Obesity Prevention and Control: Multicomponent Provider Interventions

Summary Evidence Table

Adult Populations

Study	Intervention and Comparison	Study Population	Effect measure	Reported Baseline and Follow- Up	Reported effect	Follow-up time
Author (year): Frijling et al. (2002) Study Period: 1996-1999 Study Design: Group RCT Design Suitability: Greatest Quality of Execution: Fair	Location: Netherlands Components: General practitioners received feedback reports and support from a facilitator to improve their clinical decision making Control: Usual care	124 practices and 185 general practitioners	Blood pressure in last 12 months Scheduling Follow-up visit Discussion of body weight control		Odds Ratio 95% CI 1.34 0.70-2.54 1.04 0.75-1.45 1.01 0.70-1.45	21 months
Author (year): McDermott et al. (2001) Study Period: not reported Study Design: Group RCT	Location: Australia Torres Strait Island Components: All sites received baseline auditing of clinical records and the new diabetes outreach service. The intervention sites used a recall card system, followed up by regular phone calls & newsletters. Comparison: Usual care	21 healthcare sites: 8 intervention 13 control Group N ₀ N ₁ Control 305 396 Interv 250 282	BP check past 6 months Control Intervention Glycosylated Hemoglobin past 6 months Control Intervention Lipids check past 12 months Control Intervention Weight check past 12 months Control Intervention	Baseline 12m 64 57 76 65 60 62 70 73 54 70 57 88 56 63 54 74	-7 -11 2 3 16 31 7 20	12 months

Study	Intervention and Comparison	Study Dopulation Ettoct moacure Recolups and Follow		nd Follow-	Reported effect	Follow-up time	
				Significant c between cor intervention up for Blood check, Glycc Hemoglobin check. Signi difference b intervention and follow-u check, Lipid weight chec	ntrol and at follow- l Pressure osylated , weight ficant etween baseline up for BP s check,		
Author (year): Simkin-Silverman et al. (1997)	Location: Allegheny, PA	11 physicians Group N ₀ N ₁	Advised decreasing calories Control	<u>Baseline</u> 16	<u>1m</u> 5	-11	1 month
Study Period: not	Components: Physicians received a 2-	$\begin{array}{c c} \underline{Group} & \underline{N_0} & \underline{N_1} \\ \hline Control & 5 & 5 \\ \hline Counselling & 6 & 6 \\ \end{array}$	Counselling	8	75	67	
reported	hr training session on obesity counseling		Advised increasing exercise				
Study Design: RCT	skills. The training was a 5-step patient		Control Counselling	26 30	16 86	-10 56	
Design Suitability: Greatest	centered model. Staff was also trained to support physician		Advised lowering fat intake				
Quality of Execution: Fair	delivered counseling. Comparison: Usual		Control Counselling	21 13	5 77	-16 64	
	care		Advised weight loss Control	26	21	-5	
			Counselling	30	88	58	
			Discussed benefits of exercise	1.5	26	10	
			Control Counselling	16 32	26 89	10 57	
			Discussed benefits of weight loss Control	21	16	-5	
			Counselling	21 28	82	-5 54	

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			Discussed health risks of			
			obesity			
			Control	21 16	-5	
			Counselling	17 77	60	
			Discussed weight control			
			Control	47 42	-5	
			Counselling	43 89	46	
			Gave patient handouts			
			Control	5 5	0	
			Counselling	2 86	84	
			Gave weight control			
			prescription			
			Control	0 0	0	
			Counselling	0 86	86	
			Patient BMI measured			
			Control	0 0	0	
			Counselling	0 86	86	
			Patient weight measured			
			Control	95 100	5	
			Counselling	98 100	2	
			Scheduled follow-up visit			
			Control	0 5	5	
			Counselling	15 71	56	
				P=0.001 for all		
				outcomes comparing		
				couselling group		
				baseline to 1-month		
				follow-up		
Author (year):	Location: San	53 physicians and	Hemoglobin AIC	Baseline		None
Thom et al. (2006)	Francisco, CA	429 patients	Feedback only Training & Feedback	0.07 0.02		
Study Period: not	Components:	Feedback Only	Satisfaction score			
reported	Diabetes and	group = 30	Feedback only	-0.21		
	hypertension patients	physicians	Training & Feedback	-0.73		

