

## WEIGHT MAINTENANCE IN DANES:

*SHOULD THEY EAT LITTLE OF WHAT THEY PREFER, OR EAT A LOT OF WHAT THEY DO NOT PREFER: CALORIE RESTRICTION VERSUS LOW FAT DIET?*

\*Quaade, F., °Jensen, L.B.\*The Obesity Clinic, 14 Moltkesvej, Copenhagen, DK 2000 F. and ° The Osteoporosis Research Center, Copenhagen.

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So far, this trial comprises 24 formerly obese individuals, 22 women and 2 men, whose initial mean BMI : 34.4 kg/m<sup>2</sup> (27.0-43.0) had been reduced to 25.3 kg/m<sup>2</sup> (21.4-29.1) by means of a 1,000-1,100 kcal.(4.2-4.6 mJ) regimen, taught in groups, and based upon VLCD (Nupo®) with supplementary food. The program is described elsewhere in this book. After a detailed instruction the patients were randomized to one of the following two weight maintenance programs:

**A:** Continued calorie restriction, the energy level of which was calculated individually (1,250 - 2,250 kcal; 5.2 - 9.4 mJ) with a mandatory minimum of protein, but with otherwise complete freedom of food choice, including items containing fat.

**B:** ad lib. intake of a diet containing a maximum of 30 pct. of its energy as fat.

Short control visits (weighing) were scheduled to take place once or twice monthly. Amfepramon, allowed in doses up to 75 mg daily, served as a measure of hunger problems.

The 2 groups were well matched in age, initial BMI, preceding treatment time, attendance to earlier control visits, and time of observation on the maintenance program.

**Results** after 16 months (range: 2-27) on the maintenance diet::

Group A: BMI (mean) has increased from 25.2 (21.0-29.0) to 28.3 kg/m<sup>2</sup> (21,0 - 35.0). This means that 37 pct. of the lost weight has been regained.

Group B: BMI (mean) has increased from 25.7 (22.0-28.0) to 27.7 kg/m<sup>2</sup> (23.0-34.0) i.e. a regain of only 21.5 pct.(p=0.35) The amfepramon consumption was lower in the low fat group (n.s).

Of course, more participants and longer time will be needed for definite conclusions. Still, it seems that adherence to a low fat diet may be less difficult than practising calorie restriction.