



10

MOVE! Intensive

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<http://www.move.va.gov>

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MOVE! Intensive

Introduction

The [VA National Center for Health Promotion and Disease Prevention \(NCP\)](#), [Veterans Health Administration \(VHA\) Office of Patient Care Services](#) with input from the field, developed a [Weight Management Program for Veterans \(MOVE!®\)](#). This program is based on the [NIH Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report](#)¹ and the United States Preventive Services Task Force (USPSTF) [Screening and Interventions for Obesity in Adults: Summary of the Evidence for the US Preventive Services Task Force](#)² and [Screening for Obesity in Adults](#).³

The following resources provide guidance to VHA clinicians for implementation/maintenance of weight management programs:

[Handbook 1101: Managing Overweight and/or Obesity for Veterans Everywhere \(MOVE!\) Program](#)⁴

[Joint Veterans Affairs \(VA\)/Department of Defense \(DoD\) Clinical Practice Guideline for Screening and Management of Overweight and Obesity \(CPG\) \(2006\)](#)⁵

The MOVE! Reference Manual addresses the full spectrum of weight management. The manual consists of topic-specific chapters, and each topic should be considered in relation to others.

General Information

Alternative strategies are needed for Veterans who are at greatest risk for complications due to obesity and have not been successful with previous weight loss attempts. Furthermore, weight loss medications and/or bariatric surgery may be inappropriate or ineffective for certain individuals. MOVE! Intensive is an option for those Veterans who have tried weight self-management strategies with little or no success. The MOVE! Intensive program offers alternative or adjunctive approaches to pharmacological or surgical management of obesity. The program is designed for Veterans with serious obesity who have not been successful in prior attempts to lose weight via primary care-based MOVE! programs. As would be the case for anyone who works hard to make lifestyle changes without seeing results, these Veterans are likely to have developed serious self-doubt regarding their ability to lose weight with standard programs of care. MOVE! Intensive interventions are designed to:

- Assist the Veteran in achieving fairly rapid weight loss.
- Improve the Veteran's motivation for weight management through rapid weight loss.
- Use the process of rapid weight loss as a forum for teaching long-term weight management concepts.
- Assist Veterans scheduled for bariatric surgery 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 the guidance in this chapter focuses on the provision of intensive weight management support 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 research on their efficacy. Thus, there is insufficient empirical evidence to recommend for or against the use of this type of program. However, despite the lack of such evidence about intensive medical therapy for obesity, indirect evidence from studies, as well as expert opinion about the treatment of obesity, strongly suggests the following:

Key Point: The most successful therapy for weight loss is a combined intervention of behavior modification therapy, dietary therapy, and physical activity.¹

With regard to behavior modification, more highly intense programs (programs with increased patient contact) have been shown to be of greater effectiveness.¹ Because treatment intensity appears to be a major predictor of outcome, a program that provides intensive behavior modification therapy, dietary therapy, and physical activity in residential treatment or day treatment settings has the potential to be effective. Additionally, according to the National Institutes of Health Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults,¹ standard treatment approaches should be tailored to the various needs of Veterans or other patient groups.

Another benefit of an intensive weight loss program is the potential for sustained weight loss. Research has shown that the magnitude of initial weight loss predicts long-term maintenance of weight loss.⁶ Hence, Veterans who experience a significant weight loss through MOVE! Intensive would be expected to maintain a greater weight loss than those receiving less intensive interventions.

Veterans referred for MOVE! Intensive have typically been unable to lose weight in their home environment. Residential treatment might benefit such Veterans by helping them

to develop weight management skills in a more controlled environment and transfer these skills to their home environments.

