T3:PO.70

To report on the weight loss achieved in 8 weeks by 1810 female patients with BMI 25-29.9 on the LighterLife Lite LCD weight-loss programme in 2009; a retrospective study

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Introduction: LighterLife Lite is a commercial weight-management programme for patients with BMI 25–29.9. Weight loss is achieved with a low-calorie diet (LCD), comprising fortified, formula-food replacements and a calorie/carbohydrate-restricted meal, providing a daily intake of 801–1200 kcal, alongside behavioural modification specifically designed for weight management using transactional analysis and cognitive behavioural therapy techniques (TCBT). Following weight loss, there is an ongoing weight-maintenance programme to implement and sustain healthy lifestyle changes, and thus reduce the risk of co-morbidities.
Aim: To determine mean weight loss and BMI reduction for female patients following 8 weeks on the LighterLife Lite weight-loss programme in 2009.
Method: Following screening for suitability, patients started LCD and were weighed weekly by their LighterLife weight-management counsellors. Data was available for 1810 women with BMI 25–29.9 who participated in the LighterLife Lite LCD for 8 weeks from February-August 2009.
Results: After 8 weeks on the LighterLife Lite LCD, mean weight loss was 7.1 kg (1st 2lb), mean BMI reduction was 2.7 and mean percentage weight loss 9.4%.

Mean start weight	75.1 kg (11st 12lb)
Mean start BMI	27.7
Mean weight loss at 8 weeks	7.1 kg (1st 2lb)
Mean % weight loss	9.4%
Mean end BMI	25.0
Mean BMI reduction	2.7

Conclusion: Patients completing 8 weeks on the LighterLife Lite LCD programme achieved a mean loss of 7.1kg (1st 2lb; average 2lb per week), which is a mean BMI reduction of 2.7 and a reduction of 9.4% of body weight. This may improve health outcomes by reducing the risk of weight-related co-morbidities.

T3:PO.71

To report on the weight loss achieved in 8 weeks by 950 obese male patients on the LighterLife Total for Men VLCD weight-loss programme in 2009; a retrospective study

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Introduction: LighterLife Total for Men is a commercial weight-management programme for men with BMI≥30. Weight loss is achieved with a nutritionally complete, very-low-calorie diet (VLCD) providing a minimum 50 g protein/carbohydrate, alongside behavioural modification specifically designed for men using transactional analysis and cognitive behavioural therapy techniques (TCBT). Following weight loss, there is an ongoing weight-maintenance programme to help patients implement and sustain healthy lifestyle changes, and thus reduce the risk of co-morbidities.
Aim: To determine mean weight loss and BMI reduction for male patients following 8 weeks on the LighterLife Total for Men VLCD in 2009.
Method: Following screening suitability, patients started VLCD and were weighed and had ketone levels checked weekly by their LighterLife weight-management counsellors. This study reports on 950 men with BMI≥30 who completed 8 weeks on the LighterLife Total for Men VLCD programme from January-September 2009.
Results: A mean weight loss of 19.5 kg (3st 1lb) following 8 weeks on the LighterLife Total for Men VLCD and a mean BMI reduction of 6.1 were observed in male patients.

Mean start weight	123.2 kg (19st 5lb)
Mean start BMI	38.6
Mean weight loss at 8 weeks	19.5 kg (3st 1lb)
Mean % weight loss	15.8%
Mean BMI reduction	6.1

Conclusion: Obese men completing 8 weeks on the LighterLife Total for Men VLCD achieved a mean loss of 19.5 kg (3st 1lb), which is a mean BMI reduction of 6.1 and in excess of 15% of their body weight. This may improve health outcomes by reducing the risk of weight-related co-morbidities.

T3:PO.72

Changes in cardiovascular risk factors with participation in a 12-week weight loss trial using a commercial format

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Introduction: Average loss of 5–10% of body weight often improves cardiovascular risk factors. This is usually shown after 6–12 months of exposure to weight loss medications and/or intensive dietary, behavioral and/or exercise instruction. We assessed changes in risk factors after 12 weeks in a weight loss trial featuring a commercial format with limited dietary and exercise instruction.
Methods: Subjects (132 adults; BMI = 27–35) were randomized to 1 of 2 methods of counting food intake with weekly group meetings using a commercial weight loss program. Lipids, blood glucose, blood pressure and waist circumference were assessed at baseline and Week 12.
Results: One hundred and twelve subjects (100F,12M) completed final assessments. With no weight loss differences between conditions, analyses used the combined sample. M weight loss was 3.74 kg (SD = 3.16) and 4.37% of baseline weight (SD = 3.71). Significant improvements ($P < .05$) were seen on triglycerides, total cholesterol and LDL cholesterol. There were trends ($P < .10$) toward reductions in fasting glucose, systolic blood pressure, and HDL cholesterol. Among subjects with baseline values of the risk factor beyond recommended cut points, significant ($P < .05$) reductions were seen on triglycerides ($n = 22$), total cholesterol ($n = 41$), LDL cholesterol ($n = 77$), glucose ($n = 8$), systolic and diastolic blood pressure ($n = 14$), and waist circumference ($n = 88$), and a trend ($P < .10$) toward an *increase* in HDL ($n = 57$).
Conclusion: With modest weight loss over 12 weeks using a commercial format with limited diet instruction, improvements were seen in a number of risk factors, particularly among subjects with initially higher-risk values. The duration of these effects remains to be determined.
Conflict of interest: Research support (RM, GC, SP, PO) and employment (KK, SR) by Weight Watchers International.
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