Significance of cognitive – behavioral therapy in the treatment of obesity

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Introduction and objectives

Dietary therapy (DT), programmed physical activity (PPA) and cognitive –behavioral therapy (CBT) are basic measures in the treatment of obesity. CBT applies methods which change eating habits of obese persons, aiming to remove barriers relating DT and PPA. .The goal of this study is to try efficiency of applying CBT in the program for the reduction of body mass of obese persons, versus the application of DT and PPA alone.

Material and Methods

The study included 60 obese persons ,who were devided into two groups(1 and 2), with 30 patients in each group,20-58 years of age ,with the body mass index (BMI) ≥30 kg /m2 and hyperlipidemia (LDL cholesterol ≥4,2 mmol/l serum). Patients have not been previously treated for obesity and were unhappy with their weith. Patients from both groups were on hypocalorie diet, individually designed and had programmed physical activity every day. Patient in group 2 underwent group CBT, under the supervision of psychiatrist once a week with duration of 120 min ,but in group 1 no. Both groups also went to see an endocrinologist 6 times, on which occasions their body weight, parameters of lipid status serum and level of glucose in serum were measured.

Results

Red.br.	Parametar	Grupa						
No	Parameter	Group	n		S	Me(RANG)	Min	Max
		В	29	46,2	9,9	50	20	58
1	Starost (Age)	A	25	41,4	9,75	44	20	58
		В	29	Muški 16 (55.2%)(Male)		Žene 13 (4	Žene 13 (44.8%)(Female)	
2 Pol(Gender)		A	25	Muški 13 (52.0%)		Žene 1	Žene 12 (48.0%)	
		В	29	174	9,23	176	158	190
3	Visina(Height)	A	25	171	7,52	170	157	185
		В	29	106,1	18,1	106	78,5	150
4	Tjelesna masa (Body wight)	A	25	102	10,99	102	80	120
		В	29	34,8	4,03	34	28	44
5	Indeks tjelesne mase(BMI))	A	25	3.5	2,67	35	31	41
	Trajanje	В	29	26	10,44	29	2	39
6	gojaznosti(Duration of obesity)	A	25	21	8,24	21	7	36
		В	29	1317	122,68	1300	1200	1500
7	Dijeta(Diet)	A	25	1256	71,18	1200	1200	1500

Table 1 Demographic characteristics of the patients

	GRUPA B /GROUP B		GRUPA A/GROUP A		
M jerenja (M easurements)	t	Zakljucak	t	Zakljucak (conclusion)	
Pocetak: 4 nedjelje					
(start: 4 weeks)	8,85	p < 0.05	9,735	p < 0.05	
Pocetak: 12 nedjelja	14,545	p < 0.05	8,179	p < 0.05	
4 nedjelje: 12 nedjelja					
4 weeks: 12 weeks	9,912	p < 0.05	5,54	p < 0.05	

Table 2 The test results mean values of body mass within the group

Vrijeme	Oslabili (weight loss)			Zakljucak
posmatranja(Observation time)	В	A	t	(Conclusion)
4 nedjelje 4 weeks	29(100.0%)	22(88.0%)	1,92	p>0.05
12 nedjelja 12 weeks	29(100.0%)	23(92.0%)	1,552	p>0.05