Finally, Veterans who have failed to achieve adequate weight loss with supportive self-management and group sessions would be expected to have diminished self-efficacy around weight management. The more rapid weight loss expected through participation in MOVE! Intensive has the potential to enhance the self-efficacy, motivation, and sense of self-control Veterans need to sustain 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 program can be effective for helping Veterans 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, such as 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 allow for restricting access to food and providing a busy schedule of treatment activities. (See Appendix 10-1 for a sample program schedule.) Therapeutic resources, such as facilities for supervised exercise and recreational activities and demonstration kitchens, are also typically available. Additional benefits that residential care can provide to Veterans include time to practice new skills in a controlled environment, with support and assistance from specialized staff and opportunities to learn how to incorporate new behaviors into daily routines after treatment is completed.

Key Point: Regional positioning of residential treatment facilities may represent the most economical use of resources.

Day Treatment

A day treatment setting is another option for MOVE! Intensive, particularly when beds within VA facilities are limited. Veterans 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 (for example through Hoptels) or Veterans may be responsible for their own lodging. Participants are provided with the same intensive treatment as those receiving treatment in a residential facility and have the same advantages, including

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 promote and facilitate staff and peer support to the participants.

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

In cases where Veterans are unable to participate in a residential or day treatment program or facilities are unavailable for such programs, meal replacement therapy and very low-calorie diets, components of the MOVE! Intensive program, may be used at home under medical supervision. Veterans should be involved in physical activity and behavior modification plans as well as weight maintenance programs, once meal replacement therapy is completed.

Decision aids are available to assist in determining which setting is most appropriate for each facility and its Veterans (Appendices 10–2 and 10–3).

Treatment Qualifications and 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:

- A BMI >40 or BMI >35 with obesity associated co-morbid conditions, and failure to achieve 5% to 10% weight loss with participation in supportive self-management and group class strategies, or
- Rapid weight loss needed in anticipation of bariatric surgery, or
- Weight loss needed for eligibility for transplant (e.g., lung, kidney, or liver).

As additional considerations for MOVE! Intensive treatment, Veterans should be: Motivated to participate in MOVE! Intensive and willing to sign a behavioral agreement. Likely to return to a home environment which will support maintenance of weight loss (via social support, a stable living situation, and access to healthy foods).

Key Point: A large number of Veterans may meet basic MOVE! Intensive qualifications. To balance available resources and clinical needs, facilities may elect to set inclusion parameters. This could include setting a higher BMI level as part of the entry criteria or adding specific medical complications to the list of criteria.

Medical Clearance

Due to the exercise and dietary components of MOVE! Intensive, Veterans should be evaluated by a medical provider for referral and “medical clearance” prior to beginning the program. Preferably, a participant will have an established treatment regime for current medical problems before beginning MOVE! Intensive. Refer to the Chapter on Patient Assessment and Medical Evaluation, for a detailed description of the suggested medical evaluation. Particular emphasis should be placed on cardiovascular assessment. This chapter also presents tools which may be helpful in establishing medical clearance. These include:

Pre-Exercise Cardiovascular Risk Stratification⁷

<http://www.move.va.gov/download/Resources/PreExerciseCardiovascularRiskStratification.pdf>

Physical Activity Readiness Exam (PARmed-X)⁸

<http://www.move.va.gov/download/Resources/AdaptedParMedX.pdf>

The Pre-Exercise Cardiovascular Risk Stratification helps the provider to determine the patient’s cardiovascular risk of exercise and determine whether cardiovascular stress testing is needed. For complex cases, it may be necessary to consult a cardiologist to determine whether medical clearance for MOVE! Intensive is appropriate.

The PARmed-X is a checklist of medical conditions for which some degree of precaution and/or special advice is indicated. Conditions are grouped by systems and three 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, tuberculosis)
- Uncontrolled metabolic disorders (diabetes mellitus, thyrotoxicosis, myxedema)

See the PARmed-X tool for a complete listing of special prescriptive conditions and suggested clinical advice relating to each.

In some cases, physical activity may need to be limited. If the medical provider determines that a Veteran is safe to begin MOVE! Intensive with physical activity limitations, an exercise prescription will be provided by the provider and the program staff.

