CONCLUSIONS

With the rise in obesity, there is a need for effective alternatives to control bodyweight. Recently, the American Dietetic Association issued clinical guidelines, from their evidence-based library, for adult and pediatric weight management. In these guidelines, it is recommended that clinicians use when assessing RMR for the development of a nutritional plan. Moreover, dietary counseling is effective in helping patients to achieve a healthy weight. From this observational study, it appears the use of IC for developing an individualized nutrition program improves short-term SE in obese adults. SE related to food availability, social pressure to eat, and positive activities (i.e. celebrations) with food are significantly improved. SE appears to increase from two important constructs; source credible information and task experience. The study participants appeared to believe the information was credible and were comfortable with managing food consumption in various situations. Therefore, the energy-balance message from measured RMR may have provided an effective foundation to caloric awareness and daily energy needs. However, additional treatment is needed to address negative emotions and physical discomfort that may foster emotional eating.

The energy-balance message with measured RMR also appears to affect the individual responsive to weight change. Thirty eight percent (38%) of compliers were able to reduce bodyweight and 28% were able to maintain bodyweight over the 30 day period. Therefore, an energy-balance message centered on energy balance may provide clinicians a cost-effective solution to patient self-management for overweight and obesity.

Not only does this assessment and counseling method appear to be effective, but the RMR assessment was reimbursed by government and private payers. The diagnostic procedure (CPT 94690) was allowed by payers for all participants. Average reimbursement for the procedure was $81.50. Therefore, the use of IC technology in a medical practice provides an individualized plan that appears to be a cost-effective solution that may resolve the insurance barrier many physicians indicate as a deterrent to treating overweight and obese patients 3,22. In conclusion, the use of IC technology for developing a personalized nutrition program, combined with an energy-balance message, may provide clinicians a cost-effective solution to patient self-management for overweight and obesity.

REFERENCES