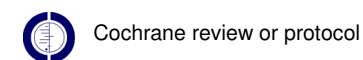


Obesity (62 reviews)

A summary of published Cochrane and non-Cochrane Systematic reviews (from Health-Evidence.ca, The Community Guide and quality assessed systematic reviews (Database of Abstracts of Reviews of Effects - DARE)).

Key: 😊 Effective, statistically significant
 😐 Indeterminate or of limited effect
 😞 Likely to be ineffective or potentially harmful





Authors: Baker P, Young M

Year:	Title:	Authors:	Comparison:	No. studies:	Findings:
■ Prevention (13 reviews)					
2004	Effectiveness of physical activity enhancement and obesity prevention programs in children and youth	Thomas H Ciliska D Micucci S Wilson-Abra J Dobbins M	Primary prevention interventions focussing on improving nutritional intake, enhancing PA, or decreasing physical inactivity vs controls or non-exposed	365	😐 Results were mixed in all of the quality studies. Although some of the studies found statistically significant improvements in the intervention group, most improvements were very modest. Whether these differences are clinically significant is an issue. Interventions that were multi-faceted were more effective than others.
2001	Environmental interventions to reduce energy intake or density: a critical appraisal of the literature	Hider P	Structural or environmental intervention vs comparison group	13	😐 Conclusions about the effectiveness of environmental interventions are limited by the deficiencies in the research, their frequent use in conjunction with a variety of other interventions, and the heterogeneous nature of the outcome variables that have been used.
2001	Interventions for preventing obesity in childhood. A systematic review	Campbell K Water E O'Meara S Summerbell C	Physical activity and / or dietary education vs control	7	😐 Overall, the findings of the review suggest that currently there is limited quality data on the effectiveness of obesity prevention programmes and as such no generalisable conclusions can be drawn.
2005	Interventions for preventing obesity in children	Summerbell CD Waters E Edmunds LD Kelly S Brown T Campbell KJ	Interventions to prevent obesity in childhood	22	😐 There is not enough evidence from trials to prove that any one particular programme can prevent obesity in children, although comprehensive strategies to address dietary and physical activity change, together with psychosocial support and environmental change may help. Some studies that focussed on dietary or physical activity approaches showed a small but positive impact on BMI status.

Year:	Title:	Authors:	Comparison:	No. studies:	Findings:
■ Prevention (cont.)					
2000	Interventions to prevent weight gain: a systematic review of psychological models and behaviour change methods	Hardeman W Griffin S Johnston M Kinmonth AL Wareham NJ	Multiple interventions aimed at preventing weight gain vs controls	11	☹️ Interventions to prevent weight gain exhibited various degrees of effectiveness. Definite statements about the elements of the interventions that were associated with increased effect size cannot be made as only one of the five studies that involved an RCT design reported a significant effect on weight. This intervention involved a correspondence programme and a mix of behaviour change methods including goal setting, self monitoring and contingencies.
1999	Periodic health examination, 1999 update: 1. Detection, prevention and treatment of obesity	Douketis JD Feightner JW Attia J Feldman WF	Obesity prevention or obesity treatment vs controls or non-exposed	3 prevention; 36 weight-reduction	<p>☹️ There is insufficient evidence to recommend in favour of or against community-based obesity prevention programs.</p> <p>☹️ For obese adults without obesity-related disease, there is insufficient evidence to recommend in favour of or against weight-reduction therapy because of a lack of evidence supporting the long-term effectiveness of weight-reduction methods.</p> <p>😊 For obese adults with obesity-related diseases, weight reduction is recommended because it can alleviate symptoms and reduce drug therapy requirements, at least in the short term.</p>
2005	Public health strategies for preventing and controlling overweight and obesity in school and worksite settings	Katz AL O'Connell M Yeh MC Njike V et al	Nutrition, physical activity or behavioural interventions vs control group or time	10 in school settings; 20 in worksite settings	<p>☹️ Insufficient evidence existed to determine the effectiveness of all reviewed interventions in school settings among children and adolescents.</p> <p>☹️ Insufficient evidence existed to determine the effectiveness of single-component worksite interventions focussed on nutrition, physical activity, or other behavioural intervention among adults.</p> <p>😊 Combination nutrition and physical activity programs in the workplace are recommended. The literature supports an emphasis on interventions combining instruction in healthier eating with a structured approach to increasing physical activity.</p>

