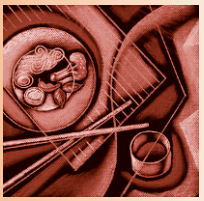

Self-help for Obesity and Binge Eating

Janet D. Latner, PhD

The prevalence of obesity in the United States is rapidly rising, and eating disorders involving binge eating are becoming more widely recognized. Because the number of patients in need of treatment may eventually exceed the availability of professionals available to treat them, evaluating self-help approaches to treatment is essential. In addition, weight regain after obesity treatment is the norm rather than the exception, and continuing care to prevent relapse may only be financially feasible through self-help. Different levels and types of self-help have been investigated, including self-guided help, computer-guided help, and group self-help. Although not appropriate in all cases, self-help for obesity and binge eating may have psychological and practical advantages for many patients.
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Obesity: Prevalence and Treatment Outcomes

Obesity has reached epidemic proportions. Currently, 65.1% of US adults are overweight and 30.4% are obese.[1] Obesity is thought to be our second largest cause of preventable death: in 2000, poor diet and physical inactivity caused 400,000 deaths in the United States.[2] Treatments for obesity produce improvements in cardiovascular disease, diabetes, hypertension, sleep apnea, and other common comorbid conditions.[3] However, obesity treatments frequently produce short-term weight loss, and the loss is often not maintained over the long term.[4] Relapse after treatment is the norm.

Why is weight regain so common after treatment? Compensatory metabolic responses and other physiological factors (eg, reduced energy expenditure and leptin, and increased ghrelin) may pose challenges to maintaining lost weight.[4] Psychological factors may also play a role. Unrealistic expectations about how much weight should be lost, and the life changes that should follow, may lead people to undervalue their more modest (and often disappointing) weight loss accomplishments.[5] People who have lost weight often feel that the benefits of weight loss, relative to its costs, drop to nearly zero after 6 months.[6]

> *Because relapse is a problem, relapse prevention is badly needed.*

Because of these physiological, psychological, and social factors, only a small minority of the general overweight population succeeds in maintaining weight that has been lost.[7] Among the few who do succeed, continual vigilance may be needed to maintain their weight loss. Successful long-term weight losers engage in high levels of physical activity, restrict their energy intake, keep many healthy foods in their homes, closely monitor their weight, and buy nutrition and exercise books or magazines.[8] Also, the current "toxic environment," which encourages excessive food intake and a sedentary lifestyle,[9] poses constant challenges to continuing these efforts.

Continuing Care for Obesity

In view of the continual vigilance required to manage it, obesity has been compared with other chronic conditions that require continuing care, such as hypertension and diabetes. Continuing care may be necessary to bring about permanent weight loss and prevent relapse. Individuals who have lost weight and are attempting to maintain their loss have consistently identified the need for maintenance programs that include ongoing support offered at low or no cost.[10] Extending the duration of

treatment and providing maintenance programs increase the length of time over which results are maintained.[11] However, given the prevalence of obesity, continuing care administered by health professionals may prove too costly to be feasible. Therefore, the most promising form of continuing care that is both effective and affordable may be self-help.[12]

Like other chronic conditions, continuing care is needed for obesity–including self-help.

Advantages of Self-help

Cost and Availability

Self-help is a financially feasible way for millions of overweight Americans to care for themselves and address their weight problems. It is also a cost-effective way to continue care over a long period. For example, a study examining 12 weeks of behavior therapy for obesity found that augmenting treatment with computer-assisted therapy was a cost-effective way to improve outcomes at a 6-month follow-up.[13] Viewers who watched on video the 8 sessions of an 8-week videotaped obesity treatment group lost as much weight as did participants in the live group, but far more cost effectively.[14] The multiple levels of self-help can substantially improve the cost effectiveness of treatment, as shown in Figure 1. In addition, technological advances, such as handheld computers, televisions, and the Internet, have greatly expanded the options for treatment delivery. Finally, most professionally administered therapies can benefit from using self-help as an adjunctive treatment approach.