Pre-Treatment Psychological Evaluation

The two facilities in VHA that have provided residential treatment for obesity in the past performed a pre-treatment psychological/mental health evaluation. However, there is insufficient empirical evidence to argue for or against such an evaluation. On the basis of a literature review and feedback from experts in the field, NCP has determined that a psychological evaluation should not be required for admission into MOVE! Intensive. A review of available mental health records should be sufficient in assessing treatment referrals. Veterans with acute serious mental illness (based on current psychiatric status, as indicated in the electronic medical record) should not be admitted for residential treatment.

Components of MOVE! Intensive

Residential and day treatment for obesity typically lasts 2-4 weeks, but this may vary as clinically necessary. A multifactorial intervention that includes multiple treatment approaches and disciplines should be used. MOVE! materials used in supported self-management and group sessions may also be used during MOVE! Intensive.

Assessment

Potential MOVE! Intensive participants should be screened by the program team for appropriateness using the criteria listed in the Medical Clearance section of this

chapter. Once the team accepts a Veteran into the program, a careful assessment is necessary. The assessment must provide a clear understanding of all significant factors (medical, social, psychological) relating to the Veteran. This will aid in developing a tailored treatment plan which includes specific, individualized goals.

Assessment components may include the following:

- Review of medical history and current status
- Labs: vitamins B and D and fasting labs (lipid panel, chemistry panel, HgbA1c)
- Baseline weight, BMI, waist circumference, hip circumference, BP, pulse, body fat analysis
- Family history of obesity*
- History of weight gains and losses*
- Successes and failures of previous weight control attempts*
- Nature of home and work environments
- Environment to which Veteran will be returning
- Current eating and physical activity patterns*
- Current levels of physical activity*
- Source and degree of emotional support*
- Mental and emotional status
- Behavioral strengths and weaknesses*
- Readiness to change*
- Perceived barriers*

*The MOVE!23 Patient Questionnaire, which is likely to have been completed previously, will have covered many of these issues. However, prior to entry into the program, this instrument should be re-administered to ensure that the information is up to date.

Key Point: Assessments should cover eating patterns, physical activity, and behavior/psychological status relative to weight.

Behavior Change Counseling

Numerous strategies exist for facilitating health behavior change in the areas of diet and physical activity. (For more information, refer to Facilitating Healthy Behavior Chapter.) Although MOVE! 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 Veteran for self-care and maintenance following program completion. Examples of these strategies include:

- Self-monitoring of food intake and physical activity
- Learning to strategize, plan ahead, set goals, assess success, and problem solve
- Cognitive and attitudinal change strategies
- Eating strategies (e.g., eating more slowly)

- Impulse-control training
- Other behavioral training, as appropriate

A strong body of evidence has shown that using multiple behavior change strategies in combination increases the effectiveness of weight loss interventions.¹ The residential/day treatment program is conducive to the delivery of multiple change strategies at a high level of intensity.

The following should be considered when planning behavior change counseling:

- Frequency of counseling sessions
- Whether individual, group, or a combination of therapy will be provided (see note on group therapy below)
- Veteran and staff agreement on goals of therapy/treatment plan
- Need for behavior contract signed by Veteran (for example, to not eat foods other than what is provided)
- Level of involvement of family and/or significant others
- Incorporation of components of patient education materials from MOVE! Self-Management Program
- Determination of which staff members will be involved
- Pre-established curriculum or specialized program based on individual needs and shared decision making
- Use of educational videos

Veterans in residential/day treatment should learn about behaviors that they can continue in their home and social environments. For example, teaching a Veteran proper food selection and preparation skills does little good if he will return to a home environment where he has little control over food choices and preparation.

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 development and psychological skill building. Research has shown that group-based cognitive-behavioral modification is a more effective weight management strategy than individual counseling. The group therapy 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).⁹ See the MOVE! website for a comprehensive list of available modules.