Year:	Title:	Authors:	Comparison:	No. studies:	Findings:
■ Prevention (cont.)					
1997	Systematic review of interventions in the treatment and prevention of obesity* (These are different publications of the same review and a further version of this review is also called "The prevention and treatment of obesity")	Glenny AM O'Meara S	Any of a number of interventions aiming to prevent or treat obesity vs control group	99	<p>😊 Family therapy programs were effective in preventing the progression of obesity in already obese children.</p> <p>😊 Behavioural, diet and exercise programs have all been shown to be effective in the treatment of adult obesity, particularly when two or more approaches are used in combination</p> <p>😊 Pharmacological interventions appear to produce weight loss for up to 9 months, after which time a proportion of participants regain weight.</p> <p>😊 Surgery is normally considered only for morbidly obese patients. The weight loss associated with surgical interventions is greater and more sustained than that achieved by non-surgical methods. However, surgery is associated with complications that may affect the patient's quality of life.</p> <p>😊 Maintenance strategies have been shown to be effective at reducing the amount of weight regain following weight loss after treatment.</p>
2002	The effectiveness of school-based strategies for the primary prevention of obesity and for promoting physical activity and / or nutrition, the major modifiable risk factors for type 2 diabetes: a review of reviews	Micucci S Vohra J	Systematic reviews of prevention of obesity, or promotion of physical activity or nutrition.	12 systematic reviews	<p>😊 Results were inconclusive in determining which aspects of the design and components of a school-based intervention are most effective for reducing obesity and promoting physical activity and / or nutrition in children and adolescents. Some interventions were more effective than others at modifying one criterion, but not another, and effects were not necessarily seen in both sexes. Interventions were more effective at modifying knowledge than behaviour.</p>
2002	The prevention and treatment of childhood obesity	NHS Centre for Reviews and Dissemination	Summary of RCTs with over 20 participants	35	<p>😊 There is some evidence that multi-faceted school-based programs that promote physical activity, the modification of dietary intake and the targeting of sedentary behaviours may help reduce obesity in school children, particularly girls.</p> <p>😊 Multi-faceted family-based programs that involve parents, increase physical activity, provide dietary education and target reductions in sedentary behaviour may help children lose weight.</p> <p>😊 There is some evidence that family-based behaviour modification programs where parents take primary responsibility and act as agents of change, may help children lose weight.</p>

Year:	Title:	Authors:	Comparison:	No. studies:	Findings:
■ Prevention (cont.)					
1997	The treatment and prevention of obesity: a systematic review of the literature*	Glenny AM O'Meara S Melville A Sheldon TA Wilson C	A range of interventions to prevent or treat obesity vs controls	97	<p>😊 For obese children, family therapy and lifestyle modification appear to be effective in prevention and treatment, respectively.</p> <p>😊 Surgery appears to be effective for the morbidly obese and gastric bypass is more effective than gastroplasty.</p> <p>😐 The effectiveness of interventions to prevent and treat obesity in adults remains unclear, although behavioural therapy and multicomponent strategies may be useful. Continued therapist contact appears to be useful for maintaining weight loss. Pharmacological interventions appear to be effective for up to 9 months, after which regain occurs.</p>
2006	 Weight loss for primary prevention of stroke in people with overweight or obesity	Curioni C Andre C Veras R	Effects of weight reduction in patients with overweight and obesity on stroke incidence.	Protocol only	
2001	 Weight reduction for reducing mortality in obesity and overweight	Vlassov VV	Effect of weight reduction on mortality in overweight or obese people	Protocol only	
■ Weight reduction - Pharmacotherapy (16 reviews)					
2001	A rapid and systematic review of the clinical effectiveness and cost-effectiveness of orlistat in the management of obesity	O'Meara S Riemsma R Shirran L Mather L terRiet G	Orlistat vs placebo	14	😐 Although many trials demonstrated statistically-significant differences between the groups in terms of weight loss in favour of orlistat vs placebo, the differences may not always be of clinical significance. The clinical significance of between-group differences for secondary outcomes may also be debatable. The potential adverse effects should be taken into account when prescribing orlistat, particularly the gastrointestinal effects.
2004	Changes in body weight and serum lipid profile in obese patients treated with orlistat in addition to a hypocaloric diet: a systematic review of randomised clinical trials	Hutton B Fergusson D	Orlistat vs placebo or active control	28	😊 Three doses of 120mg of orlistat per day is effective for improving both weight loss and serum lipid profiles in obese patients at low and high cardiovascular disease risk and in obese patients with type 2 diabetes.

