# *MOVE!* Intensive Level 4 Guidance

Some patients will be unsuccessful in achieving their weight loss goals using the supported self-management and group class strategies offered in *MOVE!* Levels 1 and 2. Furthermore, weight loss medications and/or bariatric surgery may be inappropriate for, or fail to assist, certain patients. Alternate measures are needed for patients who are at a greatest risk for complications due to obesity and have not been successful with these previous weight loss strategies.

*MOVE! Intensive* is a program that incorporates more intensive interventions in the treatment and management of obesity for this group of high risk patients, and offers alternative or adjunctive interventions to medication or surgical management of obesity. The intention of these interventions is to target patients with serious obesity that have been refractory to prior attempts to lose weight in the primary care based *MOVE!* programs. As would be the case for anyone who works hard to make lifestyle changes without seeing results, these patients are likely to have developed serious self-doubt regarding their ability to lose weight with standard programs of care. These intensive interventions are intended to:

1. Assist the patient in achieving a fairly rapid weight loss.
2. Improve the patient's motivation for weight management through the rapid weight loss.
3. Use the process of rapid weight loss as a forum for teaching more long term management concepts.
4. For patients scheduled for bariatric surgery, assist patients in losing as much weight as possible prior to surgery to decrease surgical risk.

## Empirical Basis for Brief Residential or Day Treatment for Weight Loss

*MOVE! Intensive* may be offered in a variety of settings, but this guidance focuses on the provision of intensive weight management in a residential or day treatment setting. Residential treatment for obesity has been offered in the private sector for many years. Despite the availability of these programs, there has been very little published empirical examination of the efficacy of these programs. Thus, there is insufficient evidence to recommend for or against the use of this type of program.

Despite the lack of direct empiric evidence about intensive medical therapy for obesity, indirect evidence from studies, as well as expert opinion about the treatment of obesity, strongly suggests that:

1. The most successful therapy for weight loss is a combined intervention of behavior modification therapy, dietary therapy, and physical activity.
2. With regard to behavior modification, more highly intense programs

(programs with increased patient contact) have been shown to be of greater effectiveness.
3. A weight maintenance program should be a component of any weight loss program.

As treatment intensity appears to be a major predictor of outcome, a program that provides intensive behavior modification therapy, dietary therapy, and physical activity in the setting that residential treatment or day treatment can provide, may be effective. Additionally, the National Institutes of Health "Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults" recognizes that standard treatment approaches should be tailored to the various needs of patients or patient groups. Offering this type of treatment program provides patients with alternatives for weight management interventions.

The magnitude of initial weight loss predicts long term maintenance of weight loss. Patients who experience a significant weight loss through *MOVE! Intensive* would be expected to maintain a greater weight loss than patients receiving less intensive interventions that may not yield as dramatic initial weight losses.

The patients referred for *MOVE! Intensive* would be expected to have been unable to lose weight in their home environment. Residential treatment might assist these patients in developing weight management skills in a more controlled environment. Thus, their ability to establish and then transfer these skills to their home environments may be enhanced.

Finally, patients who have failed to achieve adequate weight loss with supportive self management and group classes would be expected to have diminished self-efficacy relative to their weight self-management skills. It is anticipated that the more rapid weight loss expected through *MOVE! Intensive* would enhance the motivation, self-efficacy, and sense of self-control needed for patients to continue these lifestyle changes in their home environments.

The Minneapolis VA Medical Center has provided a successful short term residential treatment program for several years. The program is run over a 2-week period, Monday through Friday. Their quality assurance data suggest that this type of a program can be effective for patients to achieve their weight loss goals.

## Types of *MOVE! Intensive* Settings

### Residential Treatment

Treatment in a residential setting allows the provision of very intensive interventions, usually over a short period of time like 1-4 weeks. Domiciliary

beds, vacant housing on VA campuses, and other usable space within a VA Medical Center could be adapted to provide a residence in which to conduct the program. Such settings have the advantages of restricted access to food, a busy schedule of treatment activities and greater therapeutic resources such as facilities for supervised exercise, recreational activities, and demonstration kitchens. A sample program schedule can be seen in Appendix 1. An additional benefit of residential care is that patients have time to practice new skills in a controlled environment, with specialized staff on hand to assist patients, and patients learn how to incorporate those new behaviors into their daily routine.

