

Evaluation on an online Cognitive Behavioural Therapy (CBT) Weight loss Program



Dr Marlene Tham

Director of Melbourne Weight Loss

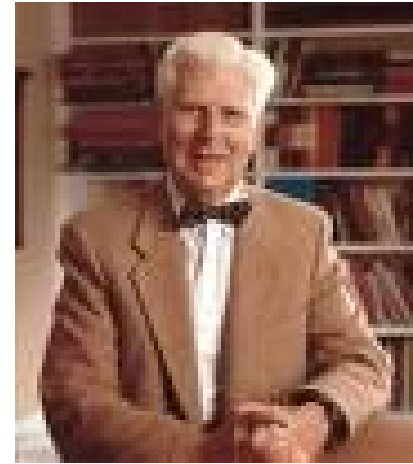
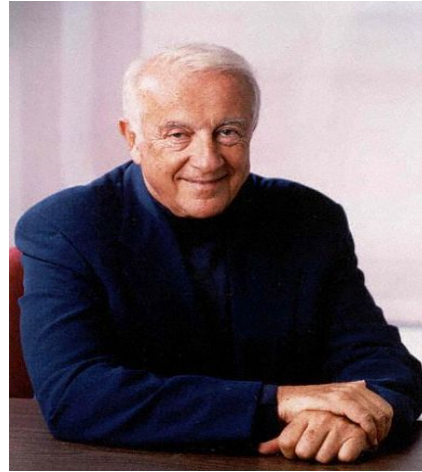
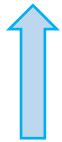
Director of Medical & Mind Weight Loss

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Who am I?



What special day was on October 11th ?

WORLD OBESITY DAY
11 OCT 2017 **ACT**
NOW

~~TREAT
OBESITY
NOW
AND
AVOID THE
CONSEQUENCES
LATER~~

The facts

- Australia is one of the fattest nations in the developed world.
- The prevalence of obesity has more than doubled in the past 30 years,
- By 2025. it is estimated that 70 per cent of Australia's population will be obese or overweight.
- In the year to July 2012, obesity cost state and federal governments, the individual, employers and health insurers \$8.6 billion.
- By 2020, it is estimated to costs \$20 billion



CLOSETHEGAP
Demand Indigenous health equality

YOU CAN
CLOSETHEGAP

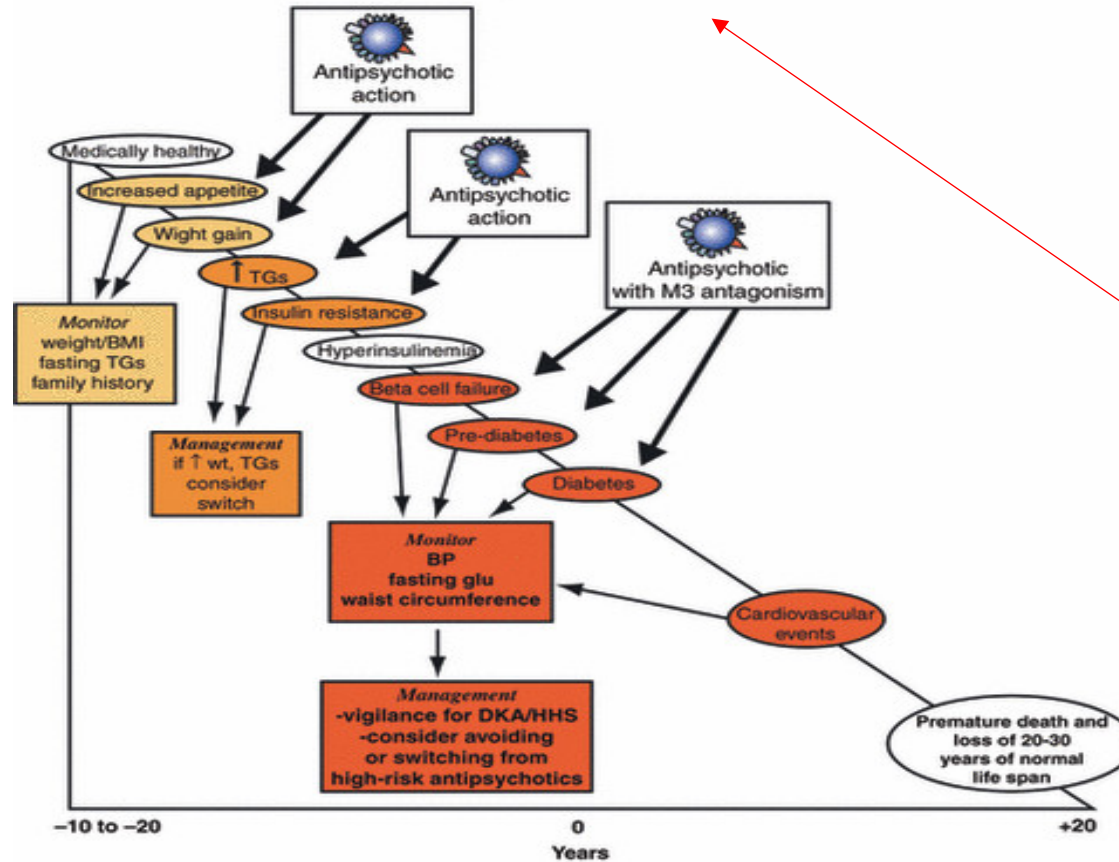
Support health equality for Alyssa,
support Indigenous health equality

