

Obesity – case study and health promotion paper

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On the other hand, a moderately low carbohydrate diet resulted in similar weight loss as a low fat diet.

Moreover, the very low and moderately low carbohydrate diets have been found to more effectively reduce triglyceride, and increase high density lipoprotein (HDL) levels compared to low fat diet. Again, comparison between the low carbohydrate and low fat diets was performed by Electrician et al. (2007). In a quasi-experimental design, 102 participants were assigned either to a low carbohydrate (LLC) or a low fat (ELF) group. Both groups followed a very low energy diet and lost significant body weight (LLC 20.1 Kg, ELF 19.

1 Kg) and waist circumference. The differences between the two groups were not statistically significant. In addition to the diet, all participants were involved in brisk walking 300 minutes per week, and all were issued pedometers to monitor their progress. Also, both groups were equally effective at preventing weight re-gain over six months, and both groups were found to have a decreased blood pressure as a result of weight loss.

Similarly, a systematic review by Protozoa, Summerdale, Cameron and Glassily (2002) compared the effects of a low fat diet to low calorie diet and low carbohydrate diet.

SIX randomized controlled trials with a total of 94 participants were analyzed over a period of six to eighteen months.

Overall results demonstrated non-significant differences in weight loss, weight maintenance, serum lipids, and blood pressure between all the diets reviewed. Moreover, a one year randomized trial by Dangers, Gleason and
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Griffith (2005) compared Atkins, Zone, Weight Watchers, and Orrin's diets. A single center randomized trial assigned 160 participants among the four diet groups. After one year, all diet groups were found to have significantly reduced weight and waist size, without significant differences between groups.

Similarly to previous studies, low reverberated diets reduced triglycerides and diastolic blood pressure, all except Orrin's diet group increased high density liberation (HAD), and all except Atkins diet group reduced low density liberation (OLD).

In addition to energy restriction through the diet, energy expenditure may enhance weight loss. In a meta-analysis by Shaw, Gannet, Resource and Del Mar (2006), 41 randomized controlled clinical trials were analyzed to determine the effects of exercise in overweight and obese adults.

The multiple exercise interventions included walking, Jogging, cycle registry, weight training, aerobics, treadmill, stair tipping, dancing, ball games, calisthenics, rowing, and aqua Jogging. The 3476 participants exercised three to five days a week for a median duration of forty five minutes a day. Several of the studies compared exercise to diet either alone or in combination with exercise.

The results revealed that exercise alone led to marginal weight loss, but when combined with diet produced significant weight reduction.

Moreover, comparing the intensities of the various types of exercise activities, it was found that both high and low intensity exercises were

associated with weight loss. Nonetheless, high intensity induced only slightly more weight reduction than low intensity, but when the diet component was added, the difference between high and low intensity was not significant. Additionally, the findings revealed that systolic blood pressure reduction was favored by diet over exercise, and diastolic blood pressure was reduced equally likely by exercise as by diet.

Furthermore, exercise did not reduce cholesterol levels, but was found to reduce triglycerides equally well as diet. Patients involved in the exercise trials improved diastolic blood pressure, regicide, high density liberation, and glucose levels regardless of whether they lost weight.

One of the most difficult aspects of weight loss plans is consistent adherence to exercise. A meta-analysis by Richardson et al. Looked at the effects of walking on weight reduction (2008). 307 participants in nine international studies were provided with pedometers to monitor step count.

Pedometers served as motivational tools to self monitor and reach the goals of walking. The participants logged the daily recorded steps, and reviewed their results during group meetings.

On average about .05 Keg was lost per week after walking two thousand to four thousand steps per day. Although the amount of weight lost in the trials was small, adherence to walking programs and increasing step count according to preset goals is important for the Dentally erects on Neal I en Pensacola actively resurface ten rills AT cardiovascular events, lowered blood pressure, and helped maintain lean muscle mass of the participants.

