

# PATIENTS' EXPERIENCES OF PARTICIPATING IN A LOW CALORIE DIET IN A LIQUID FORM WITHIN A SPECIALIST WEIGHT MANAGEMENT PROGRAMME



M. Prince<sup>1</sup>, S. Boyle<sup>1</sup>, M. Mazoyer<sup>1</sup>

<sup>1</sup>NHS Greater Glasgow & Clyde Weight Management Service, Glasgow, United Kingdom

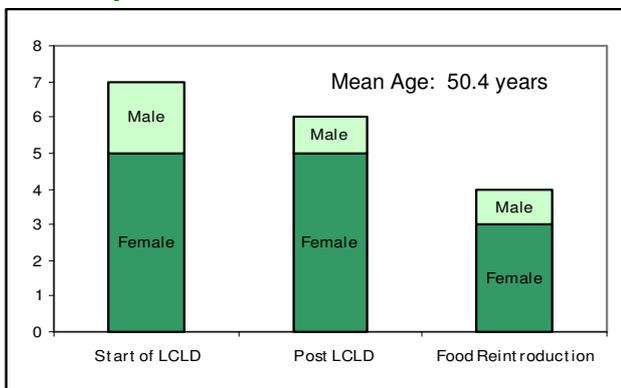
## Introduction

Glasgow and Clyde Weight Management Service (GCWMS) is a specialist, evidence based, multicomponent weight loss programme for patients with obesity: BMI  $\geq$  35kg/m<sup>2</sup> or BMI  $\geq$  30kg/m<sup>2</sup> with associated co-morbidities. Patients are routinely offered a structured lifestyle intervention for weight loss with a 600 calorie deficit plan, and an option of pharmacotherapy or a structured low calorie diet of 1200-1500 calories<sup>1</sup>. However, low calorie diets in a liquid form (LCLD) for a limited period of time have been shown to be effective in achieving greater initial weight loss with long-term sustainable results<sup>2, 3</sup>. Therefore offering a LCLD was piloted in 2012 within GCWMS.

## Aims

This study aimed to investigate patient experiences of undertaking a LCLD and subsequently reintroducing food over a period of six months.

## Participants



## References

1. [www.nhsggc.org.uk/gcwms](http://www.nhsggc.org.uk/gcwms)
2. Ashley JM, et al. Replacements in Weight Intervention. *OBESITY RESEARCH*. Vol. 9 Suppl. 4 November 2001.
3. Heymsfield SB, et al. Weight management using a meal replacement strategy: meta and pooling analysis from six studies. *International Journal of Obesity* (2003) 27, 537-549.

## Methods

Patients were recruited from GCWMS having completed a 16 week lifestyle intervention. Patients attended an information session to enable them to make an informed decision before proceeding with the LCLD. Patients with a BMI <30kg/m<sup>2</sup> and those with diabetes on oral or injectable medications other than Metformin, were excluded.

Meal replacement plans were devised by specialist dietitians within GCWMS. Patient's energy requirements were calculated and they were advised to follow a personally prescribed calorie deficit liquid diet of either 1000, 1200 or 1500 calories per day for 12 weeks and then a 16 week food reintroduction programme. Monthly educational group sessions and fortnightly weight appointments were provided over the 12 week period.

Face to face interviews using a semi structured interview schedule were conducted at the start of the LCLD, at the end of the 12 week weight loss period and post food reintroduction. Thematic analysis techniques were utilised to analyse the interviews.

## Conclusion

The low calorie diet in a liquid form pilot was overall reported as a positive experience for patients and lead to a greater understanding of how to achieve long term, significant weight loss. Therefore, integration of a low calorie diet in a liquid form into a specialist weight management service can be effective in supporting long term lifestyle change.

## Results

	Positives	Negatives	Impact on Eating	Impact on Quality of Life
<b>Start of LCLD</b>	No decisions about food to be made. Valuing professional support.	Boredom Cooking/Shopping for others	Reduction in food requirements Easy to eat regularly	Expect a sense of achievement to improve confidence and energy level. Hopes to do more (gardening, socialising, bending).
<b>Post LCLD</b>	Rigid compliance. Not having to make food choices. Easier than had expected. No hunger	Lapses Socialising Boredom	More conscious of calories/healthy food choices Changes to tastes Changes to cravings	Reduced physical health problems. Increased energy. Increased exercise level.
<b>Food Reintroduction</b>	Greater understanding of what it takes to lose weight. Motivated to continue weight loss. Increased control over eating.	Reintroducing choice was challenging. Food reintroduction more difficult than the liquid phase.	More conscious of food choices and portion control for maintaining weight. Eating large amounts of unhealthy foods when alone.	Increased energy level. Increased exercise level

Contact [marie.prince@ggc.scot.nhs.uk](mailto:marie.prince@ggc.scot.nhs.uk)