We all deserve the chance to be healthy; and you can help make this happen.
Due to the efforts of many committed people we have made some important progress in health outcomes but without a significant change in the approach being taken by Governments in Australia, we risk going backwards on the progress made to date.
National Close the Gap Day is your opportunity to keep the pressure on government and ensure we achieve health equality within a generation.
Find out more and register your activity in support of health equality for all Australians.
We need you: register for National Close the Gap Day.

oxfam.org.au/closethegapday **CLOSETHEGAP**

The Metabolic Highway

How to Monitor and manage antipsychotic treatment
Along the slippery slope towards cardometabolic risk



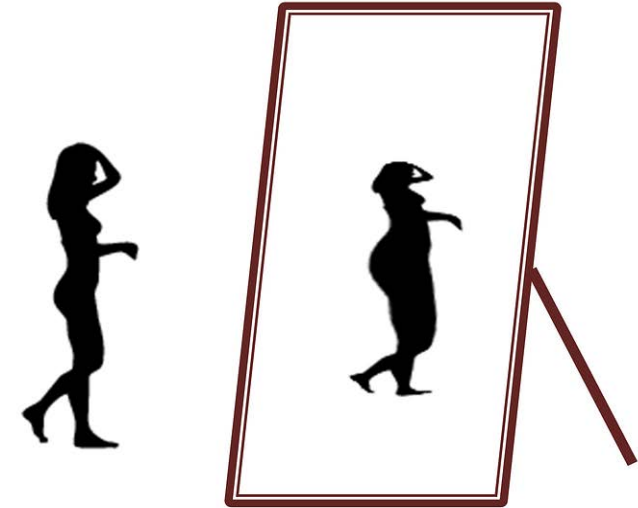
Stahl's Essential Psychopharmacology, 3rd edition, 2008

Psychological issues related to obesity

- Intense concerns about body
- Depressed mood
- Reduced self esteem

NON MENTAL HEALTH or MILD MENTAL ILLNESS

- Maladaptive schemas
- Dysfunctional beliefs related to body
- Disproportionate role of weight and shape in self evaluation
- Poor control over eating



behavioural and psychological factors impact the long term success of weight-loss programs

Management

Monitoring and Psychological Management

ESSENTIALS:

- 1) Routine monitoring of metabolic (blood sugars, serum lipids) & physical (BP, abdominal girth, weight)
- 2) Diet, exercise education and other lifestyle advice (smoking, alcohol, rec drugs)
- 3) Anti-obesity drugs

Psychological

Psychological interventions to manage hunger & emotional eating

- best studied & most effective is cognitive-behaviour therapy (CBT),
- Cochrane review (Shaw 2013), CBT when combined with a diet/exercise intervention, was found to increase weight loss compared with diet/exercise alone by 4.9 kg

CBT Strategies for Weight Management

- Normalizing eating and reducing distress
- Body image therapy altering perception and evaluation of self
- Overcoming overeating and chaotic eating
- Eliminating thinking errors
- Addressing dysfunctional thinking
- Being intune with emotions & links to food
- Mindfulness – limited but emerging evidence