The studies have shown that the use of pedometer is helpful in monitoring the progress of physical activity, and is a good way to motivate continued increase in walking. Another meta-analysis compared different psychological interventions and their effects on weight reduction (Shaw, Resource, Del Mar, Kennedy, 2005). 36 randomized controlled clinical trials including 3495 participants were evaluated.

The majority of studies assessed the effects of behavioral interventions on weight loss.

The duration of clinical contact with the participants ranged from 7 to 78 weeks, with sessions lasting 60 minutes weekly. The techniques included stimulus control, goal setting, and self-monitoring. The therapies enhanced dietary restraints by providing adaptive dietary strategies, and by increasing motivation for physical activities, and to maintain adherence to the healthier lifestyle. Behavioral therapy was successful at decreasing weight as a stand-alone strategy (2.5 Kg), and even greater weight reduction was attained when combined with diet and exercise (4.

9 Kg).

Several evaluated studies also assessed cognitive therapy, psychotherapy, relaxation therapy, and hypnotherapy, but the results of these either did not reveal significant weight reduction, or resulted in weight gain. Moreover, a number of studies found that weight loss was associated with reductions in systolic and diastolic blood pressure, serum cholesterol, triglycerides, and fasting plasma glucose. These findings once again confirm the important

health benefits of reducing weight. Overall, the research suggests that most diets are equally effective at weight reduction.

There are multiple more or less popular diets known, and according to Dangers et al. (2005), more than one thousand diet books are now accessible. Instead of searching for the best available, obese patients should be advised that any diet would be more effective than the one they are currently consuming. Moreover, diet modification has been shown to be more effective than exercise, but both are beneficial in reducing cardiovascular risk factors. Exercise does not have to be intense, and walking on most days of the week is sufficient for risk reduction when continued long term.

Finally, addition of behavioral interventions may strengthen motivation and self monitoring, and enhance weight loss maintenance. Bob was presented with the literature findings on health risks and health promotion, and was encouraged to lose weight by diet, and involvement in more physical activities. He was introduced with the possible options, and it was recommended that he participates in designing his weight loss plan. This way Bob could have more control over the interventions, and was able to incorporate his preferences.

Bob identified his perceived benefits of losing weight as: improved body image, mood, physical fitness and agility, reduced blood pressure, and reduced risk of commodities. The main barriers were mainly the resistance to eliminate favorite snack, and laziness to perform physical activities.

Instead of starting one of the multiple popular diets, Bob decided to reduce his portion sizes initially by 30%, substitute supper and snacks by fruits and vegetables, and eliminate soda and juice.

To assure smaller portion sizes, Bob was encouraged to use a smaller plate than usual. He also agreed to drink at least two liters of water a day, especially with meals, to reach satiety sooner. He was encouraged to keep a journal of all his daily intakes of food and drink to monitor his diet, and to identify some hidden sources of excess consumption. Moreover, to avoid excess eating, Bob was instructed to only eat at the table, and to not allow family members to eat any food while sitting on the couch or in front of the computer.

He also decided to become more physically active, and his choice of daily exercise was walking. Bob was encouraged to purchase a pedometer to monitor progress in physical activity, aiming for at least two thousand steps a day. Richardson et al. (2008) informed that a two thousand step walk was estimated to equal one mile. Bob was also encouraged to set weekly walking goals, slowly increasing his step count.

Bob's family was also involved in his attempt to lose weight. To help him attain his goals, family members planned to show support for Bob's exercise by joining him.

Furthermore, Bob was encouraged to identify situations of daily living providing opportunities for more physical activities, for example parking further away from the entrance at work and grocery store. Weekly meetings evaluated Bob's progress, and discussed about difficulties of following the <https://assignbuster.com/obesity-case-study-and-health-promotion-paper/>

plan. Bob remained strongly motivated throughout the eight weeks of intervention, and successfully reached most of his weekly dietary and exercise goals.

Portions of his meals decreased steadily until no more than 50% of initial food intake was reached, and the snacks included fruits and vegetables only.