***Regional positioning of residential treatment facilities may be the most economical use of resources.***

### Day Treatment

A day treatment setting is another option for *MOVE! Intensive*, particularly when patient beds within VA facilities are limited. Patients participate in the program on a set daily schedule, but they are not housed on site. Based on local resources, off-site lodging could be provided to patients (for example through Hoptels) or patients may be responsible for their own lodging. Patients are provided with the same intensive treatment and have the same advantages of restricted access to food, a busy daily schedule of treatment activities, and the same access to therapeutic resources during program times. Both types of intensive programs encourage staff and peer support to the participants.

### Home Treatment with Meal Replacement Therapy or Very Low Calorie Diets

Some patients may be unable to participate in a residential or day treatment program or facilities may be unable to provide residential or day treatment care. Meal replacement therapy and very low calorie diets, components of the *MOVE! Intensive* program, may also be used at a patient's home under medical supervision. Patients should be involved in physical activity and behavior modification plans as well as maintenance programs once meal replacement therapy is completed. Decision aids are available to assist in determining which setting is most appropriate for your facility and your patients (Appendix 2 and 3).

## 8.1 Treatment Qualifications/Patient Selection

Because any of the *MOVE! Intensive* interventions will require significant resources, *MOVE! Intensive* should be reserved for those at greatest risk for complications due to obesity. Qualifications should include:

1. A BMI > 40 or BMI >35 with obesity associated co-morbid conditions, and failure to achieve 5-10% weight loss with participation in supportive self management and group class strategies offered in *MOVE!* Levels 1 and 2,
   or
2. Need for rapid weight loss in anticipation of bariatric surgery.

As additional considerations for *MOVE! Intensive* treatment, patients should be:

1. Motivated to participate in *MOVE! Intensive* with willingness to sign a behavioral agreement,
2. Likely to return to a home environment which will support maintenance of weight lost (social support, stable living situation, access to healthy foods).

***Balancing available resources and clinical needs: A large number of patients may meet basic eligibility criteria. At least initially, facilities may want to determine eligibility based on local resources. This could include setting a higher BMI level as entry criteria or adding specific medical complications to the list of criteria.***

## 8.1.a Providing Medical Clearance

Due to the exercise and dietary components of *MOVE! Intensive*, patients should be evaluated by their medical provider for referral and "medical clearance" prior to beginning the program. It is always desirable for a patient to be on a stable treatment regime for current medical problems before a patient begins *MOVE! Intensive.* Refer to Chapter 3, *Patient Assessment and Medical Evaluation*, for a detailed description of the medical evaluation. Particular emphasis should be placed on cardiovascular assessment. Tools which may be helpful in determining medical clearance can also be found in Chapter 3. These include:

1. Pre-Exercise Cardiovascular Risk Stratification (Chapter 3, Figure 9)
2. Physical Activity Readiness Exam (Par-Med-X, Chapter 3, Figure 10)

The Pre-Exercise Cardiovascular Risk Stratification is a tool which helps the provider to determine cardiovascular risk with exercise and identify the need for additional cardiovascular stress testing, if needed. For complex cases, it may be necessary to consult a cardiologist for determination of the decision for medical clearance.

The PARmed-X is a checklist of medical conditions for which a degree of precaution and/or special advice should be considered. Conditions are grouped by systems and 3 categories of precautions are provided: absolute

contraindications, relative contraindications and special prescriptive conditions.

Absolute contraindications to exercise include:
• Aortic aneurysm (dissecting)
• Aortic stenosis (severe)
• Crescendo angina
• Decompensated congestive heart failure
• Myocardial infarction (acute)
• Myocarditis (active or recent)
• Pulmonary or systemic embolism (acute)
• Thrombophlebitis
• Ventricular tachycardia and other dangerous dysrhythmias
• Acute infectious disease (regardless of etiology)

Relative contraindications to physical activity include:
• Aortic stenosis (moderate)
• Subaortic stenosis (severe)
• Marked cardiac enlargement
• Supraventricular dysrhythmias (uncontrolled or high rate)
• Ventricular ectopic activity (repetitive or frequent)
• Ventricular aneurysm
• Hypertension-untreated or uncontrolled severe systemic or pulmonary
• Hypertrophic cardiomyopathy
• Compensated congestive heart failure
• Subcutaneous/chronic/recurrent infectious diseases (e.g., malaria, others)
• Uncontrolled metabolic disorders (diabetes mellitus, thyrotoxicosis, myxedema)

Special prescriptive conditions: see the PARmed-X tool for a complete listing including suggested clinical advice.

In some cases, physical activity may need to be limited. If it is determined that a patient is safe to begin *MOVE! Intensive*, an exercise prescription will be provided by the provider and the program staff.