Year:	Title:	Authors:	Comparison:	No. studies:	Findings:
■ Weight reduction - Pharmacotherapy (cont.)					
1998	Chitosan as a treatment for body weight reduction: a meta-analysis	Ernst E Pittler MH	Chitosan vs placebo	5	☹️ The mean difference in terms of weight reduction between chitosan and placebo was 3.28kg after 28 days. This result has to be viewed with caution as concerns have been raised about the original studies. Rigorous independent trials are required to assess the clinical effectiveness of chitosan as a means of weight reduction.
2005	Chitosan for overweight or obesity	Mhurchu CN Dunshea-Mooij CAE Bennett D Rodgers A	Chitosan for a minimum of 4 weeks vs control	14	☹️ There is some evidence that chitosan is more effective than placebo in the short-term treatment of overweight and obesity. However, many trials were of poor quality and results variable. Results from high quality trials indicate the effect of chitosan on body weight is minimal and unlikely to be of clinical significance.
2003	Chromium picolinate for reducing body weight: a meta-analysis of randomized trials	Pittler MH Stevinson C Ernst E	Chromium picolinate vs placebo	17	☹️ Chromium picolinate resulted in only a small weight loss compared with placebo. This increased loss was of doubtful clinical importance and the results were not robust.
2005	Effect of sibutramine on weight management and metabolic control in type 2 diabetes	See weight reduction – specific groups			
2000	Efficacy of fenfluramine and dexfenfluramine in the treatment of obesity: a meta-analysis	Carvajal A Garcia del Pozo J Martin de Diego I Rueda de Castro AM Velasco A	Treatment vs placebo	25	☹️ Obese individuals treated with fenfluramine or dexfenfluramine achieved overall weight losses significantly higher than obese patients treated with placebo. From the data obtained, the maximum effect was observed at 3 months from the beginning of treatment when the drug-treated patients achieved a weight loss 3.7kg higher than placebo. Following this maximum effect, the weight differences reached between the placebo group patients and drug-treated patients decreased over time.
2003	Ephedra and ephedrine for weight loss and athletic performance enhancement: clinical efficacy and side effects	US Department of Health and Human Services	Ephedra or ephedrine containing preparations vs placebo	44 re weight loss outcome	☹️ The majority of studies had methodological problems. The evidence assessed supports a statistically significant increase in short-term weight loss of ephedrine, ephedrine plus caffeine, or dietary supplements that contain ephedra with or without herbs containing caffeine compared to placebo. Adding caffeine to ephedrine modestly increases the amount of weight loss. Both ephedra and caffeine, and ephedrine and caffeine result in weight loss that is approximately 2 pounds per month greater than placebo for up to 4 to 6 months.
2001	Guar gum for body weight reduction: meta-analysis of randomized trials	Pittler MH Ernst E	Dietary fibre guar gum vs placebo	20	☹️ Guar gum is not efficacious for reducing body weight. Considering the adverse events associated with its use, the risks of taking guar gum outweighs its benefits for this indication.