Key Point: Intensive education and counseling on behavior change strategies with guided practice are crucial program elements.

Brief Intensive Dietary Therapy

Another MOVE! Intensive program option that should be considered is meal replacement therapy or very low-calorie diets. Because some people 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 stay and reinforces continued active engagement after program completion. Furthermore, it allows Veterans 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. Input from a registered dietician is essential in this aspect of MOVE! Intensive.

The residential or day treatment setting may be an appropriate arena in which to introduce these dietary modifications while providing medical supervision. Veterans with adequate resources (family support, finances) may not find it necessary to participate fully in a residential or day treatment program to learn these diet therapies.

Considerations in Dietary Therapy

Within the MOVE! Intensive program, access to food should be limited and calories and portion sizes should be monitored. Consider establishing the following rules and limitations:

- Determine where meals will be eaten. A communal dining area is recommended.
- Consider placing dietary/healthy eating-related motivational art or messages in the dining area.
- Pre-establish and communicate meal times.
- Establish “house rules” regarding food intake.
- Prohibit food in patient rooms.
- Prohibit food from outside the facility.
- Prohibit food sharing or hoarding
- Prohibit wasting or discarding of food if it is part of the meal plan.
- Consider a behavioral agreement that includes food rules. See sample agreement in Appendix 10–4.

Ensure that any special needs that participants may have are addressed. For example, Veterans with diabetes will need to bring glucose meters with them to regularly check their blood sugars. They 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.

Develop a 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. (For example, Optifast requires clinicians to undergo training; some products may not be on the national formulary contract.) (Note: As the following are not drugs, they do not carry a generic name in the manner of prescription medications.)

- Optifast[®]
- HMR[®]
- Slimfast[®] or Slimfast Optima[®]
- Ensure[®] protein
- Boost[®]
- 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 the program.

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

Dietary Planning and Food Preparation Classes

Veterans 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 knowledge of nutrition is to provide “hands-on” practice, which enables the participant to develop extremely useful skills for continued weight control and maintenance after discharge. Suggested areas of “hands-on” practice include the following:

- Food preparation classes (requires a kitchen or demonstration area)
- Grocery store tours
- Customized shopping lists
- Restaurant outings or trips to the Canteen

Formal nutrition education classes are beneficial. Many of these may be given in group sessions. Several modules covering nutrition topics, as well as patient handouts, are available on the MOVE! website. Suggested general topics include the following:

- Healthy meals
- Meal preparation
- Review of nutrients
- Reading nutrition labels

- Maintaining weight loss through dietary planning

Key Point: Adherence to a diet plan, more so than the actual diet prescribed, has been shown to be the most important dietary factor in successful weight loss.¹⁰⁻¹²

Binge Eating

Some clinical staff involved in MOVE! Intensive may have concerns about binge eaters. This is partly due to a traditional belief that when binge-eaters are placed in a controlled environment, they “act out” by increasing binging. In reality, there is a great deal of evidence suggesting that controlled eating and/or the use of meal replacement successfully manages binge-eating. Hence, programs such as MOVE! Intensive may reduce binge eating. When planning after-care, consideration should be given to supporting planned eating and/or ongoing meal replacement to assist Veterans in managing binge eating.

Considerations in 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 its role in weight loss and weight maintenance, increasing physical activity has an independent effect on lowering health risks.¹³ Even if Veterans are able only to maintain their current weight, increasing physical activity can have protective effects. Finally, research findings on weight loss has generally failed to show a clear health benefit for obese patients over the age of 70 years. By contrast, physical activity, in and of itself, has clearly been demonstrated to improve health across the lifespan.¹⁴

Exercise can be difficult for very heavy people, many of whom may have restrictions due to medical conditions. For these individuals, 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), which are available on the MOVE! website, can guide this evaluation. The Pre-Exercise Medical Evaluation Template can also be used in organizing and documenting the results of the medical evaluation (see Patient Assessment and Medical Evaluation Chapter). If indicated, the Veteran should undergo exercise stress testing prior to beginning a physical activity 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.