Psychological Benefits

In addition to its cost-related benefits, self-help also has several psychological benefits that may increase the helpfulness of treatment. Self-help requires individuals to take responsibility for their own problems and solutions, with the help of supportive others. Having the opportunity to help yourself or others can be empowering. This feeling of empowerment can increase self-esteem and the belief in being able to achieve your goals.[15] Furthermore, self-reliance is considered by lay persons to be the most effective strategy for addressing obesity.[16] The supportive environments of self-help groups give participants the chance to take on leadership responsibilities, to give and receive emotional support and encouragement, and to follow and serve as role models. In the nonpharmaceutical treatment of obesity, the principles of weight loss and maintenance involve behavioral changes that often do not require medical or other professional supervision. These behaviors can easily be learned and taught to others by lay persons and paraprofessionals.

Levels of Self-help

There are different levels of self-help, as shown in Figure 1. These levels can form part of a stepped-care program, where individuals use the most independent strategies first. In a stepped-care framework, 2 principles guide treatment decisions. First, the treatment that involves the least professional contact, but is still

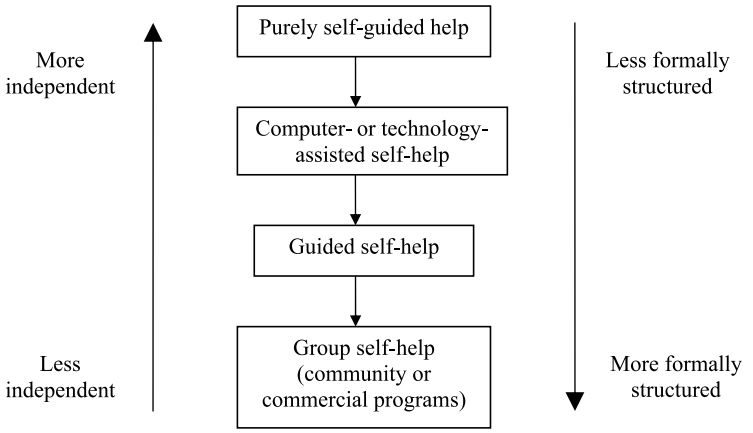

Figure 1. Levels of self-help for obesity and binge eating.

Self-help is cost effective and empowering and may enhance self-efficacy.

believed to be helpful, is the first treatment attempted. "What stepped care does is make explicit the professional… applicability of the least restrictive alternative principle to noninstitutional treatment settings."[17(p583)] "Least restrictive" may have originally referred to alternatives to inpatient care. However, other considerations about "restrictiveness" (which, in this context, might be interpreted as "formally structured") are relevant for outpatient care options: for the patient, cost and personal inconvenience, and for the professional, the amount of specialist practitioner time required. The second principle guiding stepped-care treatment is that it is self-correcting. Treatment decisions and outcomes are monitored continuously. If someone is not benefiting from his or her current level of care, it may be time to "step up" to another level.

Self-Guided Help

The most independent or least formally structured form of treatment for obesity is purely self-guided weight loss efforts. The National Weight Control Registry (NWCR) is a group of more than 5,000 individuals who have achieved mean weight losses of 70 lb and have kept them off for an average of 5.7 years. Approximately one third of this group lost their weight on their own, without using any formal program.[8] This approach may be especially successful for individuals with a lower maximum body mass index and less history of weight cycling.[8] Many of the successful weight maintainers in the NWCR and elsewhere also use popular and fad diet books and programs. In determining which of these programs to choose, consulting available information on their nutritional adequacy, safety, and efficacy is essential.[18]

Computer-Guided Help

Self-help can also be assisted by a computer or television program. In the short term, a television series depicting a weight control treatment group can be as effective as participation in the actual group.[14] In the longer term, Internet-based and television-based treatments may help to promote weight maintenance. Participants in treatments providing 12 months of regular therapist support, minimal therapist support, or Internet support all lost similar amounts of weight at an 18-month follow-up. These treatments used an interactive television system, where patients could see and hear their therapist and other group members through a videocamera and monitor.[19] In addition to their relative efficacy, these treatment approaches have the potential to reach larger numbers of people in rural areas or areas where standard care is inaccessible.

