

TRANSLATION OF AN INTENSIVE LIFESTYLE INTERVENTION TO AN
ONLINE SETTING (6-month data)

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Guidelines recommend that physicians address obesity, yet few evidence-based programs are accessible. We translated the Diabetes Prevention Program's (DPP) lifestyle curriculum into an online format, integrated with primary health care. The Virtual Lifestyle Management program includes an orientation lesson, then 16 weekly and 8 monthly lessons derived from DPP materials. Lessons are adapted for individuals with or without diabetes, and include interactive workbook exercises. Behavioral tools include email prompts for diet, physical activity and weight self-monitoring, and automated weekly progress reports. Support measures include scheduled and as-needed emails from health-coaches, who review participants' status, tracking and workbook entries, and coach-moderated participant chat sessions. Physicians receive quarterly feedback on their patients' progress, for use in ongoing medical care. After developing the software, we implemented VLM in November, 2006, enrolling 50 patients from a single large academic practice from 11/16/06–2/11/07. Participants are aged 26–78 (mean 52.7), mostly female (76%), with BMI>25 (mean 36.8; SD 6.8) and with at least one weight-related cardiovascular risk factor. After an average of 189.4 (SD 25.0) days of follow-up, 66% had logged in within the last 30 days. Participants reported a weight change of –14.1 lb (SD 13.0), with an 8.4 grams (SD 16.6) drop in daily fat consumption, and a 1538 step equivalent (SD3566) increase in physical activity, using a last-observation-carried forward approach. Measured weight data for those who participated in the 6-month evaluation (72%) were similar (–13.6 lb, SD 14.0). Among those with measured weight, 41.7% had achieved >7% weight loss. These data suggest that Internet-based lifestyle intervention may facilitate lifestyle intervention in primary care. An online approach may relieve clinical barriers such as staffing and scheduling costs, and overcome patient barriers such as cost, travel, and scheduling constraints.

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