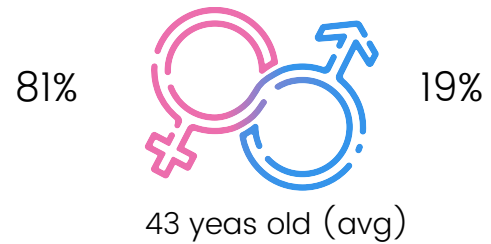
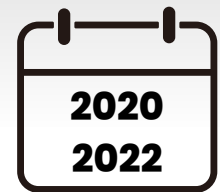
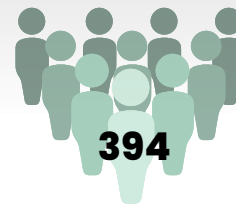


## OBJECTIVES

Obesity is an independent risk factor for chronic diseases and is therefore a potential source of avoidable excess health care expenditures. Previous self-reported survey (SRS) was performed and analyzed nutritional status identifying high overweight/obesity rates in a health plan (HP). This study aims to quantify the multidisciplinary and pharmacologic treatment with loss of weight and change in body mass index change (BMI).



## METHODS

On 2020, a new SRS was conducted on 394 participants and 84 were included in a pilot program of overweight/obesity control. Inclusions criteria were overweight (BMI 25-29.9 kg/m<sup>2</sup>) or obesity (BMI ≥30 kg/m<sup>2</sup>) aged 18 years and older, with/without comorbidities. Treatment effectiveness: Primary outcomes - weight change in kg, loss of ≥ 5% and ≥ 10% baseline body weight and change in BMI. We also ascertained through computerized databases previous comorbidities, hospitalizations, laboratory services and outpatient visits. For statistical significance, Chi-square tests (Mantel-Haenszel and Fisher's Exact), when p < 0.05.

## RESULTS

Mean age 43 years, 81% women (44 years) and 19% men (38 years). Comorbidities: 39.3% dyslipidemia, 19.0% diabetes, 16.7% hypertension and 3.5% depression. After 18 months of treatment program, average weight change was -8.7 kg, -9.8% of the initial weight (loss of ≥ 5% and ≥ 10% in baseline body weight, 71.4% and 50.0%, respectively). The decrease in BMI of -3.1 kg/m<sup>2</sup> (-9.7%). While 62.5% suffered from obesity and 38.5% with overweight at the start, following the intervention 30.4% obesity (p < 0.001), 53.6% overweight and 16.0% showed normal weight.

After 18 months of treatment

**- 8.7 KG** of the initial weight

% loss of ≥ 5% in baseline body weight -> 71.4%  
% loss of ≥ 10% in baseline body weight -> 50.0%

**BMI - 3.1 KG/M<sup>2</sup>**

## CONCLUSIONS

Our results suggest that the program might be effective in reaching out and reducing BMI for participants. Modest weight reduction confers clinically important benefits with the potential to improve population health with better management of assistance resources. Given the high prevalence of obesity there is a significant potential for a reduction in health care expenditures.

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