E Health

- computer- based online learning as likely to make behavioural changes compared to face-to-face therapy. (Moore, Dennis)
- Medical practitioners finding it hard to motivate patients to manage their weight in between appointments (Evers)
- e-health is now being used in all areas of health and disease prevention. Shown to effectively manage obesity (Moore, Dennis)
- Rural: Poor access to services, especially weight management



Evers KE: EHealth promotion: the use of the internet for health promotion. Am J Health Promot 2006, 20(Suppl):1-7. OpenURL

Moore H, Summerbell CD, Greenwood DC, Tovey P, Griffiths J, Henderson M, et al. Improving management of obesity in primary care: cluster randomised trial. Bmj:1085, 2003 Nov

Sarah M Dennis, Nicholas Zwar, Rhonda Griffiths, Martin Roland, Iqbal Hasan, Gawaine Powell Davies and Mark Harris. Chronic disease management in primary care: from evidence to policy. Med J Aust 2008; 188 (8 Suppl): S53.

Evaluation of an online CBT weight loss program

online CBT weight management program: **Medical & Mind Weight Loss** called
The **REDEFINE CBT Weight Management program** at www.medicalmindweightloss.com

Based on Christopher Fairburn's: "Cognitive behavioural Therapy of Obesity: Clinician's Guide" –
- 10 modules, 41 lessons with videos, case studies, Q&As

Modules include:

- Motivation & Goal Setting
- Addressing barriers to weight loss
- cognitive therapy
- Tackling emotional eating & binge eating
- Improving body image
- Problem Solving & increasing weight loss success
- Preventing weight regain



Sample

- 140 participants recruited from an outpatient weight management clinic. 128 completed the program and 120 completed both pre and post surveys and measurements
- 10 modules completed over 10 weeks. 1 lesson every 2nd day lasting approx. 10-20 mins
- aged 18 years and above of both genders

Key measures include a pre and post study questionnaires

Self-rated and scales used:

- The Emotional Eating Questionnaire (EEQ) (10 items)
- ExerciseSelf--EfficacyScale (ESES) (10 items)
- Kessler psychological distress Scale (K-10) (10 item)

Physical Measurements:

- Weight (kg)
- Waist circumference (cm)



Lesson Video

Lesson 6.2: Redefine™ Y

medicalmindweightloss.com/lesson/lesson-6-2-cognitive-interventions

Medical & Mind Weight Loss Australia Customize 18 238 + New Edit Lesson

Howdy, Marlene

bursts into tears, Cate jumps for joy and Russell gets angry.

What do you think Nicole, Cate and Russell could have been thinking that led them to have such different feelings about the same situation?

Cognitive 6

As it turns out:

4:25 PM 19/10/2017

Lesson 6.2: Redefine™ Your Thinking

1. Should and Must statements?

What are “should and must” statements?

Definition: This is when you use words that are extreme and make things worse than they really are.

Such words are: “should”, “never”, “always”, “no-one”, “nothing”, “everyone”, “everything”, “have to”, “must”, “can’t”, “won’t”

2. Overgeneralisation

What is overgeneralisation?

Definition: When you make sweeping and exaggerated statements based on limited information or a single event.

3. Mental Filtering

What is mental filtering?

Definition: When you focus on your weaknesses or on a bad event and ignore the good things you have done.

4. Questions that have no answers

What are Questions that have no answers?

Definition: Questions you ask yourself that are unhelpful and generally pointless

Lesson 6.3: Eliminate Thinking Errors Quiz

Overgeneralisation

Situation: You had a work morning tea and you wanted to stop at one piece of carrot cake but it's been so long since you have had your colleague's famous home-made carrot cake that you indulged in another. You feel like a complete failure.

What do you think your feelings are in this situation?

Lesson 6.3: Eliminate Thinking Errors Quiz

Lesson 6.3: Eliminate Th

medicalmindweightloss.com/quiz/lesson-6-3-cognitive-errors

Medical & Mind Weight Loss Australia Customize 18 238 + New Edit Quiz

Howdy, Marlene

5. What do you think your thoughts are?

Answer:

6. What is a more rational response to the situation above?

Feedback and Answers

p

i When we put more emphasis on our actions, we overgeneralised. If we have been on track most of the time and we "give in" an indulgence, we are not a failure. Enjoy the "treat" and do not view yourself as a failure. Just get back on track after and don't let one small discretion turn into another and another. Do not do the "tomorrow diet" or the "Monday diet". Restart and get back on your journey.