Year:	Title:	Authors:	Comparison:	No. studies:	Findings:
2003	Long-term pharmacotherapy for obesity and overweight	Padwal R Li SK Lau DCW	Anti-obesity agents vs control; at least one year follow up	16	😊 Studies evaluating the long-term efficacy of anti-obesity agents are limited to orlistat and sibutramine. Both drugs appear modestly effective in promoting weight loss; however, interpretation is limited by high attrition rates.
2002	Pharmacotherapy for obesity: a quantitative analysis of four decades of published randomised clinical trials	Haddock CK Poston WS Dill PL Foreyt JP Ericsson M	Any of a number of pharmacological treatments for weight loss vs placebo or another pharmacological treatment	108	😐 The conclusions appear to be that the amount of weight lost, above and beyond that achieved in placebo treatments, is typically modest and that increasing the length of drug treatment does not appear to increase weight loss.
2004	Safety and efficacy of citrus aurantium for weight loss	Bent S Padula A Neuhaus J	Citrus aurantium vs placebo	1	😐 The trial demonstrated no statistically significant benefit for weight loss, and provided limited information about the safety of the herb.
2002	The clinical effectiveness and cost-effectiveness of sibutramine in the management of obesity: a technology assessment	O'Meara S Riemsma R Shirran L Mather L terRiet G	Sibutramine vs control	16	😐 Although there were statistically significant results in the review, the clinical significance may be debatable. It is also important to take into account possible adverse effects when prescribing sibutramine.
1995	The effect of human chorionic gonadotropin (hCG) in the treatment of obesity by means of the Simeons therapy: a criteria-based meta-analysis	Lijesen GK Theeuwen I Assendelft WJ Van der wal G	hCG, or hCG plus other interventions vs controls	14 RCT; 10 non-RCT	😞 There is no scientific evidence that hCG causes weight-loss, redistributes fat, staves off hunger or induces a feeling of well-being. Therefore, the use of hCG should be regarded as an inappropriate therapy for weight reduction.
2004	The efficacy and safety of sibutramine for weight loss: a systematic review	Arterburn DE Crane PK Veenstra DL	Treatment vs placebo	29	😊 Sibutramine is more effective than placebo in promoting weight loss in obese adults when used with lifestyle modifications. In addition, the discontinuation of sibutramine after initial weight loss leads to weight regain. However, it is associated with both positive and negative changes in cardiovascular and metabolic risk factors. Overall, there is insufficient evidence to accurately determine the long-term risk-benefit profile for sibutramine.
2003	Weight management using a meal replacement strategy: meta and pooling analysis from six studies	Heymsfield SB van Mierlo CA van der Knaap HC Heo M Frier HI	Partial meal replacement with commercially available calorie-reduced product/s vs traditional calorie-reduced diet	6	😊 Partial meal replacement weight management plans can safely and effectively produce significant sustainable weight loss and improve weight-related risk factors for disease.