### 8.1.b Pre-treatment Psychological Evaluation

Neither of the two facilities in VHA that have provided residential treatment for obesity have included a pre-treatment psychological/mental health evaluation. Likewise, there is not sufficient empirical evidence to either argue for or against such an evaluation. Both programs do not admit patients with serious mental illness who are presently acutely ill. Staff in these programs have found that current psychiatric status is readily available in the electronic medical record. On the basis of literature review and feedback from experts in the field, a psychological evaluation is not required and a review of available mental health

records should be sufficient in assessing treatment referrals.

## 8.2 Components of *MOVE! Intensive*

Residential/day treatment for obesity is typically 2-4 weeks in duration but this may vary as clinically necessary. A multifactoral intervention that includes multiple treatment approaches and disciplines should be used. Materials used in supported self-management and group classes (MOVE! Levels 1 and 2) may be used during *MOVE! Intensive* and covered in greater detail.

## 8.2a Assessment

Consults to *MOVE! Intensive* should be screened by the program team for appropriateness using the criteria discussed in section 8.1. Once the team accepts a patient into the program, a careful assessment of the patient is necessary. The assessment must provide a clear understanding of all significant factors (medical, social, psychological) relating to the patient. This will aid in developing an individualized treatment plan which includes specific individualized goals. Patients should be taught behaviors in residential/day treatment that they can continue in their home and social environments. For example, teaching a patient proper food selection and preparation skills does little good when he is returning to a home environment where he has little control over food choices and preparation.

Assessment components may include:

1 Review of medical history and current status
2 Baseline weight, BMI, waist circumference, hip circumference, BP, pulse, body fat analysis, fasting labs (lipid panel, chemistry panel, HgbA1c)
3 Family history of obesity*
4 History of weight gains and losses*
5 Successes and failures of previous weight control attempts*
6 Nature of home and work environments
7 Environment to which patient will be returning
8 Current eating and physical activity patterns*
9 Current levels of physical activity*
10 Source and degree of emotional support*
11 Mental and emotional status
12 Behavioral strengths and weaknesses*
13 Readiness to change*
14 Perceived barriers*

(*The *MOVE!23* Patient Questionnaire is likely to have been completed previously. Prior to entry into the program, this instrument should be re-administered. This will provide information on many of these issues.)

***Assessments should cover eating, physical activity and behavior/psychological status relative to weight.***

## 8.2.b Behavior Change Counseling

Numerous strategies exist for facilitating health behavior change in the areas of diet and physical activity (see Chapter 4 Facilitating Health Behavior Change). Although staff will apply some of these strategies during the residential/day treatment period (for example, differential reinforcement of specific target behaviors or motivational counseling to strengthen readiness to change), the most important strategies are those that can be used by the patient for self-care and maintenance following program completion. Examples of these strategies include:

1. Self-monitoring of food intake and physical activity
2. Learning to strategize, plan ahead, set goals, assess success, and problem solve
3. Cognitive and attitudinal change strategies
4. Eating slowly
5. Impulse control training
6. Other behavioral training as appropriate

A strong level of evidence exists in favor of using multiple behavior change strategies in combination for greater effectiveness. In addition, these strategies should be provided at a higher intensity for greater effectiveness. The residential/day treatment program is conducive to the delivery of multiple change strategies at a high level of intensity.

Considerations in behavior change counseling:

1. Frequency of counseling sessions
2. Individual, group, or combination of therapy (see note on group therapy below)
3. Patient and staff agreement on goals of therapy/treatment plan
4. Need for behavior contract signed by patient, for example, that the patient will not eat foods other than what is provided.
5. Level of involvement of family and/or significant others
6. Incorporation of components of patient education materials from *MOVE!*

Levels 1 and 2
7. Determination of which staff members will be involved
8. Pre-established curriculum or specialized program based on individual needs and shared decision making
9. Use of educational videos

## 8.2.c Group Therapy

Obese persons may suffer social and employment discrimination, public ridicule, and embarrassment with negative emotional sequelae often following these experiences. In addition, psychological, emotional, attitudinal, cognitive, and relationship factors are frequently involved in both historical and current progression of obesity. These factors are often barriers to losing weight and maintaining the loss. Daily intensive group therapy can effectively address many of these psychological or emotional barriers through cognitive and emotional re-education and psychological skill building. Evidence supports group-based cognitive-behavioral modification as a more effective strategy in weight management than individual counseling. The group leader should be well versed in the topics covered. Lesson plans for multiple group session modules are available on the *MOVE!* website (www.*move*.va.gov). See Appendix 3 of the *MOVE!* Manual for a comprehensive list of available modules.

