P21  Evaluation of an interactive, personalised, Internet-based weight loss program
AO Booth, CA Nowson
School of Exercise and Nutrition Sciences, Deakin University, Burwood, VIC 3125

Background – One of the most effective intervention methods to assist with lifestyle modifications for weight management involves individual counselling with face to face contact, however, this method is time intensive and costly for patients. Recently, internet based interventions and education programs have been developed. The internet can access a large number of consumers in a more cost effective manner than other information delivery channels.

Objectives – To determine whether an online, personalised weight reduction program including dietary advice plus exercise is more effective in reducing weight than an exercise only program over 12 weeks.

Design – Participants were randomized to either an exercise only group (EX) or a diet plus exercise group (ED). Body Mass Index (BMI) and 24 hour dietary records were collected at baseline and week 12. Participants attended a baseline and final intervention visit where anthropometric measurements were performed. Subjects wore a pedometer, recorded daily steps and set weekly goals to increase daily steps through the internet program. The ED group also received healthy eating advice, set dietary goals via the internet and received personalised email assistance.

Outcomes – Seventy three participants commenced and 53 completed (EX n = 26; ED n = 27; BMI (mean (SD)), 29.7 (2.5) kg/m²; age 46.3 (10.8); 21% male). The percent weight changes were: EX, 2.1 (0.6) %; ED, 0.9 (0.6) % (P = 0.15), and change in total energy intake was EX, +110 (666.6) kJ ED, -1812.6 (803.4) kJ, P = 0.07 between groups, with no difference in daily step change (ED 3525 (896.7), EX 3148 (848.2) steps, P = 0.76).

Conclusions – An internet-based program with goal setting resulted in a mean weight loss of 1-2%. The combined exercise and dietary modifications did not result in a greater weight loss when compared to exercise alone. Dietary education did not enhance weight loss over 12 weeks and there was an indication of a greater weight loss in the exercise only group, even though the ED group reported a similar increase in physical activity and a greater fall in energy intake. It may be that those randomised to the exercise group made additional lifestyle changes that we were unable to detect.

P22  General Practitioner initiated lifestyle advice for overweight and hypertension
AO Booth, CA Nowson
School of Exercise and Nutrition Sciences, Deakin University, Burwood, VIC 3125

Background – In recent years, there has been a focus on using the general practice setting for health promotion including improving dietary and exercise practices among patients.

Objectives – To determine the extent to which Australian-based GPs advise overweight and obese patients to make lifestyle changes for weight loss and advise hypertensive patients to reduce intake of salt and/or salty foods.

Design – A face to face survey was conducted on a representative sample of South Australian residents. Respondents provided information on height and weight (self-report), whether they had received lifestyle advice from their GP for weight loss, whether their GP had recorded their weight in the past 12 months, if they had ever been told that they had high blood pressure, their current use of anti-hypertensive medication and if they have ever received advice to reduce their intake of salt and/or salty foods.

Outcomes – The sample included 2947 people aged 18 years or older (47% female; BMI (mean (SD)), 26.6 (5.3) kg/m²; age, 50.7 (18.0) years). Ninety-six percent of respondents had visited their GP in the past 12 months. Forty-one percent of males and 25% of females were overweight and 19% of males and 20% of females were obese. Forty-five percent of overweight or obese respondents were weighed and 27% received lifestyle advice for weight loss purposes from their GP (5.5% received only dietary advice, 6.5% received only exercise advice and 15% received both dietary and exercise advice). Thirty-three per cent of all respondents had been told in the past by their doctor that they had high blood pressure. Of these, 66.7% were taking medication for blood pressure control and 33.7% had been advised to reduce salt intake.

Conclusion – Although almost 1/2 of overweight and obese patients had been weighed, less than 1/3 of these had received lifestyle advice that could assist with weight loss. Additionally just over 1/3 of those who had been told they have high blood pressure by a doctor received advice to reduce salt intake. There are potentially missed opportunities in which GPs could provide re-enforcement of benefits of lifestyle changes with respect to weight and blood pressure control. Strategies should be investigated to encourage GPs to assess risk of overweight, obesity and that would support GPs in providing simple advice to assist patients in making positive lifestyle changes that could at least assist in the prevention of weight gain and reduce blood pressure.