Emotional Eater Questionnaire (EEQ) Garaulet

10 question self report questionnaire: 4 responses: Never (0), Sometimes (1), Generally (2), or Always (3)

1. *Do the weight scales have a great power over you? Can they change your mood?*
2. *Do you crave specific foods?*
3. *Is it difficult for you to stop eating sweet things, especially chocolate?*
4. *Do you have problems controlling the amount of certain types of food you eat?*
5. *Do you eat when you are stressed, angry or bored?*
6. *Do you eat more of your favourite food and with less control when you are alone?*
7. *Do you feel guilty when eat “forbidden” foods, like sweets or snacks?*
8. *Do you feel less control over your diet when you are tired after work at night?*
9. *When you overeat while on a diet, do you give up and start eating without control, particularly food that you think is fattening?*
10. *How often do you feel that food controls you, rather than you controlling food?*

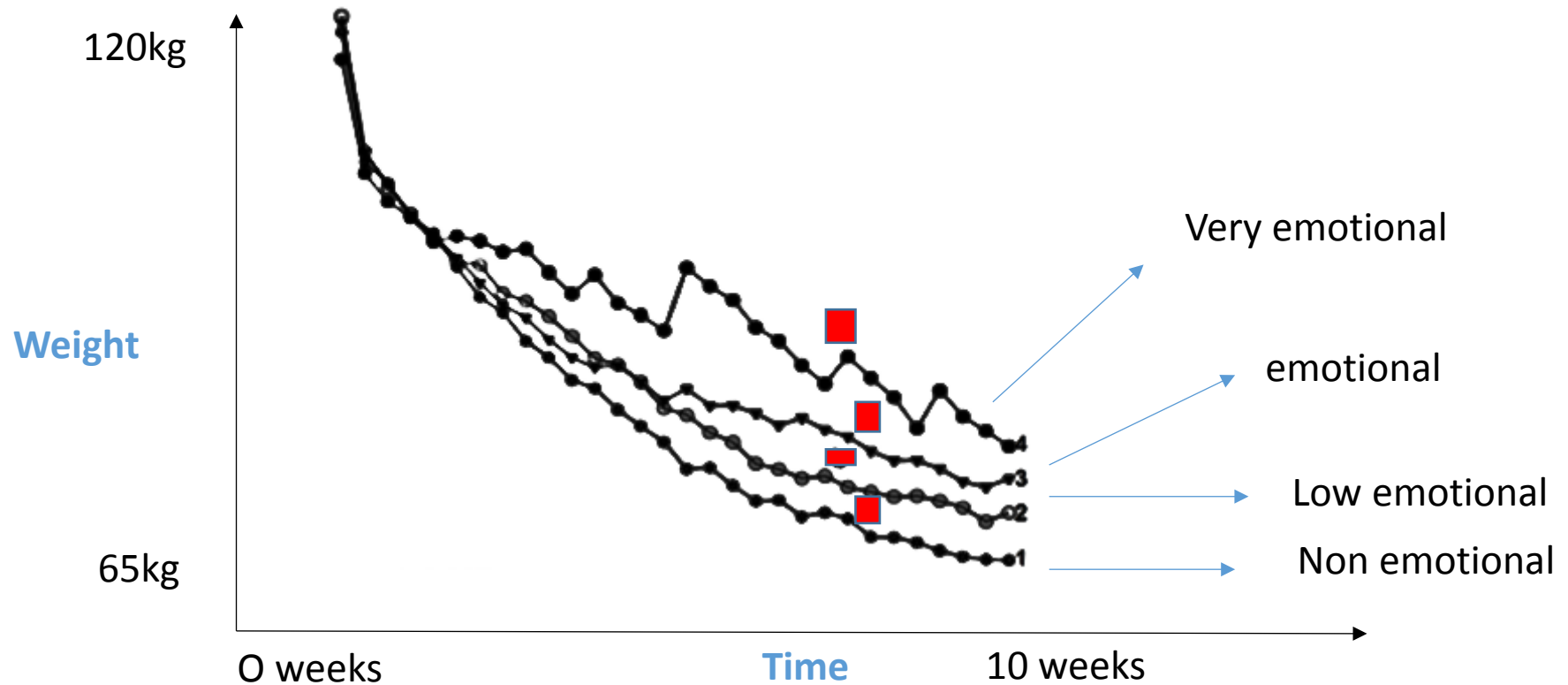
EEQ Classification Scoring

0-5: non emotional eaters
6-10: low emotional eater
11-20: emotional eater
21-30: very emotional eater



