Cost-Effectiveness of a Primary Care Intervention to Treat Obesity

The United States spends approximately 9% of its health care budget on obesity-related issues. Therefore, more research must be done on the cost-effectiveness of obesity treatment, especially non-surgical interventions. This study aims to evaluate the economic impact of treating obesity through varying levels of counselling at the primary care level. Inclusion criteria were “a body mass index of 30–50 kg m², weight of ≤182 kg, plus abdominal obesity (elevated waist circumference) and at least one of the four other criteria for metabolic syndrome”, but no other major underlying conditions.

Participants were allocated to one of the following groups:

1) Usual care: Participants “received weight loss advice during quarterly visits with their PCP [Primary Care Physician]”
2) Brief Lifestyle Counselling: Participants completed both an appointment with their primary care physician every quarter and a counselling session with a weight loss coach every month
3) Enhanced Brief Lifestyle Counselling: Participants attended “quarterly [doctor’s] visits, monthly coaching visits, as well as a choice of ‘enhanced’ therapy—either meal replacements (Slim-Fast) or weight loss medication (orlistat or sibutramine; sibutramine was removed from the US market in October 2010, toward the end of POWER-UP)”.

Results were inconclusive in the short term, as the researchers found the treatment was cost-effective when measuring treatment in cost per kilogram-years (kilograms lost per year) but not when using cost-per-QALY (quality-adjusted life years). Scientists determined the most intensive form of therapy cost $292 per kilogram-year more than usual care, which aligns with previous research. These are short term-projections, and the “comparison of short-term cost per kg with published estimates of longer-term cost per QALY suggested that the intervention could be cost-effective over the long term.”