***Intensive education and counseling on behavior change strategies is necessary, with guided practice as part of the protocol.***

## 8.2.d Brief Intensive Dietary Therapy

An additional facet of *MOVE! Intensive* that should be considered is meal replacement therapy or very low calorie diets. The residential or day treatment setting is an appropriate arena in which to introduce these dietary modifications while providing some medical supervision; however, it may not be necessary for patients to participate in the entire program to participate in these diet therapies.

Because some patients have had great difficulty in controlling their food intake in a free-feeding environment, a residential program provides an environment with healthy low calorie meals and snacks while preventing access to other foods. This often results in weight loss during a patient's stay and reinforces continued active engagement. Furthermore, it allows patients to experience food that is tasty, healthy, and lower in calories. These food choices can serve as a role

model for successful weight control after discharge. The input from a registered dietician is essential in this aspect of *MOVE! Intensive*.

## Considerations in Diet Therapy:

1. Access to food should be limited and meals should be supervised relative to calories and portions in accord with these specific suggestions:

a. Determine where meals will be eaten. A communal dining area is recommended.
b. Consider diet/healthy eating-related motivational art or messages in the area.
c. Pre-establish and communicate meal times.
d. Establish "house rules" about meal times and food intake.
    - No food in patient's rooms
    - No food from outside the facility
    - No food sharing or hoarding
    - No wasting or discarding of food if it is part of the meal plan
e. Consider a behavioral agreement that includes food rules. See sample agreement in Appendix 4.

Consider patients with special needs, for example, diabetes. Patients with diabetes will need to bring their glucometers with them to regularly check their blood sugars. Patients should be instructed to contact program staff should any unusually high or low blood sugar fluctuations occur, particularly blood sugars falling below 70 or above 150 and/or abnormal blood sugars with symptoms of hypoglycemia or hyperglycemia. Anti-hyperglycemic meds are likely to need adjustment during this program to avoid episodes of hypoglycemia.

Determine the caloric range for meal plans. Meal plans can be general or individualized, based on gender, height, weight, medical condition and age. Individual meal plans may be based on the BMI or basal metabolic rate (BMR).

Determine structured eating plan: three meals and snacks or meal replacement products or a combination of both per day.

Determine the meal plan and products that will be used. Consider cost and level of accessibility (Optifast requires clinicians to undergo training; some products may not be on the national formulary contract. Note: As these are not drugs, they do not carry a generic name in the manner of prescription medications.)

1. Optifast
2. HMR
3. Slimfast or Slimfast Optima
4. Ensure protein

5. Boost
6. Low calorie diets (1,000-1,200 cal/day for women, 1,000-1,600 cal/day for men) or very low calorie diets (<800 cal/day)

Consider the need for vitamin, calcium or other supplementation during program.

Refer to Chapter 5, Facilitating Healthy Nutrition, for additional information on diet therapies, including clinical monitoring.

2. Dietary planning and food preparation classes:

Patients must be provided with sound nutritional information in order for them to make informed food choices. Guided practice in making wise choices and planning lower calorie meals is usually beneficial. A helpful way to strengthen patients' knowledge of nutrition is to provide "hands on" practice. This enables the patient to develop extremely useful skills for continued weight control and maintenance after discharge. Suggested areas of "hands-on" practice:

a. Food preparation classes-will require kitchen or demonstration area
b. Grocery store tours
c. Customized shopping lists
d. Restaurant outings or trips to canteen

Formal nutrition education classes are beneficial. Many of these may be given in group sessions. Several modules covering nutrition topics are available on the *MOVE!* website. In addition, patient handouts on various nutrition topics are also available on the *MOVE!* website. Suggested general topics for inclusion:

a. Healthy meals
b. Meal preparation
c. Nutrient review
d. Reading nutrition labels
e. Maintaining weight loss with diet

***Adherence to a diet plan, more so than the actual diet prescribed, has shown to be the most important dietary factor in successful weight loss.***

A Word about Binge eating

Some clinical staff involved in *MOVE! Intensive* may have concerns about binge eaters. This is partly due to a traditional view that, when binge eaters are placed in a controlled environment, they would "act out" by increasing binging. In fact, there is a great deal of evidence that controlled eating and/or the use of meal

replacement successfully manages binge-eating. Programs such as *MOVE! Intensive* may reduce binge eating. In after care, consideration should be given to supporting planned eating and/or ongoing meal replacement to assist these patients in managing binge eating.