Year:	Title:	Authors:	Comparison:	No. studies:	Findings:
■ Weight reduction - Pharmacotherapy (cont.)					
■ Weight reduction - Specific providers (1 review)					
2001	Improving health professionals' management and the organisation of care for overweight and obese people	Harvey EL Glenny AM Kirk SFL Summerbell CD	Organisational interventions and interventions aimed at improving health professionals' management of overweight and obese people	18	☹️ There are few solid leads about improving obesity management, although reminder systems, brief training interventions, shared care, in-patient care and dietician-led treatments may all be worth further investigation.
■ Weight reduction - Specific groups (15 reviews)					
1995	A review of the weight loss interventions for obese people with non-insulin-dependent diabetes mellitus	Ciliska D Kelly C Petrov N Chalmers J	Educational, behavioural and dietary interventions vs control or time	13	☹️ Weight loss and subsequent improved metabolic control are achieved, but not maintained, by most participants.
2006	Diet or exercise or both for weight reduction in women after childbirth	Amorim AR Linne YM Lourenco PM	Diet, exercise or both in postpartum women	Protocol only	
1998	DiETING to reduce body weight for controlling hypertension in adults	Mulrow CD Dolor CE Angel L Cornell J Summerbell C Anagnostelis B Brand M Grimm R	Weight-loss diets vs regular diets or other antihypertensive therapies for reducing BP in adults	18	😊 Weight-reducing diets in overweight hypertensive persons can affect modest weight loss in the range of 3-9% of body weight and are probably associated with modest blood pressure decreases of roughly 3 mm Hg systolic and diastolic. Weight-reducing diets may decrease dosage requirements of persons taking antihypertensive medications.
2005	Effect of sibutramine on weight management and metabolic control in type 2 diabetes	Vettor R Serra R Fabris R Pagano C Federspil G	Sibutramine vs placebo	8	😊 Decrease in body weight and waist circumference was significantly greater in treatment vs placebo group. Fasting blood glucose and HbA1c significantly decreased. Benefits were seen in triglycerides and HDL without significant variations in total and LDL cholesterol. No differences in systolic blood pressure was seen, while diastolic blood pressure and heart rate showed sibutramine produced a small increase relative to placebo.

Year:	Title:	Authors:	Comparison:	No. studies:	Findings:
■ Weight reduction - Specific groups (cont.)					
2001	Effects of exercise on glycemic control and body mass in type 2 diabetes mellitus: a meta-analysis of controlled clinical trials	Boule NG Haddad E Kenny GP Wells GA Sigal RJ	Exercise, or exercise and diet vs control	14	☹️ Exercise reduces HbA1c by an amount that should reduce the risk of diabetic complications. Exercise did not have any effect on body mass.
2002	Factors that alter body fat, body mass, and fat-free mass in pediatric obesity	LeMura LM Maziekas MT	Exercise training program of at least 3 wks duration vs control or self	7 RCTs; 6 controlled trials; 17 with no control groups	😊 Exercise is efficacious for reducing selected body composition variables in children and adolescents. The most favourable alterations in body composition occurred with low-intensity exercise of long duration; aerobic exercise combined with high repetition resistance training; and exercise programs combined with a behavioural modification component.
2004	Family-based interventions for childhood obesity: a review	Berry D Sheehan R Heschel R Knafk K Melkus G Grey M	Family-based interventions vs controls (non-family-based)	13	😊 Behavioural modification interventions targeting children and parents together or separately were reported to be successful in improving weight-loss outcomes in both parents and children. Behavioural therapy interventions targeting children and parents together or the parents of children separately improved weight outcomes. 😊 Problem-solving interventions that targeted parents of children showed improved outcomes for their children. ☹️ However, when problem solving was used with both parents and children together or children alone, weight outcome did not improve.
2003	Interventions for treating obesity in children	Summerbell CD Ashton V Campbell KJ Edmunds L Kelly S Waters E	Lifestyle interventions designed to treat obesity	18	☹️ Most studies were very small drawn from homogenous motivated groups in a hospital setting, so generalisability is limited. No direct conclusions can be drawn from this review with confidence.
2005	Long-term non-pharmacological weight loss interventions for adults with prediabetes	Norris SL Zhang X Avenell A Gregg E Schmid CH Lau J	Dietary, physical activity or behavioural interventions vs control	9	😊 Overall, weight loss strategies using dietary, physical activity, or behavioural interventions produced significant improvements in weight among persons with prediabetes and a significant decrease in diabetes incidence.

