Interventions for the Overweight and Obese Client
Standards

- When one is between 25 and 29.9 kg/m² (BMI) they are considered overweight
- When one is over 30 kg/m² they are considered obese
- Women are considered obese if their percent of body fat is 30% or higher; men at 25% or higher
Prevalence

- Prevalence of overweight and obesity has increased at a steady rate for both men and women in the U.S. among
  - All races
  - All income groups
  - All education levels
  - All ages

- 65% of population is overweight and 30% of population is obese.

- Direct and indirect medical cost associated with obesity in 2002 was 92.6 billion dollars (CDC, 2007)
Characteristics

- Usually have a secondary conditions
  - Type 2 diabetes
  - Hypertension
  - Coronary heart disease
  - Pulmonary problems (e.g., sleep apnea)
  - Orthopedic problems (e.g., knees and/or back)

- Usually have been overweight or obesity early in life resulting in psychological and social consequences
  - Lower self-esteem
  - Increased depression
  - Acceptance issues involving peers, co-workers, etc.
Characteristics

- They perceive or experience higher levels of fatigue after PA or exercise.
- While exercising their physiological and psychological reaction is elevated:
  - Exercise at a higher % of their peak oxygen consumption than normal weight people.
  - Exercise at a higher % of their maximum heart rate.
  - Experience higher levels of anxiety when exercising.
  - Report higher RPE at any given workload level as compared to normal weight people.
Trends

- Relatively small amounts of weight gain in early adult years is associated with increased health risk.

- Changes in PA patterns during one’s lifetime play an important role in development of adult obesity.*

- CARDIA study (2000) involving young adults on average are gaining substantial amounts of weight in their twenties:
  - 23 to 42.6% in White women
  - 47.8% to 71.6% for African-American women
  - All race-sex groups continued to gain weight across the decade of their twenties.
Barriers to Exercise

1. Not seeing early and continuous gains in weight loss.
2. Most overweight and obese people have little or no background in exercise.
3. Low exercise self-efficacy.
5. Structure of exercise classes
   - Overweight people often do not exercise because they feel self-conscious if others see them or being evaluated by others.
   - Classes where physique formally or informally is emphasized produces more SPA in the overweight and obese clients.
Interventions

- Exercise Prescription
- Behavioral modification
- Barriers to exercise
- Social support
- Motivating the overweight or obese client
One should provide an overweight or obese client the opportunity to choose their own exercise intensity when exercising or performing physical activity.

One should have obese enroll in exercise classes that emphasize body weight and obesity.
Question

Which factor seems to contribute to higher exercise adherence levels

- A. Measuring the overweight client to determine their level of obesity
- B. Family participation with the overweight or obese person while they are exercising or performing physical activity.
- C. Getting them involved in high vigorous activities or exercise.
- D.
Exercise prescription

- Diet plus exercise groups lose the most weight as compared to only exercise or diet groups (Miller & et.al., 1997 meta-analysis)

- Focus on increasing energy expenditure

- Let them self-select their exercise intensity

- Initial prescription should involve short bouts (10 minutes) of exercise or activity performed several times through out each day.

- Exercise programs should focus on improving physical function, strength, and endurance rather than on changing body composition.
Energy expenditure View

- Exercise influences increased energy expenditure that influence one’s health.

- Increased energy expenditure through exercise should be recommended for overweight and obese adults even in absence of weight reduction because of improved health outcomes.

- Weight loss from exercise is typically less than what can be achieved through dietary modification resulting in significant reductions in energy intake.

- A 200 lbs person would need to walk at 4 met level 1 hr 23 min to 2 hrs 45 min per day to see a 1 to 2 lbs weight loss per week if energy consumption would be keep constant.

- Energy expenditure rather than exercise intensity is important in enhancing weight loss outcomes
  - Weight loss interventions should initially target adequate levels of energy expenditure with the intensity of the activity adjusted to the individuals fitness level.

- Resistance exercise has a minimal impact on chances in body weight but can improve the strength of obese people so they can continue in their desired PA program.

- Weight control may require twice the level of PA or exercise that is necessary to reduce risk from chronic diseases.
Self-select Intensity

- Can self-selected walking pace (intensity level preferred) elicit an intensity that falls within the health/fitness guidelines.
  - **Answer**
    - Fitness level of the person influences the preferred pace
    - Body weight was not a factor in self-selective walking pace (Pintar, et. al, 2006)
    - Overweight and obese people self-select their exercise intensity that was high enough to elicit health benefits (Parfit et al, 2006) and improve adherence (Ekkekakis & Lind, 2006)

- Don’t expect self-selected walking pace to produce clients to become highly fit.
Behavioral Modification

- Goal setting
  - Set target goals in diet & exercise
  - SMART goals

- Contracts
  - Rewards for reaching goals

- Self-monitoring
  - Diet analysis that results in simple changes
  - Keep both a nutrition and a PA log

- Shift the focus away from weight loss
  - Focus shifts from external to intrinsic motivation
Neumark-Sztainer (2005) suggest 2 factors contribute to a negative weight control environment:

1. family meal structure

2. family weight concern

Family participation in PA and exercise increases the aptitude for activity in overweight and obese members (Neumark-Sztainer, 1995)

Amount of time spent in sedentary pursuits as a family as opposed to active pursuits is a key factor to obesity.
Motivating Overweight & Obese Clients

1. Promote activities that facilitate feelings of competence
2. Give participants control over their program
3. Encourage participants to make connections with others
Summary

- Emphasis should be on increasing energy expenditure
- Program involves diet and exercise
- Give Client’s choice of exercise intensity
- Enlist significant others
- Use goal setting
- Emphasis should be toward improving health rather than weight loss
- Structure group classes to accommodate clients who may have high SPA or sensitive to being evaluated on the basis of their weight.
The END