## 8.2.e Physical Activity

Physical activity is an essential component for any weight loss program. Long term weight control is most successful when physical activity is combined with caloric restriction, as discussed in the previous section. There is growing evidence that, in addition to the role of physical activity in weight loss and weight maintenance, increasing physical activity has an independent effect on lowering health risks. Even if patients can only maintain their current weight, assisting them in integrating physical activity into their lifestyle can have protective effects. Finally, research findings on weight management interventions have generally failed to show a clear health risk for obese patients over the age of 70 years. By contrast, physical activity clearly has been demonstrated to improve health across the lifespan.

Exercise can be difficult for very heavy people, many of whom may have restrictions due to medical conditions. Completion of medical clearance for exercise prior to admission into the program is recommended. The *Pre-Exercise Cardiac Risk Stratification Chart* and the *Physical Activity Readiness Medical Examination (PARmedX)* are tools available on the *MOVE!* website to guide this evaluation. The *Pre-Exercise Medical Evaluation Template* may also be used in organizing and documenting the results of the medical evaluation (see Chapter 3, figure 11). If indicated, exercise stress testing must be completed prior to patients beginning an exercise program. Stress testing gives valuable information on functional capacity as well as precautions or limitations. Any activity restrictions must be documented explicitly, as they will be used as a basis for the activity prescription.

Patients should receive a brief fitness assessment which, in conjunction with patient involvement, will result in the formulation of individualized patient goals and treatment plans. Patients may be given an actual exercise prescription that delineates the plan for physical activity. Basic and advanced exercise prescription forms are available on the *MOVE!* website and can be used or adapted for residential care, depending on what type of equipment or exercise regimes are available. Physical therapists, occupational therapists or exercise physiologists may be helpful in developing the exercise treatment plan.

On site nursing supervision (RN) with medical provider availability (NP/PA/MD) should be provided throughout the residential/day treatment program during active treatment. Staff involved in the program should have

certification in Basic Life Support and be familiar with the use of an automatic external defibrillator (AED). A plan to respond to medical emergencies, for example chest pain, cardiac arrest, symptomatic hypoglycemia, or falls with injury, should be developed prior to initiation of the program. A determination should be made as to what emergency equipment is available or what will need to be acquired to provide safe care. When activities are performed off-site, a mobile/cellular phone for staff may be beneficial in the event that assistance is required.

Patients should be aware of symptoms for which they should immediately stop exercise and notify the staff:

a. Severe chest pain or pressure
b. Severe shortness of breath
c. Severe nausea or vomiting
d. Sudden onset one-sided extremity weakness or change in sensation
e. Difficulty swallowing, talking, or seeing
f. Severe headaches or dizziness

## Considerations in Physical Activity

1. Implementation of Physical Activity
   - Determine which staff will participate: Physical Therapist, Exercise Physiologist, Kinesiotherapist, Recreational Therapist, Nurse, Dietitian, etc.
   - Determine the frequency and type of exercise sessions.
   - Identify available equipment. Equipment must be known to accommodate the weight limit capacity for the patients being served. Specific bariatric exercise equipment is preferable.
   - Pedometers are useful for tracking progress and involving the patient in self-monitoring of physical activity.
   - Treadmills or recumbent bicycles may be more comfortable for the obese patient than other types of equipment.
   - Consider limited weight bearing activities or aquatics exercise services that may be available since many of these patients may have weight related hip, knee, and ankle joint problems.
   - Identify potential exercise sites/facilities.

2. Many obese patients are likely to be self-conscious about exercising in public. Consider modesty issues when selecting exercise sites. Investigate the use of VA shuttles for transportation when off site facilities are used. Possible exercise sites:
   - On site gym (employee fitness area, PT areas, KT pool after hours)
   - Available areas on hospital grounds for walking trails (indoor or outdoor)
   - Available areas off-site for walking trails (i.e. local malls, parks)

- Contracting with outside fitness center, pools, other hospitals

3. Physical activity education is a critical piece of *MOVE! Intensive*. There is a potential for injury if physical activity is performed in an uninformed or dangerous manner. In addition, education is needed to help patients assimilate physical activity in their lifestyle. Lesson plans for instructors are available on the *MOVE!* website that cover many of the topics which will assist patients both during the program and at home once the program is completed.

***The literature shows that physical activity, in addition to contributing to weight loss, also increases cardio-respiratory fitness and decreases cardiovascular disease risk factors. Even if patients are unable to lose weight, incorporating increased physical activity into their lifestyle may independently reduce health risks.***

Refer to Chapter 6 of the *MOVE!* Clinical Guideline, *Facilitating Physical Activity*, for additional detailed information that may be helpful in developing your program. Section 6.8 identifies some special concerns when working with obese patients that should be considered.