Year:	Title:	Authors:	Comparison:	No. studies:	Findings:
■ Weight reduction - Specific groups (cont.)					
2005	Long-term non-pharmacological weight loss interventions for adults with type 2 diabetes mellitus	Norris SL Zhang X Avenell A Gregg E Brown TJ Schmid CH Lau J	Weight loss or weight control strategies incl diet, physical activity and behavioural interventions	22	☹️ Weight loss strategies using dietary, physical activity, or behavioural interventions produced small between-group improvements in weight. These results were minimised by weight loss in the comparison group, however, examination of individual study arms revealed that multicomponent interventions including very low calorie diets or low calorie diets may hold promise for achieving weight loss in adults with type 2 diabetes.
2005	Pharmacotherapy for weight loss in adults with type 2 diabetes mellitus	Norris SL Zhang X Avenell A Gregg E Schmid CH Lau J	Pharmacotherapy vs control	22	☹️ Fluoxetine, orlistat, and sibutramine can achieve statistically significant weight loss over 12 to 57 weeks. The magnitude of weight loss is modest, and the long-term health benefits remain unclear.
1996	Promoting weight loss in type II diabetes	Brown SA Upchurch S Anding R Winter M Ramirez G	Behavioural, dietary, exercise, anorectic drugs, surgical or combined strategies vs control or time	89	😊 Dietary strategies are most effective for promoting short-term weight loss in type II diabetes. A number of gaps exist in the literature – descriptions of subjects, interventions or longitudinal outcomes beyond 12 months after intervention.
2003	Schizophrenia and weight management: a systematic review of interventions to control weight	Faulkner G Soundy AA Lloyd K	Any of a number of interventions aimed at weight loss vs controls, no treatment or time	16	☹️ Sustained weight control requires both dietary and exercise counselling as part of a behavioural modification program. The results for pharmacological interventions were mixed and these interventions cannot be recommended for widespread use.
1996	Worksite fitness and exercise programs: a review of methodology and health impact	Shepard RJ	Worksite program vs control or time	52 (5 RCT; 14 quasiexperimental)	😊 Well-designed worksite programs can enhance the health-related fitness of program participants. Body mass can be decreased by 1-2% (probably more if dietary counselling is included), and body fat can be diminished by 10-15% relative to initial values.
1996	Worksite intervention for weight control: a review of the literature	Hennrikus DJ Jeffery RW	Worksite intervention vs control or time	44	☹️ Methodologically, the literature is relatively weak, consisting largely of uncontrolled case studies. Worksite interventions appear to be successful in reaching large numbers of people. Worksite programs produced reasonable short-term weight loss: typically 1 to 2 pounds per week. Long-term weight loss has yet to be demonstrated.

Year:	Title:	Authors:	Comparison:	No. studies:	Findings:
■ Treatment Adverse Effects (2 reviews)					
2002	Appetite suppressants and valvular heart disease: a systematic review	Loke YK Derry S Pritchard-Copley A	Valvulopathy in groups treated with appetite suppressant drugs vs placebo, no treatment groups	71 (various study designs)	☹ Patients treated with appetite suppressants are at significantly increased risk of developing valvular heart disease. However, the risk of valvulopathy found was much lower than that suggested by initial, less methodologically rigorous studies.
2002	Effect of fenfluramine-derivative diet pills on cardiac valves: a meta-analysis of observational studies	Sachdev M Miller WC Ryan T Jolis Jolis J	Valvular disease in treatment group vs non-treatment group	9 cross-sectional studies	☹ Fenfluramine-associated valvular regurgitation is less common than initially reported, but it is still present in one of eight patients treated for more than 90 days.
■ Weight reduction - Other (15 reviews)					
2005	A structured review of randomised controlled trials of weight loss showed little improvement in health-related quality of life	Maciejewski ML Patrick DL Williamson DF	Any of a number of weight loss interventions vs control group	34 RCTs	☹ Health related quality of life outcomes, including depression, were not consistently improved in RCTs of weight loss. The overall quality of these clinical trials was poor.
2002	Advice on low-fat diets for obesity	Pirozzo S Summerbell C Cameron C Glasziou P	Low-fat vs other weight loss diet in adults	6	☹ Fat-restricted diets are no better than calorie restricted diets in achieving long term weight loss in overweight or obese people.
2002	Exercise for obesity	Shaw K Del Mar C O'Rourke P Tito F	Regular physical activity	Protocol only	
2004	Intragastric balloon for obesity	Fernandes M Atallah AN Soares BGO	Intragastric balloon placement on weight, comorbidities and quality of life	Protocol only	