Group Self-help

Group self-help for obesity can be an effective treatment option, with special advantages such as group support, encouragement, and leadership. Community-based programs such as Take Off Pounds Sensibly, Overeaters Anonymous, and the Trevose Behavior Modification Program offer low-cost care that addresses different needs. The Trevose Behavior Modification Program, for example, is a program with more than 1,000 members in the Philadelphia area that offers continuing care, is volunteer run, and charges no fees. The program has been shown to produce substantial long-term weight losses in those individuals who remain in treatment, even at 5 years (17.3% of initial weight, or 15.7 kg), and moderate weight losses in those who drop out (4.7%, or 4.5 kg).[20] Commercial programs charge fees for participation and may be led by professionals or by former successful group members who are trained as leaders. Perhaps the most well known of these programs is Weight Watchers, which has funded research investigating its efficacy. Compared with participants who received a primarily self-guided intervention and lost 1.5% of their weight after 1 year and 0% after 2 years, Weight Watchers participants lost 5.3% and 3.2%, respectively.[21]

Self-help for Binge Eating

Bulimia nervosa (BN) and binge eating are eating disorders characterized by the recurrence of binge eating episodes and, in BN, by inappropriate compensatory behavior to prevent weight gain. These disorders are far less prevalent than weight disorders in the United States, with about 1% to 3% of the population experiencing lifetime BN and about 1% to 4% experiencing lifetime binge eating disorder.[22] These disorders cause a great deal of psychological distress and impairment in quality of life. Self-help for eating disorders may play an important role in allowing more sufferers to have access to care. Both specialty and generalist treatment settings can use self-help treatments. Furthermore, self-help

Bulimia nervosa and binge eating disorder may be helped by self-help.

interventions may also be useful as part of stepped-care treatment plans.[23]

Guided self-help involves bibliotherapy (usually a cognitive-behavior therapy manual that has been designed specifically for patients), accompanied by limited contact with a minimally trained assistant, paraprofessional, or professional therapist. Guided self-help has been shown to be an effective first-line treatment in a proportion of individuals with BN and binge eating disorder.[24,25] In addition, new technology, such as e-mail, Internet, computer software, CD-ROMs, portable computers, telemedicine, telephone therapy, and virtual reality techniques, offer promising alternative delivery systems for the treatment of eating disorders.[26] Binge eating is particularly common among individuals seeking treatment for obesity. Recent evidence suggests that self-help group treatment for obesity may be effective even for participants with regular binge eating.[27]

When Self-help Is Not Enough

Self-help is certainly not appropriate for every person or problem. For certain patients, the final stages in a stepped-care model may be the most fitting first-line treatment, such as patients who are good candidates for bariatric surgery or very-low-energy diets.[12] In addition, certain eating disorders with high medical risks, such as anorexia nervosa or severe BN, typically require professional treatment and medical supervision. Professionals should not view self-help as a fallback for patients who may be difficult or inconvenient to treat (eg, if a condition is not reimbursable).

Conclusions

The rapidly rising prevalence of obesity, along with the increasing recognition of eating disorders, has led to a growing attention to self-help treatments. These greater demands for treatment often cannot be met by available professional resources, and consumers and professionals are turning to other alternatives. A growing body of research literature on self-help has studied this trend and has made it possible for clinicians and consumers to evaluate the relative efficacy of different treatment options. This literature is reviewed in a forthcoming book, *Self-help Approaches for Obesity and Eating Disorders: Research and Practice*.[28] People with obesity, binge eating disorder, and BN, as well as related problems such as disturbances in body image and night eating syndrome, all have the potential to benefit from self-guided treatment.

Janet D. Latner, PhD, an Assistant Professor of Psychology at the University of Hawaii, has research interests focused on the diagnosis, maintenance, treatment, and self-help treatment of obesity and eating disturbances. The forthcoming book *Self-help Approaches for Obesity and Eating Disorders: Research and Practice*, edited by Janet D. Latner and G. Terence Wilson, is to be published by Guilford Press.
Correspondence: Department of Psychology, University of Hawaii at Manoa, 2430 Campus Road, Honolulu, HI 96822 (e-mail: jlatner@hawaii.edu).

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