## 8.2.f Pharmacotherapy:

Certain patients may benefit from taking weight loss medications. These medications may facilitate weight loss. Although residential/day treatment is not required to initiate weight management pharmacotherapy, it may provide an optimal time to begin use of these medications, if not already done. the residential setting may be ideal for close monitoring of patient adjustment to the medications. Level 3 of *MOVE!* addresses weight loss medications in detail. See Chapter 7, *Weight Loss Medications*.

Benefits of beginning pharmacotherapy during *MOVE! Intensive*:

1. More rapid weight loss may promote patient involvement and encouragement throughout the program.
2. Close contact with *MOVE!* staff and close medical supervision during the program enhances evaluation for side effects and response to treatment.
3. Vital sign monitoring can be provided with ease.
4. Reinforcement of patient education regarding these medications can be done as questions and concerns arise.
5. Medications have their greatest effect given in conjunction with behavior

modification, diet and physical activity. Using the medications in the context of treatment that focuses on these behavioral changes can enhance the association of behavior change and the use of weight loss medications.

Patients receiving these medications should be medically supervised throughout their time on the medication. If medications begun during *MOVE! Intensive* are to continue once the patient completes the program, an outpatient follow-up plan must be in place.

***Patients must realize that medications alone will not be effective in weight loss maintenance and that continued diet and exercise plans are imperative.***

There are currently two weight control medications approved by the FDA for the long term treatment of obesity: Sibutramine and Orlistat.

1. Sibutramine (Meridia®)
    - Suppresses appetite and induces a feeling of fullness
    - Starting dose is 10mg daily, maximum dose is 15 mg daily
    - Side effects include increased heart rate and blood pressure, insomnia, dry mouth, constipation, nausea

2. Orlistat (Xenical®)
    - Blocks fat absorption in the gut
    - Dosed as 120mg TID with meals
    - Side effects include fatty/oily stools, fecal urgency/incontinence, bloating, oily spotting, abdominal pain, dyspepsia

Criteria for use of these medications has been developed. See the *Criteria-For-Use Checklist for Sibutramine (Meridia)* and the *Criteria-For-Use Checklist for Orlistat (Xenical)* which can be found on the *MOVE!* website.

Refer to Chapter 7 for additional guidance on these medications.

## 8.2.h *MOVE! Intensive* follow-up

Continued follow-up is an integral component of *MOVE! Intensive*. Maintaining newly acquired skills and habits takes a great deal of ongoing energy and focus. People have a strong tendency to revert to old habits that require less energy and focus unless the new behaviors are supported and reinforced. The period of transition from a structured setting, as from *MOVE! Intensive* back into the former environment, is difficult at best. Frequent guidance and support are necessary to

maintain newly learned skills and behaviors. Finally, patients who have had success in losing weight will initially receive praise and congratulatory comments from family, friends, and acquaintances. Unfortunately, while the patient continues to struggle with continued weight loss or maintenance, the spontaneous positive comments of others typically drop off over time. The healthcare team can play a key role in understanding that the patient is engaged in a lifelong effort and assisting them to stick to their goals.

***Evidence shows that, without ongoing intervention, the majority of individuals who have completed a weight loss program regain their weight within 1-5 years.***

After the patient has completed *MOVE! Intensive*, continued efforts at weight loss and/or weight maintenance through the use of behavior therapy, diet therapy and physical activity are essential. Patients and providers must realize that this is a long term commitment. As such, a long term maintenance program, with encouragement from the provider, is necessary to maintain the progress made by the patient.

During the active treatment phase of *MOVE! Intensive*, patients will have been trained in self-monitoring, goal-setting, and problem-solving. These ongoing skills should be reinforced in all aftercare contacts.

Prior to completion of *MOVE! Intensive*, goals for follow-up should be planned with the patient. Follow-up may need to be individualized; some patients may require more frequent interaction than others and some modalities of follow-up may work better for some patients than others.

1. Establish time frames and frequency for follow-up.
2. Establish types of follow-up. Options for follow-up may include:

    - Resumption of Level 1 and/or Level 2 follow-up support
    - Post *MOVE! Intensive* group sessions
    - Return visits to primary care
    - Telephone calls
    - E-mail contact
    - Enrollment in Tele*MOVE!*

Suggested follow-up for patients completing *MOVE! Intensive*:

1. Continue participation in *MOVE!* self-management support (Level 1). Contact with the healthcare team should occur not less that twice weekly

at first with the schedule being lengthened thereafter as clinically indicated.

2. Advise the patient to participate in *MOVE!* group sessions (level 2) or level 2 anniversary/maintenance group sessions, if possible. Encourage the patient to identify areas needing reinforcement once they have returned home. If possible, allow them to attend group sessions or classes that cover the identified area of need.