Upon entry into MOVE! Intensive, Veterans should undergo a brief fitness screening, the results of which can guide the Veteran and program clinician in the formulation of individualized goals and treatment plans. The Veteran 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 can also assist with developing the exercise treatment plan.

On-site nursing supervision (RN), with medical provider availability (NP/PA/MD), should be provided during active treatment throughout the residential/day treatment program. Program staff should have certification in Basic Life Support and should know how to use an automatic external defibrillator (AED). A plan to respond to medical emergencies, such as chest pain, cardiac arrest, symptomatic hypoglycemia, or falls with injury, should be developed prior to initiation of the program. An inventory of emergency equipment should be performed to ensure all equipment needed to provide safe care is available. When activities are performed off-site, a mobile/cellular phone for staff may be beneficial in the event that emergency assistance is required.

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

- Severe chest pain or pressure
- Severe shortness of breath
- Severe nausea or vomiting
- Sudden onset of one-sided extremity weakness or change in sensation
- Difficulty swallowing, talking, or seeing
- Severe headaches or dizziness

Implementation of Physical Activity

Determine which staff will participate in the coordination of physical activity. Availability of relevant professional staff, such as physical therapists, exercise physiologists, kinesiotherapists, recreational therapists, nurses, dietitians, and others, may vary at each facility. Other considerations when planning the physical activity of the program include the following:

- Frequency and type of exercise sessions.
- Availability of equipment. Equipment must be known to accommodate the weight limit capacity for the Veterans being served. Specific bariatric exercise equipment is preferable. Treadmills or recumbent bicycles may be more comfortable for the obese Veteran than other types of equipment.
- Veteran self-monitoring of physical activity, with a pedometer to track progress.
- Provision of aquatic exercise services and other limited weight-bearing activities, for Veterans with weight-related hip, knee, and ankle joint problems.
- Identification of potential off-site exercise facilities.

Many obese Veterans 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 include the following:

- 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 (e.g., local malls, parks)

- Chartered use of external fitness centers, pools, facilities in other hospitals

Physical activity education is a critical piece of MOVE! Intensive. However, there is a potential for injury if physical activity is performed without safety considerations. In addition, education is needed to help patients assimilate physical activity in their lifestyle after program completion. Lesson plans for instructors that cover many of the topics which will assist Veterans both during the program and at home once the program is completed are available on the MOVE! website.

Key Point: Research has shown that physical activity, in addition to contributing to weight loss, also increases cardio-respiratory fitness and decreases cardiovascular disease risk factors. Even if Veterans are unable to lose weight, incorporation of increased physical activity into their lifestyles may independently reduce health risks.¹³

Refer to the chapter on Facilitating Physical Activity for additional detailed information that may be helpful in developing your program.

Pharmacotherapy

Some Veterans may benefit from taking weight loss medications in addition to physical activity and dietary strategies. Although residential/day treatment is not required to initiate weight management pharmacotherapy, it may provide an optimal time to begin use of these medications. The residential setting in particular is ideal for close monitoring of patient adjustment to the medications. See Weight Loss Medications Chapter for more detailed information.

Benefits of beginning pharmacotherapy during MOVE! Intensive include the following:

- More rapid weight loss may increase Veteran motivation and commitment to the program.
- Close contact with MOVE! staff and close medical supervision during the program enhances evaluation for side effects and response to treatment.
- Vital sign monitoring can be provided with ease.
- Reinforcement of patient education regarding these medications can be done as questions and concerns arise.
- Weight loss medications have their greatest effect when taken in conjunction with behavior modification, dietary therapy, and physical activity.

Veterans receiving a weight loss medication should be medically supervised throughout their time on the medication. An outpatient follow-up plan must be in place if patients are to continue weight loss pharmacotherapy initiated during MOVE! Intensive.