Year:	Title:	Authors:	Comparison:	No. studies:	Findings:
■ Weight reduction - Other (cont.)					
2002	Laparoscopic adjustable gastric banding for the treatment of obesity	Chapman A Kiroff G	Laparoscopic banding vs other surgical interventions	1 RCT; 2 prospective controlled studies; 7 with historical controls; 27 case series	☹️ The safety and efficacy of laparoscopic adjustable banding cannot be determined due to an incomplete and poor quality evidence-base.
2005	Low glycaemic index or low glycaemic load diets for overweight and obesity	Thomas DE Elliott EJ Baur L	Low glycaemic index or low glycaemic load diets	Protocol only	
2003	Newer techniques in bariatric surgery for morbid obesity	Technology Evaluation Centre	Less invasive procedures vs open gastric bypass; Laparoscopic gastric banding vs open gastric bypass; bilio-pancreatic diversion and/or long-limb gastric bypass vs open gastric bypass	51	☹️ The data on the comparative efficacy of open vs laparoscopic bypass are limited by the lack of high quality comparative studies. Analysis of clinical series data suggests that weight loss at 1 year is similar for both procedures. The data raise concerns that serious short term adverse events such as anastomotic leaks may be more frequent with the laparoscopic approach. There is a lack of high quality trials comparing laparoscopic banding with open gastric bypass. A large number of clinical series suggest that substantial weight loss occurs following laparoscopic banding but at one year this may be less than with gastric bypass. There is limited literature that addresses the question of bilio-pancreatic and / or long-limb gastric bypass vs open gastric bypass. The available evidence suggests weight loss outcomes are similar.
2004	Pharmacological and surgical treatment of obesity	Southern California-RAND Evidenced-based practice centre: Shekelle PG et al	Drug vs placebo; surgery vs medical treatment or alternative surgery	78 medication studies; 147 surgery studies	<p>😊 Sibutramine, orlistat, phentermine, diethylpropion (probably), burpotion, fluoxetine, and topiramate all promote weight loss when given along with recommendations for diet. Sibutramine and orlistat are the two most studied drugs. The amount of extra weight loss attributable to these medications is modest (less than 5kg at 1 year), but may be clinically significant. All drugs have side effects.</p> <p>😊 Surgical treatment is more effective than nonsurgical treatment for weight loss and the control of comorbidities in patients with a BMI of 40 or greater.</p> <p>☹️ More data are needed to confirm or refute the relative efficacy of surgery for less severely obese persons.</p>
2005	Psychological interventions for overweight or obesity	Shaw K O'Rourke P Del Mar C Kenardy J	Psychological interventions vs comparison in adults	36	<p>😊 Cognitive behaviour therapy and behaviour therapy significantly improved the success of weight loss for overweight or obese people.</p> <p>☹️ Cognitive therapy was not effective as a weight loss treatment.</p>