Initial results (n=120) : 24 non emotional eaters,
34 low emotional eaters, 34 emotional eaters,
28 very emotional eaters

Emotional eating & weight at 10 weeks



Exercise self efficacy (ESES)

I am confident... Not at all true (1) , Hardly true(2) , Moderately True(3) , Exactly True (4)

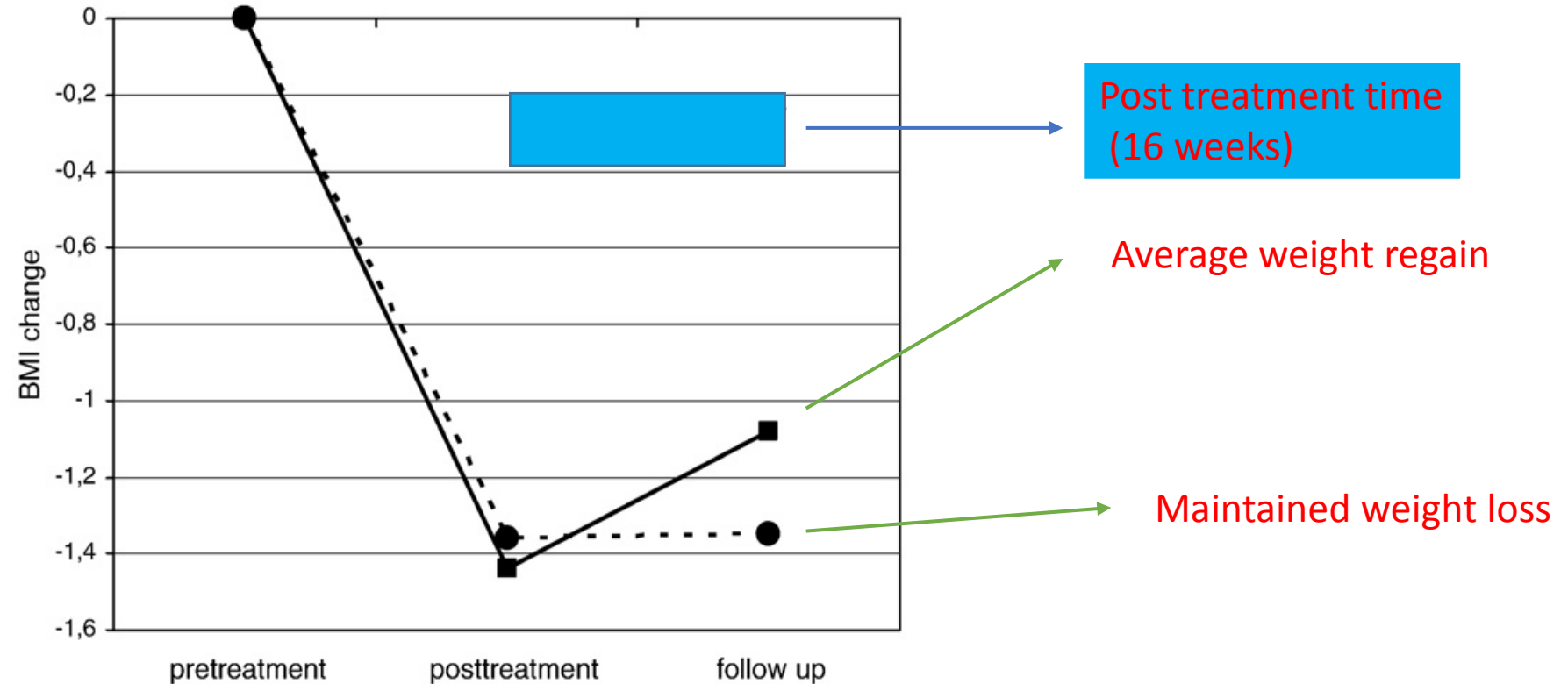
1. ...that I could always overcome barriers and challenges with regard to exercise if I try hard enough.
2. ...that I could find the means and ways to exercise and be physically active.
3. ...that it is easy for me to accomplish my activity and exercise goals.
4. ...that when I am confronted with a barrier to exercise I could usually find several solutions
5. ...I could exercise even when I am tired.
6. ...I could exercise even when I am feeling depressed.
7. ...that I could exercise even without the support of my family or friends.
8. ...that I could exercise without the help of an exercise therapist.
9. ...that I could be physically active despite my physical injuries or limitations
10. .that I could exercise even if I had no access to a gym or training facility.

