**Table 5bi. Additional detail on weight outcomes among intervention studies among adults in the general population**

|  |  |  |  |
| --- | --- | --- | --- |
| **Author,****Year** | **Test for trend** | **Variables adjusted for** | **Comment** |
| **Diet interventions** |  |  |  |
| **Weight** |  |  |  |
| Bhargava, 20029 | In the intervention group, there was a significant difference between baseline and 12 month weight measures (p<0.05). This effect was not observed in the control group. |  | For the control group, the results for models 1 and 2 showed that white women and women from better-off households were significantly lighter (P,0·05). The index of unhealthy eating was positively associated with weight, while the reported frequency of mild physical exercise was negatively associated. These results underscored the importance of behavioral factors such as craving for rich foods and physical exercise for body weight. In the intervention group, black women were heavier and white women were lighter than Hispanic women (P<0·05). The coefficient of education was statistically significant (P<0·05) in models 1 and 2, suggesting that highly educated women benefited more from the counseling. Since the coefficient of education was not statistically significant in the control group, awareness of the counseling program by itself was insufficient to induce behavioral changes leading to weight loss among the more educated women. The coefficients of the index of unhealthy eating and physical exercise patterns in models 1 and 2 were similar for the control and intervention groups and were statistically significant (P,0·05). However, only the intakes of monounsaturated fat were positively associated with weight in the intervention group. |
| Howard, 20061 | For body weight change, there was a significant difference (P≤0.001) between Arm 1 and Arm 2 at months 12, 24, 48, 72, 96, 120, 144, 168, 192 and 210 |  |  |
| Bhargava, 20029 |  |  | Results suggested that weight changes might be better explained by the changes in the proportions of energy derived from carbohydrate and saturated, monounsaturated and polyunsaturated fats. In the control group, the % energy derived fromcarbohydrate and monounsaturated fat was positively associated with weight changes. By contrast, the % energy derived from polyunsaturated fat was positively associated in the intervention group. There were also positive associations between energy derived from monounsaturated fat and weight changes in the control group. By contrast, a greater proportionof energy from polyunsaturated fat was associated with weight gain in the intervention group. |
| **Physical activity interventions** |  |  |  |
| **Weight** |  |  |  |
| Schmitz, 20072 | % change from baselinep for change over time between groups p=0.54 adjusted fro ethnicity and physical activity |  |  |
| Weight change |  |  |  |
| Schmitz, 20072 |  | Other : Adjusted for ethnicity and physical activity at baseline, and for kilocalorie intake and marital status at baseline and 2 yrs |  |
| **Combination interventions** |  |  |  |
| **Weight** |  |  |  |
| Fortmann, 8110 |  |  |  |
| Weight change |  |  |  |
| Levine, 20077 |  |  |  |
| Fortmann, 8110 | Relative weight increased in control group but was stable in the two intervention towns (p=0.04). |  | Participants in control group experienced average increase of 1% in relative weight, whereas the two intervention groups showed essentially no change in relative weight.Longitudinal correlation coefficients for individuals (not towns) provided for dietary cholesterol and fat by weight in Tables 4 and 5 of Fortmann. |

Yrs = Years

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