3. Consider initiating group sessions or support groups specifically for patients that have completed *MOVE! Intensive.*

4. Involve family members (to the extent desired by the patient) throughout the process.

5. Consider involving patients who have successfully completed the program with new patient groups. These former patients can share their experiences and inspire current patients. This can also serve to reinforce the prior patient's efforts in the ongoing struggle with managing their weight.

Do not underestimate the importance of initial intensive follow-up with a transition to a long term maintenance follow-up program. It is important to educate primary care providers to consider obesity follow-up as important as follow-up for a chronic health problem, such as diabetes or high blood pressure.

***Evidence consistently demonstrates that continued contact with the health care team is required for the majority of people to maintain the weight loss they have achieved.***

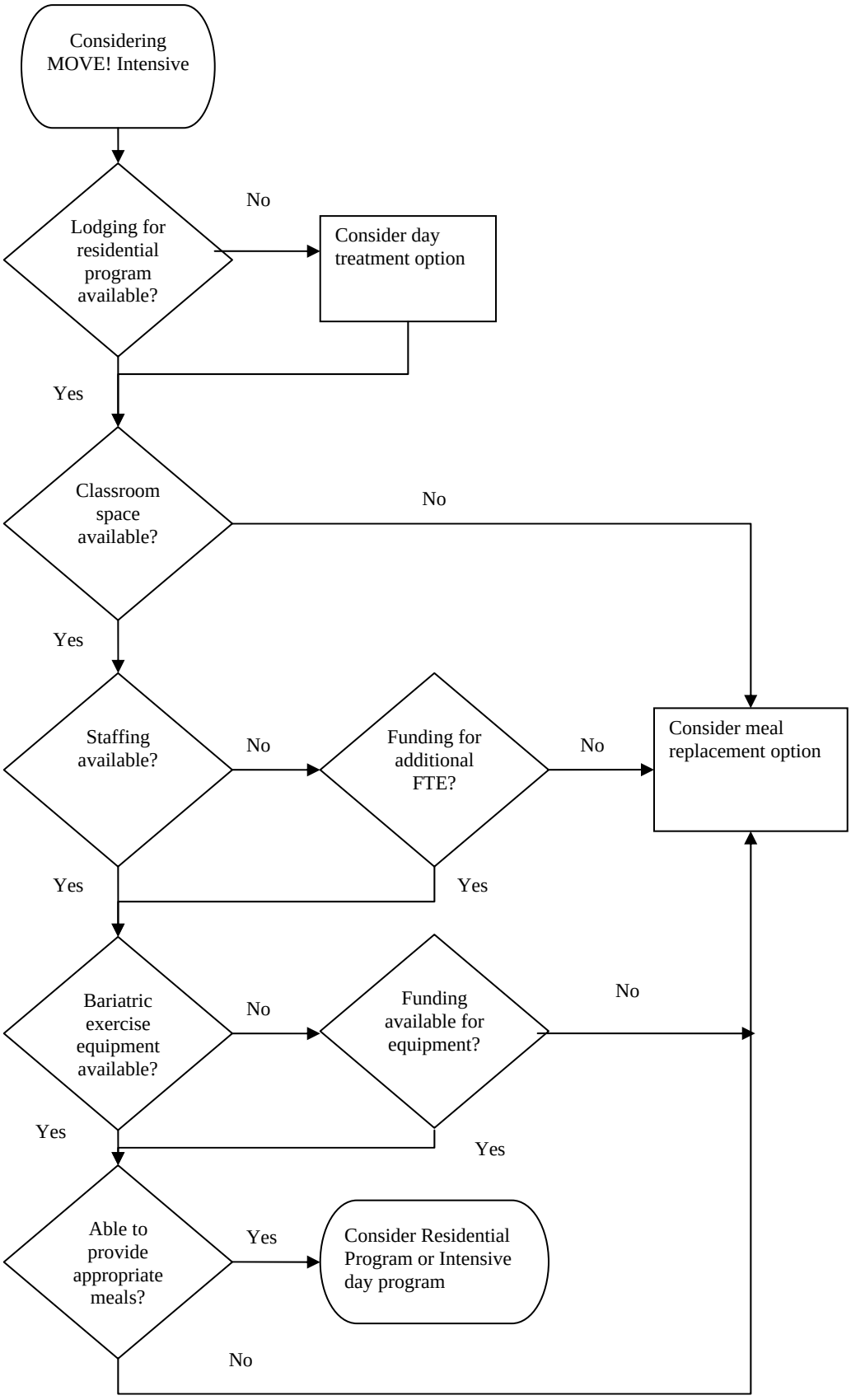
## Appendix 1
Sample Program Schedule

### Sample Weekly Schedule for Inpatient Program

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|---|---|---|---|---|---|
| 0800 | Welcome and Check in to lodging area | Weigh in then Breakfast | Weigh in then Breakfast | Weigh in then Breakfast | Weigh in then Breakfast |
| 0900 | | Fitness Center | Fitness Center | Fitness Center | Fitness Center |
| 1000 | | Diet Class Meal Planning | Group Therapy | Diet Class Grocery Store Tour | Individual Counseling/On Your Own |
| 1100 | Program orientation | Health Class | Diet Class Cooking Skills | | |
| 1200 | Lunch | Lunch | Lunch | Lunch | Lunch |
| 1300 | Diet Class Nutrition | Stretch & Strengthening | Stretch & Strengthening | Stretch & Strengthening | Stretch & Strengthening |
| 1400 | Fitness Center Orientation | Group Therapy | Behavior Change Counseling | Group Therapy | Life after Program/Coping Skills |
| 1500 | Pedometer set up | Fitness Center | Fitness Center | Fitness Center | Fitness Center |
| 1600 | Hobby Skills | Educational Videos | Hobby Skills | Educational Videos | Home for weekend |
| 1700 | Supper | Supper | Supper | Supper | |
| 1800 | Walk | Walk | Walk | Walk | |
| 1900 | Recreation | Recreation | Recreation | Recreation | |
| 2000 | Educational Videos | On your own | Educational Videos | On your own | |
| 2100 | Snack | Snack | Snack | Snack | |

**Appendix 2**

Decision Aid for *MOVE!* Intensive



**Appendix 3**

Decision Aid for Program Selection/Requirements

***MOVE!*** Intensive

Your facility may offer one or all of the program options described below. Each option could be freestanding or work in combination with each other.

### Inpatient Residential Program

Unit operational 24/5 or 24/7