Key Point: Ensure that Veterans are aware that medications alone will not suffice for weight loss maintenance and that continued diet and exercise plans are imperative.

There is only one weight control medication approved by the FDA for long-term treatment of obesity: orlistat.

Orlistat (Xenical®)¹⁵

Characteristics of orlistat include the following:

- Blocks fat absorption in the gut.
- Dosed as 120mg three times a day, with meals.
- Side effects include fatty/oily stools, fecal urgency/incontinence, bloating, oily spotting, abdominal pain, and dyspepsia.

Criteria for use of this medication has been developed by VA Pharmacy Benefits Management (PBM). See the Criteria-For-Use for Orlistat (Xenical),¹⁶ which can be found on the MOVE! website.

MOVE! Intensive Follow-up

Continued follow-up after program completion is an integral component of MOVE! Intensive. The period of transition from a structured setting like MOVE! Intensive back into the former environment is difficult at best. People have a strong tendency to revert to old habits that require less energy and focus unless the new behaviors are supported and reinforced. Additionally, although Veterans who have had success in losing weight will initially receive praise and support from family, friends, and acquaintances, this support typically drops off over time, even as the Veteran continues to struggle with continued weight loss or maintenance. For these reasons, frequent guidance and support are necessary to maintain newly learned skills and behaviors. The health care team can play a key role in supporting weight maintenance by recognizing that patients are engaged in a lifelong effort and helping them to persevere.

Key Point: Evidence shows that WITHOUT ongoing intervention, the majority of individuals who have completed a weight loss program regain their weight within 1-5 years.⁶

Prior to completion of MOVE! Intensive, goals for follow-up should be planned. Follow-up will need to be individualized; some Veterans may require more frequent interaction than others and some modalities of follow-up may work better for some than others. A key component of follow-up should be reinforcement of the skills Veteran acquired during the active treatment phase of MOVE! Intensive, including self-monitoring, goal-setting, and problem-solving. These ongoing skills should be reinforced during all post-program contacts.

When planning follow-up visits, determine time frames and frequency, as well as what the follow-up visits will involve. Options for follow-up include:

- Continued participation in MOVE! self-management support. Contact with the health care team should occur not less than twice weekly at first; the schedule can then be lengthened as clinically indicated.
- Participation in MOVE! group sessions, including anniversary/maintenance group sessions, if possible. Encourage Veterans 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.
- Initiation of group sessions or support groups specifically for Veterans that have completed MOVE! Intensive.
- Continued contact through
 - Telephone calls
 - E-mail contacts
 - TeleMOVE!
- Involvement of family members (to the extent desired by the Veteran) throughout the process.
- Involvement of Veterans who have successfully completed the program with new groups. These former patients can share their experiences and inspire current participants, and such participation can also serve to reinforce their efforts in the ongoing struggle with managing their weight.
- Return visits to primary care

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

Key Point: Research has consistently shown that continued contact with the health care team is essential for the majority of people to maintain the weight loss they have achieved. ⁵

This chapter was reviewed and edited by the following VA clinical staff:

Charles Billington, MD, VAMC, Minneapolis, MN
Allison Morell, RD, VA HCS, Pittsburgh, PA
Kathy Proebstle, NP, VAMC, Minneapolis, MN

