provision (n=70)
- Choice (n = 70)

**Participants:** 69.3% female

**Age:** 49.5% ± 15.6 years
86.5% white British or Irish
BMI = 33.5 ± 5.4

Jolly K et al. BMC. 2010;10:439
## Weight Loss with Comparator Interventions

<table>
<thead>
<tr>
<th>Programme</th>
<th>Programme end (3 mth) Mean diff.</th>
<th>95% CI</th>
<th>1 year Mean diff.</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight Watchers</td>
<td>-2.24*</td>
<td>-3.45, -1.03</td>
<td>-2.30*</td>
<td>-4.04, -0.55</td>
</tr>
<tr>
<td>Slimming World</td>
<td>-1.41*</td>
<td>-2.64, -0.19</td>
<td>-0.75</td>
<td>-2.22, 0.72</td>
</tr>
<tr>
<td>Rosemary Conley</td>
<td>-2.18*</td>
<td>-3.52, -0.84</td>
<td>-0.96</td>
<td>-2.63, 0.71</td>
</tr>
<tr>
<td>Size Down</td>
<td>-0.26</td>
<td>-1.39, 0.86</td>
<td>-1.37</td>
<td>-2.99, 0.26</td>
</tr>
<tr>
<td>GP</td>
<td>0.76</td>
<td>-0.55, 2.08</td>
<td>0.30</td>
<td>-1.32, 1.91</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>-0.02</td>
<td>-1.43, 1.38</td>
<td>0.45</td>
<td>-1.11, 2.01</td>
</tr>
<tr>
<td>Choice</td>
<td>-1.38*</td>
<td>-2.58, -0.19</td>
<td>-1.03</td>
<td>-2.63, 0.61</td>
</tr>
</tbody>
</table>

\*p<0.05

The Lancet Trial

Primary objective

- To examine the differences in weight loss at 12 months between GP referral to a community-based weight loss program (Weight Watchers) and standard management in primary care (as informed by national guidelines) across three countries.

Secondary objectives

- To investigate number of subjects losing 5% or 10% of baseline weight in each group.
- To investigate changes in a number of indicators of metabolic risk – including waist circumference, body composition, blood pressure, blood glucose, lipids etc.

Participants identified by family doctors, then assigned to treatment group

<table>
<thead>
<tr>
<th></th>
<th>Standard Care (N=395)</th>
<th>Weight Watchers (N=377)</th>
<th>Total (N=772)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female - N (%)</td>
<td>338 (86)</td>
<td>330 (87)</td>
<td>668 (86.53)</td>
</tr>
<tr>
<td>Male - N (%)</td>
<td>57 (14)</td>
<td>47 (12)</td>
<td>104 (13.47)</td>
</tr>
<tr>
<td><strong>Age – years</strong></td>
<td>48.2 ± 12</td>
<td>46.5 ± 13.5</td>
<td>47.39 ± 12.9</td>
</tr>
<tr>
<td><strong>Weight - kg</strong></td>
<td>86.5 ± 11</td>
<td>86.9 ± 12</td>
<td>86.7 ± 11.5</td>
</tr>
<tr>
<td></td>
<td>31.3 ± 2.6</td>
<td>31.5 ± 2.6</td>
<td>31.4 ± 2.6</td>
</tr>
<tr>
<td><strong>Height - m</strong></td>
<td>1.66 ± 0.08</td>
<td>1.66 ± 0.09</td>
<td>1.66 ± 0.08</td>
</tr>
<tr>
<td><strong>% Fat mass</strong></td>
<td>38.2 ± 7.4</td>
<td>38.6 ± 6.7</td>
<td>38.4 ± 7.1</td>
</tr>
<tr>
<td><strong>Waist – cm</strong></td>
<td>99.9 ± 9.3</td>
<td>100.0 ± 9.2</td>
<td>99.9 ± 9.2</td>
</tr>
</tbody>
</table>
Percentage weight loss
(completers only)

Standard Care

- ≥10%: 44%
- 5 - 9.9%: 20%
- 0.1 - 4.9%: 23%
- Weight gain/ No loss: 13%

Weight Watchers

- ≥10%: 32%
- 5 - 9.9%: 28%
- 0.1 - 4.9%: 26%
- Weight gain/ No loss: 14%
Weight Watchers on Referral: An observational study of weight change among adults referred to Weight Watchers by the NHS

- Based on data from 29,326 referrals, 58% completed a 12 week course of Weight Watchers meetings
- Median weight loss in completers was 5.2kg
- 55% of completers achieved weight loss of 5% or more, with 12% losing 10% or more of initial weight
- Of all courses initiated, 33% resulted in weight loss of 5% or more of baseline weight, with 7% resulting in weight loss of 10% or more

The USPSTF recommends screening all adults for obesity. Clinicians should offer or refer patients with a body mass index (BMI) of 30 kg/m² or higher to intensive, multicomponent behavioral interventions.

**Grade: B Recommendation.**

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**Preventive Services Covered Under the Affordable Care Act**

Under the new rules, a Non-Grandfathered Plan must provide benefits for and prohibit the imposition of cost-sharing requirements (including co-payments, co-insurance or deductibles) with respect to items or services that have in effect a rating of “A” or “B” in the current recommendations of the United States Preventive Services Task Force (Task Force) with respect to the individual involved.
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