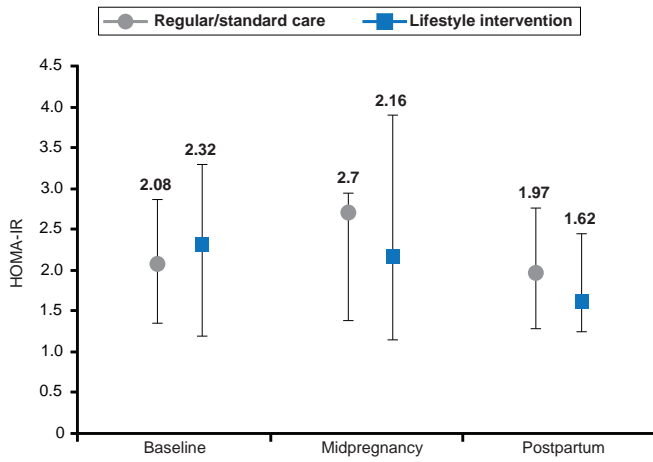


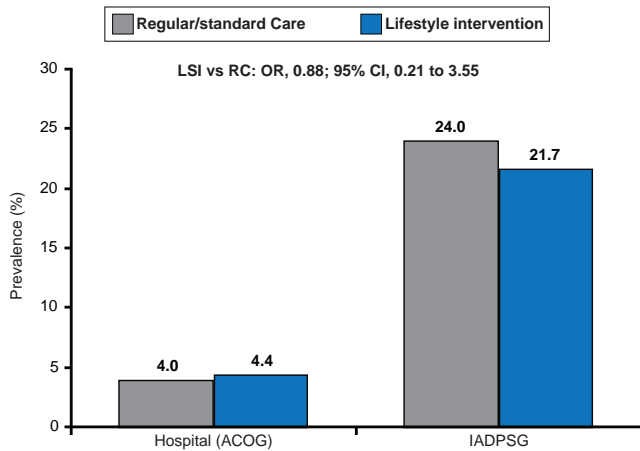


Figure 2. Changes in Insulin Resistance



HOMA-IR=homeostasis model of assessment - insulin resistance. Reproduced with permission J Marcinkevage, PhD, MSPH.

Figure 3. Prevalence of Gestational Diabetes Mellitus



ACOG=American Congress of Obstetricians and Gynecologists; IADPSG=International Association of Diabetes and Pregnancy Study Groups; LSI=lifestyle intervention; RC=regular care. Reproduced with permission from J Marcinkevage, PhD, MSPH.

The study was not designed to be a definitive trial, thus larger trials are needed to confirm these results. Dr. Marcinkevage suggested that the modest but definitive effects of LSI on glucose metabolism and insulin resistance might be a factor of β -cell function and early insulin response.

Participation in VA's MOVE! Associated With Weight Loss

Written by John Otrompke

Participation in a lifestyle change program operated by the Veterans' Administration (VA) was associated with modest but sustained weight loss, according to Sandra L. Jackson, MPH, Emory University and Atlanta VA Medical Center, Atlanta, Georgia, USA, who presented results studying the MOVE! program. It is the largest lifestyle change program in the United States; however, <10% of the 402,693 veterans involved in this program met the VA's criteria for "intense and sustained" participation (ie, they participated in ≥ 8 sessions over 6 months, with at least 129 days between the first and last session attended).

MOVE!, instituted in 2005, was modeled on the Diabetes Prevention Program (DPP) of the National Institutes of Health, but has had more limited success. Participants in the DPP had to be prediabetic, while MOVE! participants must have a body mass index (BMI) of ≥ 25 kg/m² with a weight-related condition or of ≥ 30 kg/m², and may be advised by their physician to enter the program, or may learn of it and become involved through the MOVE! website. The DPP lasted for 16 sessions, while MOVE! duration is 8 to 12 sessions.

At baseline, MOVE! participants had a mean age of 57 years, 88% of them were male, and ~50% were married. Twenty-two percent were black.

Three-year follow-up data were available for 135,686 participants. Over this period, mean BMI fell from 36.3 to 35.8 kg/m². A total of 8.7% participated actively (ie, achieved "intense and sustained" participation), and lost 2.7% of their body weight at 3 years compared with those who participated less actively, who lost 1.1% (p<0.001). By comparison, those in the DPP lost 4% of their body weight at 3 years. The researchers hypothesized that participants in DPP, who volunteered to take part in a research study, may have been more motivated, and the DPP was a more intensive program.

Thirty-eight percent of MOVE! participants had diabetes at baseline. Diabetic patients were more likely to participate actively compared with those who did not have diabetes (9.6% vs 7.8%; p<0.01). Furthermore, diabetic participants lost 1.7% of their weight at 3-year follow-up, compared with nondiabetic patients, who lost 0.9% of their weight (p<0.01).

Of the 66,933 participants for whom 3-year follow-up data were available and who did not have diabetes at baseline, 18.7% went on to develop diabetes. Among participants, losing more weight was associated with a lower risk of developing diabetes.

Research is ongoing in 2.5 million patients (both participants and eligible nonparticipants) to investigate the impact of MOVE! participation on diabetes incidence and other health outcomes.