Minimal custodial care off hours and weekends
Treatment team available Monday-Friday 8:00am-4:30pm.

Program needs:

1. Staffing – professional* and custodial.
2. Lodging areas
3. Meeting room space
4. Exercise equipment/space
5. All meals and snacks
6. Flexible or pre-set enrollment date.

* Staffing may include: MD/NP/PA provider, Dietitian, PT, KT, OT, Exercise Physiologist, Psychologist, Nurse

### Day Treatment (Not Residential)

Unit operational Monday-Friday 8:00am-4:00 pm.
Treatment team available during operational hours.

Program needs:

1. Staffing -professional*
2. Meeting room space
3. Exercise equipment/space
4. All meals and snacks
5. Flexible or pre-set enrollment date.

* Staffing may include: MD/NP/PA provider, Dietitian, PT, KT, OT, Exercise Physiologist, Psychologist, Nurse

### Meal Replacement (Not Residential)

Participant meets screening for *MOVE!* Intensive.

Staffing may include: MD/NP/PA provider, dietician, nurse, others as deemed appropriate.

Patient should be encouraged to participate in other available *MOVE!* Related programs such as counseling sessions, support groups, exercise programs which may be provided in Level 2 or Level 4.

### Very Low Calorie Diet (Not Residential)

Participant meets screening for *MOVE!* Intensive.

Staffing may include: MD/NP/PA provider, dietician, nurse, others as deemed appropriate.

Patient should be encouraged to participate in other available *MOVE!* Related programs such as counseling sessions, support groups, exercise programs which may be provided in Level 2 or Level 4.

**Appendix 4**
Sample Behavioral Agreement

*MOVE! Intensive*

Congratulations on your acceptance into *MOVE! Intensive*! You have taken a big step toward reaching your weight loss goals. The success of the program depends on you following your exercise prescription and diet plan. The goals that you and the *MOVE! Intensive* team have agreed upon are as follows:

_____
_____
_____
_____

I, _____, make a commitment to myself, my family and the *MOVE! Intensive* team to strive to the best of my ability to meet the goals we have set. I will do this in the following ways:

1. I will participate fully in all classes and group sessions.

2. I will follow the dietary plan _____. I will not eat foods that have not been provided to me. I will maintain my dietary restrictions while at home.

3. If I feel the urge to break from my dietary plan, I will do the following:
_____

4. I understand that if I choose not to follow this agreement, that I may not achieve the goals I have set for myself, and that I may be asked to withdraw from the program. My plan of support for difficult times is:
_____

_____ _____
Patient *MOVE! Intensive* Team Member