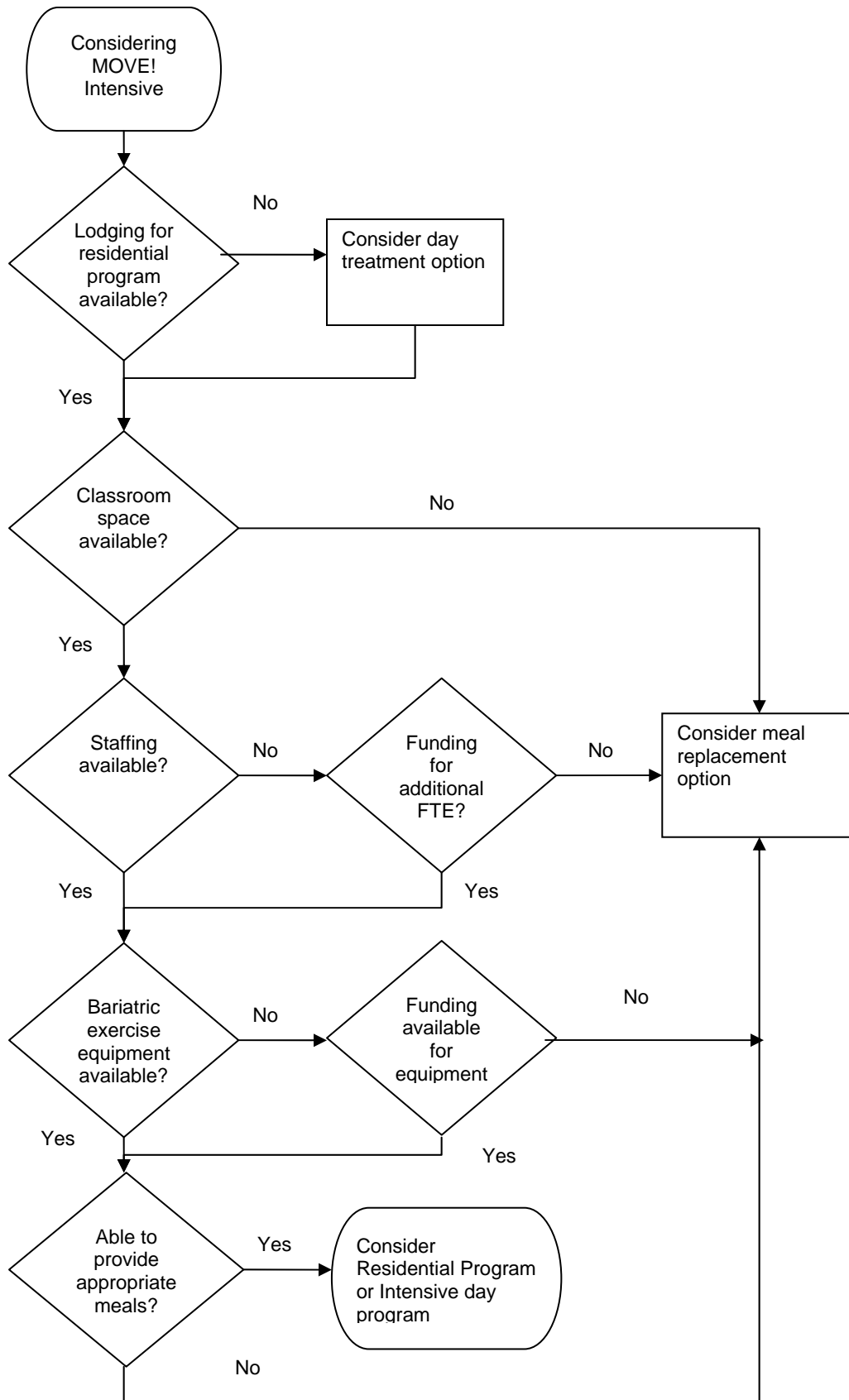
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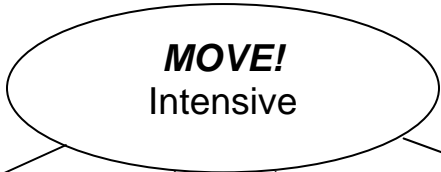
Appendix 10–1 Sample Weekly Schedule for Inpatient Program