Results ($p < 0.05$) (Tham, Chong, 2017)

	Pre – treatment (mean)	S.D	T-test	Post- treatment (mean)	S.D	T-test	6 month follow up (mean)	S.D	T-test
BMI	33.2	3.9	4.214	30.8	3.7	3.211	30.9	3.8	3.455
Waist (cm)	107	2.1	3.645	98	1.7	3.233	99	1.6	4.895
ESES (max 40)	24	3.2	1.456	34.8	3.1	1.235	34.2	2.9	1.343
EEQ (max 30)	22	1.8	2.45	15	1.7	2.453	15	1.6	2.211
K10 (max 50)	32	2.2	1.541	22	2.1	1.897	23	2.1	2.012

**Unpublished data **

Results



Those with CBT maintained their weight at 6 month follow up compared to average weight regain of 25% in the same time frame of those with just dietary and exercise interventions.

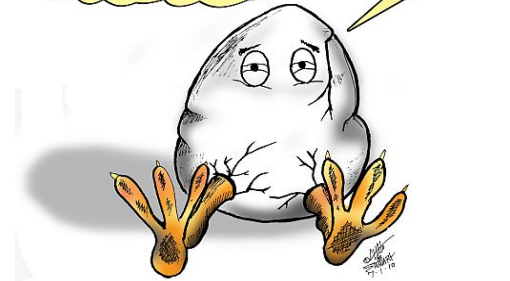
Final Points

- Metabolic syndrome is a National Health priority
- Weight loss is an effective in reducing progression of metabolic syndrome
- Effective management MUST include lifestyle factors including diet, exercise AND psychological interventions
- CBT is well studied and can be effective
- Online programs are in their infancy but early research shows can be just as effective as face to face.

MentalHealthHumor.com

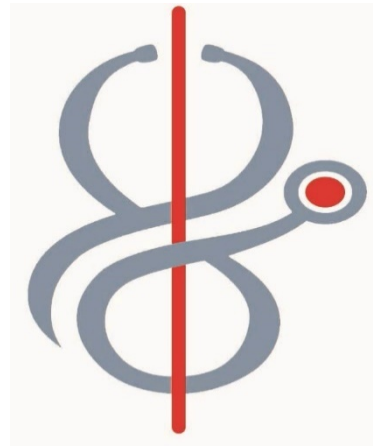
By: Chato B. Stewart

Which Came First -- Obesity or Depression??
It's hard to say, but thinking about it...
is depressing!



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Medical & Mind Weight Loss (Redefine™ CBT online program)



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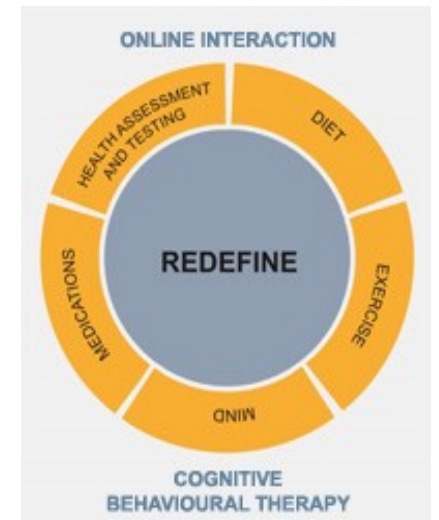
www.melbourneweightloss.com



Email Contact: mtham@melbourneweightloss.com



Blog: <http://www.medicalmindweightloss.com/news/>



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