Table 3 Schedule of patients in each group were weight loss during therapy group

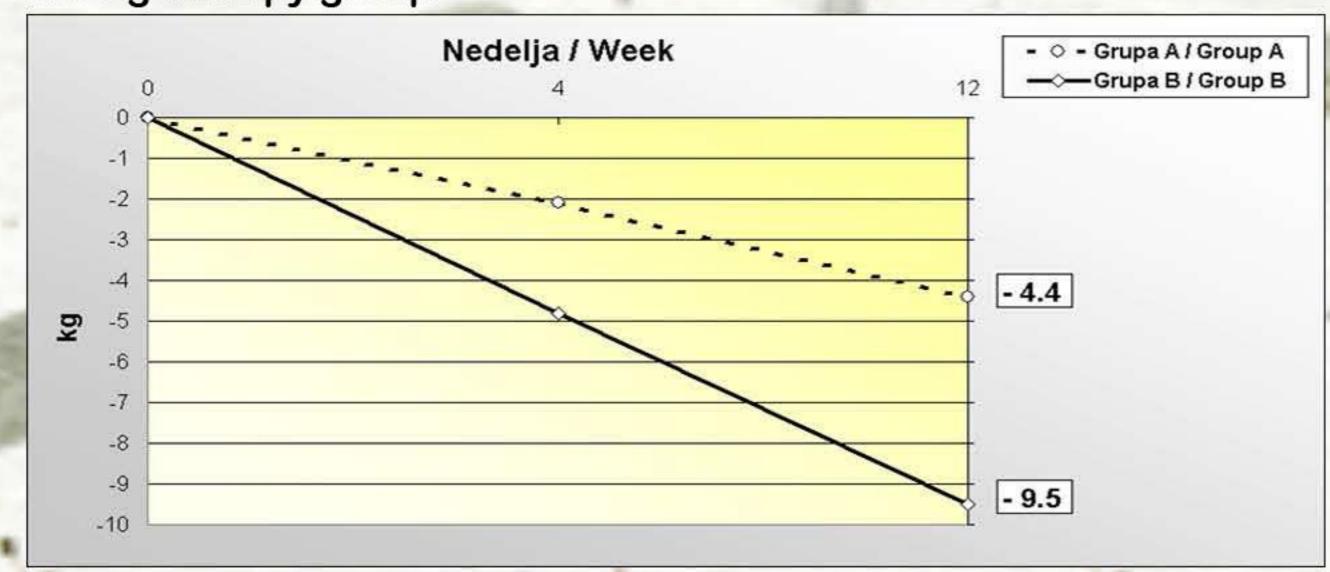


Figure 1. The curve value of weight loss during therapy

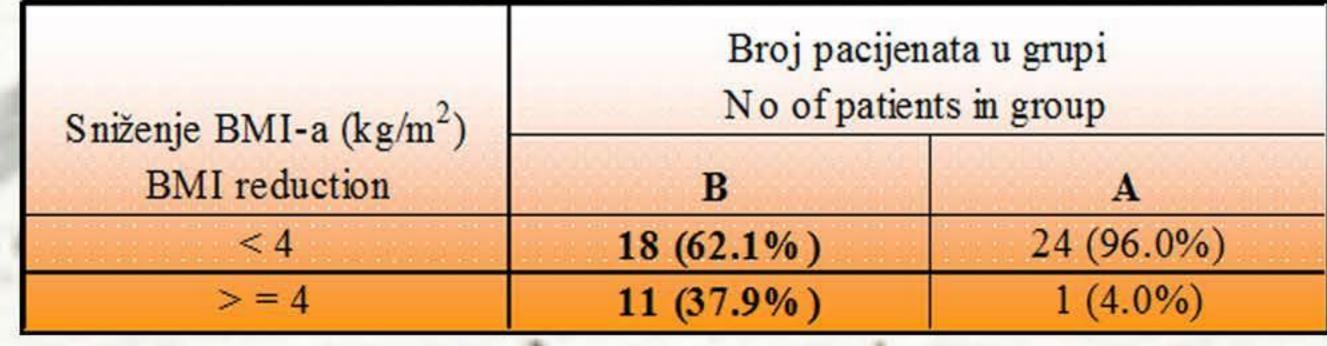


Table 4. BMI reduction in groups during 12 weeks of therapy

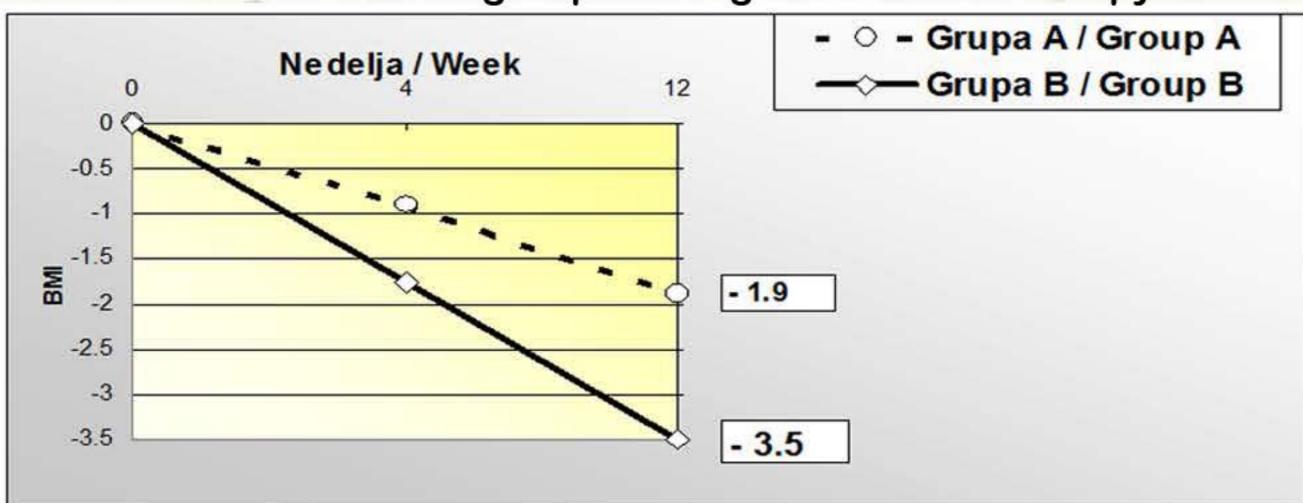


Figure 2. Mean value of BMI during the therapy



Figure 3. Changes in mean value of glucose, LDL, HDL, triglycerideduring the therapy

	GRUPA E	GROUP B	GRUPA A /GROUP A	
Sistolni pritisak /Systolic blood pressure	t	Zakljucak Conclusion	t	Zak ljucak Conclusion
Pocetak: 4 nedjelje /Start:				
4 Weeks	5,795	p < 0.05	1,572	p > 0.05
Pocetak: 12 nedjelja	6,208	p < 0.05	2,449	p < 0.05
Dijastolni pritisak Diastolic blood pressure				
Pocetak: 4 nedjelje	7,34	p < 0.05	0,272	p > 0.05
Pocetak: 12 nedjelja	6,927	p < 0.05	0,253	p > 0.05

Table 5. Comparison of mean values of systolic and diastolic blood pressure

Results showed that in group 2, the medium value of BM reduction after 12 weeks of tretment was 9,5 kg (8,9 %), LDL cholesterol decreased for 34,5 %, HDL cholesterol increased for 2,7%, triglycerides decreased for 15,3 %, glicaemia decreased for 14,8 %, which is the significantly better metabolic profile ,then in group 1.

Conclusion

CBT afected the improvement of motivation and readiness of patients to stick to the dietary regimen and physical activity. In designing the program for the reduction of obesity it is necessary to include CBT, which brings significantly better therapy outcomes, then the application of DT and PPA alone