	Monday	Tuesday	Wednesday	Thursday	Friday
0800	Welcome and check-in to lodging area	Weigh-in and breakfast	Weigh-in and breakfast	Weigh-in and breakfast	Weigh-in and breakfast
0900		Fitness Center	Fitness Center	Fitness Center	Fitness Center
1000		Diet class: Meal Planning	Group therapy	Diet class: Grocery Store Tour	Individual counseling and free time
1100	Program orientation	Health class	Diet class: Cooking Skills		
1200	Lunch	Lunch	Lunch	Lunch	Lunch
1300	Diet class: Nutrition	Fitness session: stretching and strengthening	Fitness session: stretching and strengthening	Fitness session: stretching and strengthening	Fitness session: stretching and strengthening
1400	Fitness Center orientation	Group therapy	Behavior change counseling	Group therapy	Class: Life After Program/Coping Skills
1500	Pedometer set-up	Fitness Center	Fitness Center	Fitness Center	Fitness Center
1600	Hobby skills workshop	Educational videos	Hobby skills workshop	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 10-2 Decision Aid for *MOVE!* Intensive



**Appendix 10–3
Decision Aid for Program Selection/Requirements**



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

Inpatient Residential Program

Day Treatment (Non-Residential)

Meal Replacement

Very-Low-Calorie Diet (Non-Residential)

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

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.

Unit operational Monday-Friday 8:00 am – 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

Participant meets screening requirements for *MOVE!* Intensive.

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

Patient should be encouraged to participate in other available *MOVE!*-related programs, such as counseling sessions, support groups, and exercise programs, all of which may be provided in Self-Management (formerly known as Levels 1 and 2) or *MOVE!* Intensive.

Participant meets screening requirements for *MOVE!* Intensive.

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

Patient should be encouraged to participate in other available *MOVE!*-related programs, such as counseling sessions, support groups, and exercise programs, all of which may be provided in Self Management (formerly known as Levels 1 and 2) or *MOVE!* Intensive.

**Appendix 10–4
Sample Behavioral Agreement**

MOVE! Intensive

Congratulations on your acceptance into MOVE! Intensive! You have taken a big step toward reaching your weight loss goals. Your success in the program will depend on how closely you follow your exercise prescription and diet plan. The goals that you and the MOVE! Intensive team have agreed upon are as follows:

You also agree to the following:

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, I may not achieve the goals I have set for myself, and I may be asked to withdraw from the program. My plan of support for difficult times is to:

Veteran

MOVE! Intensive Team Member

10 Links

The links from this chapter are listed below:

VA National Center for Health Promotion and Disease Prevention
<http://www.prevention.va.gov/>

Veterans Health Administration Office of Patient Care Services
<http://www.patientcare.va.gov/index.asp>

Weight Management Program for Veterans (MOVE!®)
<http://www.move.va.gov/>

NIH Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report (1998)
http://www.nhlbi.nih.gov/guidelines/obesity/ob_gdlns.htm

Screening and Interventions for Obesity in Adults: Summary of the Evidence for the US Preventive Services Task Force (2003)
<http://www.annals.org/content/139/11/933.full.pdf+html>

Screening for Obesity in Adults (2003)
<http://www.annals.org/content/139/11/930.full>

Handbook 1101: Managing Overweight and/or Obesity for Veterans Everywhere (MOVE!) Program
http://www.move.va.gov/download/Resources/1101.1HK3_27_06.pdf

Joint Veterans Affairs/Department of Defense Clinical Practice Guideline for Screening and Management of Overweight and Obesity (2006)
http://www.healthquality.va.gov/obesity/obe06_final1.pdf

Pre-Exercise Cardiovascular Risk Stratification
<http://www.move.va.gov/download/Resources/PreExerciseCardiovascularRiskStratification.pdf>

Physical Activity Readiness Exam
<http://www.move.va.gov/download/Resources/AdaptedParMedX.pdf>

10

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3. Screening for obesity in adults: recommendations and rationale. *Ann Intern Med.* Dec 2 2003;139(11):930-932.
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16. Criteria-for-Use Checklist for Orlistat (Xenical): VHA Pharmacy Benefits Management Strategic Healthcare Group and Medical Advisory Panel; 2005.