



Research review

Psychological benefits of weight loss following behavioural and/or dietary weight loss interventions. A systematic research review ☆,☆☆



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ABSTRACT

It is generally accepted that weight loss has significant physiological benefits, such as reduced risk of diabetes, lowered blood pressure and blood lipid levels. However, few behavioural and dietary interventions have investigated psychological benefit as the primary outcome. Hence, systematic review methodology was adopted to evaluate the psychological outcomes of weight loss following participation in a behavioural and/or dietary weight loss intervention in overweight/obese populations. 36 Studies were selected for inclusion and were reviewed. Changes in self-esteem, depressive symptoms, body image and health related quality of life (HRQoL) were evaluated and discussed. Where possible, effect sizes to indicate the magnitude of change pre- to post- intervention were calculated using Hedges' *g* standardised mean difference. The results demonstrated consistent improvements in psychological outcomes concurrent with and sometimes without weight loss. Improvements in body image and HRQoL (especially vitality) were closely related to changes in weight. Calculated effect sizes varied considerably and reflected the heterogeneous nature of the studies included in the review. Although the quality of the studies reviewed was generally acceptable, only 9 out of 36 studies included a suitable control/comparison group and the content, duration of intervention and measures used to assess psychological outcomes varied considerably. Further research is required to improve the quality of studies assessing the benefits of weight loss to fully elucidate the relationship between weight loss and psychological outcomes.

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Introduction

It is well documented that weight loss in overweight or obese individuals has significant physiological benefits, for example, reduced risk of diabetes, lowered blood pressure and blood lipid levels (Franz et al., 2007). Many weight loss interventions, therefore, focus on strategies to reduce weight and improve physiological health. The success of these interventions is often based solely on amount of weight lost. However, both obesity and weight loss have psychological consequences and conversely psychological problems may lead to weight gain. Obesity is commonly associated with a negative stigma and obese individuals can often be subjected to negative stereotyping. That is, obese individuals are often viewed as lazy, greedy and weak willed (Puhl & Brownell, 2001). The overt stigma of obesity, has been associated with low self- and body esteem, depressive symptoms and poor quality of life (Friedman et al., 2005). Weight loss may therefore serve to improve these psychological outcomes and, in turn, these improvements may increase the chances of maintaining successful weight loss (Teixeira et al., 2004). Knowledge of the psychological correlates of obesity is, therefore, important when trying to understand how people may become obese, lose weight and maintain weight loss.

The majority of previous research, which explores the efficacy of weight loss interventions, lacks assessment of psychological changes associated with weight loss. Of those studies which assess psychological correlates, psychological improvements were not typically the primary outcome (Boan, Kolotkin, Westman, McMahon, & Grant, 2004; Madan, Beech, & Tichansky, 2008). The samples in these studies typically comprise morbidly obese individuals with concurrent physiological and psychological co-morbidities. However, despite this, improvements in some psychological outcomes have been documented. In a meta-analysis of the psychological outcomes of surgical, pharmacological and behavioural weight loss interventions for weight loss, Blaine, Rodman, and Newman (2007) noted consistent significant improvements in depressive symptoms following surgical and pharmacological interventions. Consistent improvements in self-esteem were also observed after all forms of intervention but more so following behavioural interventions than surgical or pharmacological approaches. Further, improvements in self-esteem were moderated by the absolute amount of weight loss, whereby greater weight loss was associated with greater improvements in self-esteem. Improvements in depressive symptoms, however, were not associated with degree of weight change unlike self-esteem (Blaine et al., 2007). These discrepant findings highlight differential effects

dependent on the nature of the intervention used and the outcome under investigation. Furthermore, improvements in psychological outcomes may not always be dependent on actual weight loss.

Behavioural interventions are a common approach to weight loss and can vary greatly in the form in which they are delivered. Such interventions typically include the following elements: (i) an attempt to understand and control eating behaviour (for example, emotional triggers of eating), (ii) attitudes to eating, (iii) good nutrition, (iv) seeking and utilizing social support and (v) exercise (Brownell & Kramer, 1989). These programs can also include dietary advice (often with caloric restriction) and an exercise program. The program can be prescriptive (i.e. a hypocaloric, exercise program tailored to a particular individual with advice and social support) or consist of general lifestyle advice (for example, national government health guidelines for daily dietary intake and exercise). Some behavioural interventions focus on the cognitive elements of eating behaviour and explore dysfunctional thoughts about weight or body shape. Triggers of eating behaviour are identified and an attempt is made to alter these thought processes to promote healthy eating through self-monitoring and cognitive restructuring.

Participation in behavioural and/or dietary weight loss interventions (with or without exercise) has the potential to reduce weight and concurrently improve psychological outcomes. Identifying and understanding the psychological changes that co-occur with weight loss may contribute to a greater understanding of how weight loss may be promoted and, more importantly, maintained. Therefore, the aim of the present review was to provide a systematic review and quality assessment of studies that employed a behavioural and/or dietary weight loss intervention (with or without exercise) and assessed the psychological consequences of weight loss in a sample of overweight and obese individuals. The psychological correlates most frequently measured were identified and are discussed in terms of the consistency of psychological improvements and the association of these changes with actual weight loss.

Literature search

Search strategy and search terms

Searches of electronic databases were carried out on 28 August 2012. Databases searched included MedLine (1946–August 2012), PsycInfo (1806–August 2012), PsycArticles (1894–August 2012) and Web of Science (1965–August 2012). Table 1 provides the search terms and strings within each database.

Inclusion and exclusion criteria

Studies were included or excluded in this review using the following criteria:

Participants

The target sample included overweight and obese (up to a body mass index [BMI] of 45 kg/m²) males and females who were otherwise healthy with no concurrent disease or clinical psychopathology (for example, diabetes, cardiovascular disease

Table 1

List of search terms (\$ denotes word truncation; *permits variation in spelling).

Search strings
1 Weight loss AND adults AND psych\$ AND behavio*ral intervention
2 Weight loss AND adults AND behavio*ral intervention
3 Weight loss AND adults AND psych\$
4 Weight loss AND adults AND self esteem
5 Weight loss AND adults AND depression
6 Weight loss AND adults AND mood
7 Weight loss AND adults AND body image
8 Weight loss AND adults AND health related quality of life
9 Weight loss AND adults AND vitality

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