Year:	Title:	Authors:	Comparison:	No. studies:	Findings:
■ Weight reduction - Other (cont.)					
2003	Screening and interventions for overweight and obesity in adults	Research Triangle Institute: McTigue et al	Any of a number of interventions vs control group	21 counselling/behavioural; 10 medications; 2 surgery	<p>☹️ Limited evidence suggests that counselling interventions may promote modest weight loss in the overweight (BMI 25-29.9).</p> <p>😊 Effective treatments for people with BMI >30 include intensive counselling and behavioural interventions for lifestyle change, and pharmacotherapy. Surgery is effective in reducing weight for people with BMI of 35 or greater. Adverse effects include increased blood pressure and gastrointestinal distress with drugs and a small percentage of serious side effects with surgery.</p>
2005	Surgery for morbid obesity	Colquitt J Loveman E Royle P Sidhu MK	Surgical procedures compared or surgery vs non-surgical management	26	😊 Surgery resulted in greater weight loss than conventional treatment and led to improvements in quality of life and obesity related diseases such as hypertension and diabetes. Complications and side-effects do occur. Limited good quality data made it difficult to draw comparisons between different surgical procedures.
2005	Surgery for morbid obesity: selection of operation based on evidence from literature review	Manterola C Pineda V Vial M Losada H Munoz S	Open or laparoscopic surgery vs time or another surgical technique	31	☹️ Methodological quality of the studies was poor, and outcomes measured varied.
2004	Systematic review of the long-term effects and economic consequences of treatments for obesity and implications for health improvement	Avenell A Broom J Brown TJ Poobalan A Aucott L et al	Interventions to reduce weight or prevent weight gain vs control group	84	<p>😊 Orlistat and sibutramine appear beneficial for the treatment of adults with obesity, and metformin for obese patients with type 2 diabetes.</p> <p>😊 Exercise and / or behaviour therapy seem to improve weight loss when added to diet.</p> <p>😊 Low-fat diets with exercise, with or without behaviour therapy, are associated with the prevention of type 2 diabetes and hypertension</p>
2005	Systematic Review: An evaluation of major commercial weight loss programs in the United States	Gilden Tsai A Wadden TA	Weight loss program vs control or time	6 RCTs; 4 case series	☹️ With the exception of 1 trial of Weight Watchers, the evidence to support the use of the major commercial and self-help weight loss programs is suboptimal. Controlled trials are needed to assess the efficacy and cost-effectiveness of these interventions.
2002	The clinical effectiveness and cost-effectiveness of surgery for people with morbid obesity: a systematic review and economic evaluation	Clegg AJ Colquitt J Sidhu MK Royle P Loveman E Walker A	Surgical treatment vs conventional treatment; different types of surgery	17 RCTs; 1 non-randomised trial	😊 When compared with conventional treatment, surgery resulted in a significantly greater loss of weight (23-37kg more) which was maintained at 8 years. There were resultant improvements in quality of life and co-morbidities. Gastric bypass appeared more beneficial than either gastroplasty or jejunoileal bypass in terms of weight loss and / or improvements in co-morbidities and complications.

Year:	Title:	Authors:	Comparison:	No. studies:	Findings:
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Search strategy:

Health-Evidence was accessed at: www.Health-Evidence.ca, and the “nutrition”, “adolescent health”, “adult health”, “child health”, “physical activity” and “chronic diseases” sub-libraries searched for relevant systematic reviews. The Cochrane Database of Systematic Reviews (up to Issue 2 2006) and DARE were searched for systematic reviews using MESH terms “overweight”, “anti-obesity agents” and “body weight changes” and the words “healthy weight”, “obesity” and “overweight” in the record titles. The Community Guide was accessed at www.thecommunityguide.com and the Obesity subpage was searched for relevant reviews (<http://www.thecommunityguide.org/obese/default.htm>). Reviews of low quality (as determined by the Centre for Reviews and Dissemination or the Health Evidence Canada project team) were excluded from this summary

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Disclaimer:

These summaries have been derived from Cochrane reviews published in the Cochrane Database of Systematic Reviews in The Cochrane Library, and from systematic reviews detailed at www.Health-Evidence.ca, www.thecommunityguide.com and quality assessed systematic reviews (Database of Abstracts of Reviews of Effects - DARE). The summary tables should not be regarded as an official product of the Cochrane Collaboration (www.cochrane.org), www.Health-Evidence.ca, The Community Guide, or DARE or the affiliated institutions. They were prepared in partnership with those outside of Queensland Health. The tables are not an official Queensland Health publication and do not represent Queensland Health policy. They constitute a summary of information sources only. The full published review should be read prior to decision making. Some of the reviews listed have been replaced by more current reviews of a higher quality, and thus caution should be applied to the older reviews. While every effort has been made to ensure that the information is accurate and current, no warranty or representation is made as to the accuracy, completeness, comprehensiveness and currency of this information and materials.