Study	Intervention and Comparison	Study Population	Effect measure	Reported Baseline and Follow- Up	Reported effect	Follow-up time
Study Design: Before-After (use only training and feedback)	completed a survey to measure physicians' culturally competent behaviors. Primary care physicians	Training & Feedback group = 23 physicians	Systolic BP (mmHg) Feedback only Training & Feedback	0.07 1.69		
Design Suitability: Least	received cultural competency training for 6 months and feedback		Trust score Feedback only Training & Feedback	2.54 1.93		
Quality of Execution: Fair	from patients' surveys. Comparison: Usual care		Weight (lbs) Feedback only Training & Feedback	-0.66 -2.46		
Author (year): Vinicor et al. (1987)	Location: Indianapolis, IN	3-4 resident teams and 532 patients	Diastolic Blood Pressure (mmHg)	Baseline <u>26m</u>		26 months
Study Period: not reported	Components: Patient Education: patients receive	randomized from 1 clinic <u>Group N₀ N₁</u>	Control Physican Only Patient & Physician	81.485.283.183.481.881.3	3.8 0.3 -0.5	
Study Design: Group RCT (use Physican only and	education focused on target behaviors essential for self-	Contr12968Phy13062Pat&Phy133133	Systolic Blood Pressure (mmHg) Control	137.2 144.9	7.7	
control) Design Suitability:	management of diabetes Physician Education:		Physican Only Patient & Physician	142.5 146.4 140.4 145.0	3.9 4.6	
Greatest Quality of Execution: Fair	physicians receive intensive education program Patient and Physician		Fasting Glucose (mg/dl) Control Physican Only Patient & Physician	201.1208.7209.6196.5229.2190.2	7.6 -13.1 -39.0	
	Education: Patients and physicians receive Diabetes Research and Training Center -		Glycosylated Hemoglobin (Hb A1C) Control	10.19 10.74	0.55	
	initiated training programs		Physican Only Patient & Physician	10.51 10.64 11.34 10.42	0.13	
	Comparison: Usual care (diabetes education routinely		Weight (lbs, direct measure) Control	185.3 186.4	1.1	
	available in the clinic)		Physican Only Patient & Physician	188.8185.4193.8189.1	-3.4 -4.7	

Pediatric Populations

Study	Intervention and Comparison	Study Population	Effect measure	Reported Baseline and Follow- Up	Reported effect	Follow-up time
Author (year): Hinchman et al. (2005) Study Period: not reported Study Design: Before-After Design Suitability: Least Quality of Execution: Fair	Location:	Pediatric clinics including nursing staff and clinicians Group N ₀ N ₁ Grp 1 110 110 Grp 2 110 110	Couseling guide in chart Group 1 Group 2 Prescription pad in chart Group 1 Group 2 Presence of BMI entry Group 1 Group 2 Presence of BMI % entry Group 2 Self history form in chart Group 1 Group 2	Up Baseline 3 mo 0 9.3 0 6.5 0 5.6 0 1.9 0 40.7 0 43.0 0 12.0 0 38.3 0 42.6 0 28.0	Other - Counseling guide in chart Group 2 Baseline vs Group 2 3 Month p=0.001 Group 1 Baseline vs Group 1 3 Month p=0.001 Other - Prescription pad in chart Group 1 Baseline vs Group 1 3 Month p=0.001 Other - Prescription pad in chart Group 1 Baseline vs Group 1 3 Month p=0.05 Other - Self history form in chart Group 2 Baseline vs Group 2 3 Month p=0.001 Group 1 Baseline vs Group 1 3 Month p=0.001 Group 1 3 Month vs Group 2 3 Month p=0.001 Group 2 Baseline vs Group 2 3 Month p=0.001 Group 2 Baseline vs Group 2 3 Month p=0.001 Group 1 Baseline vs Group 1 3 Month p=0.001 Group 2 Baseline vs Group 1 3 Month p=0.001 Group 2 Baseline vs Group 2 3 Month p=0.001 Group 2 Baseline vs Group 2 3 Month p=0.001 Group 2 Baseline vs Group 2 3 Month p=0.001 Group 2 Baseline vs Group 2 3 Month p=0.001	3 months
					Group 1 Baseline vs Group 1 3 Month p=0.001 Group 1 3 Month vs Group 2 3 Month p=0.001	

Absolute effect size is calculated unless otherwise noted.

Abbreviations

CI, confidence interval BMI, Body Mass Index DBP, diastolic blood pressure HDL, high density lipoprotein kJ, kilojoule LDL, low density lipoprotein N₀, sample size at baseline N₁, sample size at baseline N₁, sample size at time 1 N₂, sample size at time 2 RCT, randomized controlled trial RD, registered dietitian SBP systolic blood pressure TG, triglyceride VLCD, very low calorie diet