## A Service Evaluation Exploring the Effectiveness of a Tier 3 Weight Management Programme Offering Face-To-Face and Remote Dietetic Support

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Abstract : Obesity and excess weight continue to be significant health problems in England. Traditional weight management programmes offer face-to-face support or group education. Remote care is recognised as a viable means of support; however, its effectiveness has not previously been evaluated in a tier 3 weight management setting. This service evaluation explored the effectiveness of online coaching, telephone support, and face-to-face support as optional management strategies within a tier 3 weight management programme. Outcome data were collected for adults with a BMI  $\geq$  45 or  $\geq$  40 with complex comorbidity who were referred to a Tier 3 weight management programme from January 2018 and had been discharged before October 2018. Following an initial 45-minute consultation with a specialist weight management dietitian, patients were offered a choice of follow-up support in the form of online coaching supported by an app (8 x 15 minutes coaching), face-to-face or telephone appointments (4 x 30 minutes). All patients were invited to a final 30-minute face-to-face assessment. The planned intervention time was between 12 and 24 weeks. Patients were offered access to adjunct face-to-face or telephone psychological support. One hundred and thirty-nine patients were referred into the programme from January 2018 and discharged before October 2018. One hundred and twenty-four patients (89%) attended their initial assessment. Out of those who attended their initial assessment, 110 patients (88.0%) completed more than half of the programme and 77 patients (61.6%) completed all sessions. The average length of the completed programme (all sessions) was 17.2 (SD 4.2) weeks. Eighty-five (68.5%) patients were coached online, 28 (22.6%) patients were supported face-to-face support, and 11 (8.9%) chose telephone support. Two patients changed from online coaching to face-to-face support due to personal preference and were included in the face-to-face group for analysis. For those with data available (n=106), average weight loss across the programme was 4.85 (SD 3.49)%; average weight loss was 4.70 (SD 3.19)% for online coaching, 4.83 (SD 4.13)% for face-to-face support, and 6.28 (SD 4.15)% for telephone support. There was no significant difference between weight loss achieved with face-to-face vs. online coaching (4.83 (SD 4.13)% vs 4.70 (SD 3.19) (p=0.87) or face-to-face vs. remote support (online coaching and telephone support combined) (4.83 (SD 4.13)% vs 4.85 (SD 3.30)%) (p=0.98). Remote support has been shown to be as effective as face-to-face support provided by a dietitian in the short-term within a tier 3 weight management setting. The completion rates were high compared with another tier 3 weight management services suggesting that offering remote support as an option may improve completion rates within a weight management service.

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