Literature

- 1. James WP. The epidemiology of obesity: the size of the problem. J Inter Med 263:336,2006
- 2.Kopelman P.Health risk associated with overwight and obesity .Obes Res 8(suppl 1);13,2007
- 3. Poente EE, Melanson KJ, Greene GW. Characteristic Associated With Eating Rates in Young Adults. Obesity. 2011 Nov; Vol 19 (Suppl 1):425 -P
- 4.. Peterson CB, Mitchell IE. Psychosocial and pharmacological treatment of eating disorders,
- a review of research findings .J Clin Psychol 1999;55(6):685-97
- 5.Robin AL, Gilroy M, Dennis AB. Treatment of eating disorders in children and adolescents; Clin Physical Rev 1998 (4): 421-46.
- 6.Michelle P.Warren .Endocrine Manifestation of Eating Disorders .J Clin Endocrinol Metab 96 :333-343.2011
- 7.Jocelyn Lebow ,Leslic A.Sim,LisaN.Kransdorf .Prevalence of History of Overwight and Obesity in Adolescents With Restrictive Eating Disorders . Journal of Adolescent Health ,2014:1-6 8.MS Alverenga et al. Eating attitudes of anorexia nervosa, bulimia nervosa, binge eating disorder and obesity without eating disorder female patoents: diferences and similaritas. Physiology and Behaviour 131(2014):99-104
- 9.Aphramor L.Validity of claims made in weight management research :a narrative review of dietetic articles.Nutr J .2010 Jul 20;9:30







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