

COMPASS points to weight loss

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(PhysOrg.com) -- Obesity researchers at Washington University School of Medicine in St. Louis are recruiting families with overweight children for a study to help those kids, and their parents, lose weight. The two-year study, called COMPASS (Comprehensive Maintenance Program to Achieve Sustained Success), will involve families with one or more children between the ages of 7 and 11 who are at least 20 percent above their ideal weight.

"In the past 30 years, the obesity rate in children has tripled in the U.S.," says Denise E. Wilfley, Ph.D., the study's principal investigator and the director of Washington University's Weight Management Center. "The earlier we address a problem like obesity, the better an individual will do, so we want to catch these children before they grow into adults with serious problems."

The study is funded largely through the American Recovery and Reinvestment Act (ARRA). The ARRA is providing \$4.6 million in grants from the Eunice Kennedy Shriver National Institute of Child Health and Human Development of the National Institutes of Health to support the study. The research will be conducted at Washington University in St. Louis in collaboration with Seattle Children's Hospital Research Institute.

About 20 percent of U.S. children are either overweight or obese, and that puts them at high risk for obesity as adults. Among those who are overweight as kids, 65 percent of white girls and 84 percent of black girls grow up to be [obese women](#). Seventy-one percent of overweight

white boys and 82 percent of overweight black boys become obese men.

Overweight and [obese adults](#) face mounting medical complications such as diabetes, [high blood pressure](#), [sleep apnea](#) and heart disease. Previous studies have shown that because they grow taller, young children can get leaner even if they don't drop many pounds. By intervening at younger ages, Wilfley believes it may be easier to alter a child's activity patterns and [dietary habits](#) so that young children may develop long-lasting and healthy eating and activity behaviors.

But young children don't have the power to control their own environment, so parents are involved, too. To qualify for the COMPASS study, the overweight child must have at least one overweight parent who will be encouraged to actively participate in the program as well.

"If you can change the parent's behavior and help that adult acquire healthier eating habits and physical activity patterns, that's going to have a positive effect on the child," says Wilfley, a professor of psychiatry, medicine, pediatrics and psychology. "We are aggressively targeting both overweight and obese children and their parents."

Family-based interventions to help kids lose weight consistently have been shown to be effective. However, maintaining [weight loss](#) remains a challenge for both children and adults. In order to overcome the problem of weight regain after weight-loss treatment, families must learn weight-maintenance behaviors and skills. In a past study, Wilfley and her colleagues found that children who lost weight were able to keep it off more effectively if they participated in a maintenance-targeted treatment program. Research testing adult maintenance interventions also found that this type of treatment can help adults sustain weight loss over time.

In the COMPASS study, children and parents will start with four months of intensive family-based intervention to help them lose weight. They'll

meet with behavioral interventionists, weigh in and receive feedback and support regarding diet and activity every week during that period.

During the next eight months, families will be divided into three groups: intensive weight maintenance therapy called social facilitation maintenance (SFM); a slightly less intense version of SFM therapy; or the current standard of care, which entails providing information and education about how to maintain weight loss and live healthy lives.

The SFM therapy presumes people need a social environment that supports continued weight control. The treatment guides parents to encourage their kids to be friends with physically active peers and to ensure that play dates with existing friends involve physical activity and healthy eating.

Those who receive the intensive SFM intervention will continue to meet with behavioral interventionists and other participating families each week during the maintenance phase of the study. A second group will receive a less intensive version of the SFM program that requires meetings only every two weeks.

But every family in the study will start by receiving four months of an evidence-based intervention to help parents and kids lose weight.

"All of them will get terrific treatment," Wilfley says. "We want to see if there is a particular strategy that works best in terms of helping them keep the extra weight off. Or perhaps we'll find that particular maintenance strategies tend to work better in particular types of families."

In previous research, Wilfley found that the SFM program helped kids maintain their relative weight significantly better than those who did not receive maintenance treatment.

After four months of weight loss and eight months of maintenance, the COMPASS study will continue to follow families for another year to see whether children and adults remain lean. Although they won't be asked to attend regular sessions, they will be evaluated and assessed at 18 months and again two years after the start of the study.

The investigators plan to recruit 120 families in St. Louis and in Seattle. Study participants will be asked to come to Washington University Medical Center in St. Louis once a week for the first four months. How often families return to the medical center over the next eight months will depend upon which maintenance intervention they receive.

Children or parents who are unable to participate in moderate physical activity at a level equivalent to a brisk walk will not be eligible for the study. Others who take medication that affects their weight or have medical conditions that require severe dietary restrictions also are ineligible, as are those with eating disorders or those who currently are participating in other weight-loss programs.

The program is provided free of charge for those who qualify, and families who complete the study will receive a stipend: \$50 at the end of the first 12 months, \$75 at the 18-month evaluation and \$100 for completing two years of treatment and assessments. The research study is not intended to replace routine medical care for study participants, and there is no guarantee of direct benefit for volunteers.

Provided by Washington University School of Medicine in St. Louis

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