

## Weight Loss and acupressure

---

[J Cardiovasc Nurs.](#) 2009 Jan-Feb;24(1):58-80.

**Randomized clinical trials of weight loss maintenance: a review.**

[Turk MW](#), [Yang K](#), [Hravnak M](#), [Sereika SM](#), [Ewing LJ](#), [Burke LE](#).

Department of Health and Community Systems, University of Pittsburgh School of Nursing, Pennsylvania 15261, USA. mtwar73@aol.com

The problem of overweight and obesity has reached epidemic proportions in the United States and globally, and the high prevalence is due in part to the recidivism associated with weight loss treatment. Approximately one-third of lost weight is often regained in the first year after treatment and, at times, continues. Because a plethora of comorbid diseases are associated with obesity, in particular, cardiovascular disease, hypertension, and hyperlipidemia, clinicians and researchers have attempted to find useful strategies for maintaining weight loss. This review presents the findings from 42 randomized clinical trials of weight loss maintenance from 1984 through 2007 using interventions that include (1) the Internet, (2) strategies after a very low calorie diet, (3) pharmacotherapy, (4) behavioral strategies, (5) physical activity, and (6) alternative strategies. The results of the reviewed trials revealed that treatment with orlistat or sibutramine combined with dietary modification, caffeine or protein supplementation, consuming a diet lower in fat, adherence to physical activity routines, prolonged contact with participants, problem-solving therapy, and **the alternative treatment of acupressure were efficacious in reducing weight regain after weight loss treatment**. The limitations of some studies may reduce the robustness of their findings, and future studies are necessary to replicate and support these results so that individuals are able to maintain weight loss and retain the health benefits associated with a lower weight.

## **Randomized trial of two mind-body interventions for weight-loss maintenance.**

[Elder C](#), [Ritenbaugh C](#), [Mist S](#), [Aickin M](#), [Schneider J](#), [Zwickey H](#), [Elmer P](#).

Center for Health Research, Kaiser Permanente Northwest, Portland, OR 97227, USA.  
Charles.Elder@KPCHR.ORG

**OBJECTIVE:** Regain of weight after initial weight loss constitutes a major factor contributing to the escalating obesity epidemic. The objective of this study was to determine the feasibility and clinical impact of two mind-body interventions for weight-loss maintenance. **DESIGN:** Randomized, balanced, controlled trial. **SETTING:** Large-group model health maintenance organization. **PARTICIPANTS:** Overweight and obese adults were recruited to a 12-week behavioral weight-loss program. Participants meeting threshold weight loss and attendance requirements were eligible for randomization. **INTERVENTIONS:** The three weight-loss maintenance interventions were qigong (QI), Tapas **Acupressure Technique** (TAT (registered trademark of Tapas Fleming, L.Ac.)), and a self-directed support (SDS) group as an attention control. **OUTCOMES:** The main outcome measure was weight loss maintenance at 24 weeks postrandomization. Patient interviews explored additional benefits of the interventions, as well as barriers and facilitators to compliance. **RESULTS:** Eighty-eight percent (88%) of randomized patients completed the study. There were no significant study-related adverse events. At 24 weeks, the **TAT group maintained 1.2 kg more weight loss than the SDS group did** ( $p = 0.09$ ), and 2.8 kg more weight loss than the QI group did ( $p = 0.00$ ), only regaining 0.1 kg. A separation test (0.05 level, 0.95 power) indicated that TAT merits further study. A secondary analysis revealed that participants reporting a previous history of recurrent unsuccessful weight loss were more likely to regain weight if assigned to the SDS arm, but this effect was suppressed in both the QI and TAT groups ( $p = 0.03$ ). Although QI participants reported important general health benefits, the instruction sequence was too brief, given the complexity of the intervention. **CONCLUSIONS:** TAT warrants further research for weight-loss maintenance. Any further research on qigong should use a modification of our protocol.