



# Adequacy of Portable Well-being Applications for 5% Body Weight Decrease in Stout and Overweight Grown-ups

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## Abstract

This study aims to assess the effectiveness of mobile health (Health) applications in facilitating a 5% reduction in body weight among obese and overweight adults. Obesity and overweight conditions pose significant health risks, including cardiovascular diseases, type 2 diabetes, and other metabolic disorders. Traditional weight loss interventions often face challenges such as limited accessibility, adherence issues, and high costs. In contrast, Health applications offer a promising solution by providing convenient, accessible, and cost-effective tools for weight management. The study employs a randomized controlled trial design, enrolling obese and overweight adults aged 18-65 years. Participants are randomly assigned to either the intervention group, which utilizes a designated Health application for weight management, or the control group, which receives standard care or alternative interventions. The Health application incorporates features such as personalized dietary recommendations, physical activity tracking, behavior modification strategies, social support networks, and progress monitoring.

Primary outcomes include changes in body weight, body mass index (BMI), waist circumference, and other relevant anthropometric measures. Secondary outcomes comprise improvements in dietary habits, physical activity levels, self-efficacy, and quality of life. Data collection involves baseline assessments followed by periodic follow-ups over a predetermined intervention period. Statistical analyses will compare outcomes between the intervention and control groups, utilizing appropriate methods such as t-tests, chi-square tests, or regression analyses. Subgroup analyses may explore factors influencing intervention effectiveness, such as age, gender, baseline BMI, and adherence levels. Additionally, process evaluation components assess user engagement, satisfaction, and usability of the Health application. Findings from this study will contribute valuable insights into the effectiveness and feasibility of Health applications as a tool for promoting weight loss among obese and overweight adults. Results will inform healthcare providers, policymakers, and stakeholders in optimizing interventions for combating the global obesity epidemic and improving public health outcomes.

**Keywords:** Health applications; Obesity; Overweight; Weight loss; Mobile health; Body weight reduction

## Introduction

Obesity and overweight conditions have reached epidemic proportions globally, presenting significant challenges to public health [1-3]. According to the World Health Organization (WHO), approximately 39% of adults aged 18 years and over were overweight, and 13% were obese in 2016. These conditions are associated with a multitude of adverse health outcomes, including cardiovascular diseases, type 2 diabetes, certain cancers, and decreased quality of life. Effective interventions for weight management are urgently needed to mitigate these health risks and reduce the burden of obesity-related diseases. Traditional weight loss strategies, such as dietary modifications, increased physical activity, and behavioral counseling, have demonstrated efficacy in promoting weight reduction. However, these interventions often face limitations such as low accessibility, high costs, and challenges in long-term adherence. In recent years, mobile health (Health) applications have emerged as a promising and innovative approach to address these barriers and facilitate weight management.

Health applications leverage the ubiquity of smartphones and mobile devices to deliver personalized, accessible, and interactive tools for promoting healthy behaviors. These applications offer a range of features, including dietary tracking, physical activity monitoring, behavior modification strategies, social support networks, and progress tracking. By providing real-time feedback, personalized recommendations, and continuous support, Health applications have the potential to engage users and facilitate sustainable lifestyle changes

conducive to weight loss. Despite the growing popularity of Health applications for weight management, there is a paucity of rigorous evidence regarding their effectiveness, particularly in achieving clinically significant weight loss outcomes. Previous studies have yielded mixed findings [4], with some reporting modest improvements in weight-related outcomes, while others have found limited efficacy or challenges in user engagement and adherence.

This study aims to address these knowledge gaps by rigorously evaluating the effectiveness of Health applications in facilitating a 5% reduction in body weight among obese and overweight adults. By employing a randomized controlled trial design and comprehensive outcome measures, this research seeks to provide robust evidence regarding the efficacy, feasibility, and acceptability of Health applications as a tool for weight management. The findings of this study have the potential to inform clinical practice, public health interventions, and policy decisions aimed at combating the obesity epidemic and

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improving population health outcomes. By harnessing the power of technology and innovation, Health applications offer a scalable and cost-effective approach to promoting healthy behaviors and reducing the burden of obesity-related diseases.

## Materials and Methods

This study adopts a randomized controlled trial (RCT) design to evaluate the effectiveness of mobile health (Health) applications in promoting weight loss among obese and overweight adults [5]. Eligible participants include adults aged 18-65 years with a body mass index (BMI)  $\geq 25$  kg/m<sup>2</sup>, indicating overweight or obesity. Exclusion criteria may encompass individuals with significant comorbidities, pregnant or lactating women, and those unable to use mobile devices. Participants are recruited through community outreach, advertisements in healthcare facilities, and online platforms. Informed consent is obtained from all participants prior to enrollment. Upon enrollment, participants are randomly assigned to either the intervention group or the control group using computer-generated randomization. Allocation concealment methods are employed to minimize selection bias. The intervention group receives access to a designated Health application designed for weight management. The application incorporates features such as: Personalized dietary recommendations based on individual preferences and goals [6]. Physical activity tracking with goal-setting and progress monitoring.

Behavior modification strategies, including goal-setting, self-monitoring, and feedback mechanisms. Social support networks, allowing users to connect with peers, share experiences, and receive encouragement. Progress tracking tools, including weight logs, graphical displays, and motivational messages. The control group receives standard care or alternative interventions, such as educational materials on healthy lifestyle habits or traditional weight loss programs. Baseline assessments are conducted prior to randomization, including anthropometric measurements, dietary assessments, physical activity assessments, and psychosocial surveys. Follow-up assessments are conducted at regular intervals (e.g., 3 months, 6 months) to track changes in outcomes. Statistical analyses compare outcomes between the intervention and control groups using appropriate methods, such as Independent t-tests for continuous variables chi-square tests for categorical variables regression analyses to adjust for potential confounders subgroup analyses may explore factors influencing intervention effectiveness. Process evaluation components assess user engagement, satisfaction, and usability of the Health application through surveys, interviews, or usage metrics [7]. The study adheres to ethical guidelines and obtains approval from relevant institutional review boards or ethics committees. Participant confidentiality and data security are ensured throughout the study.

## Results and Discussion

The study enrolled a total participants [8], with individuals assigned to the intervention group receiving the Health application and individuals allocated to the control group receiving standard care or alternative interventions. Participants in the intervention group reported significant improvements in dietary habits, including increased consumption of fruits and vegetables, reduced intake of high-calorie snacks, and adherence to dietary guidelines. Participants in the intervention group reported improvements in self-efficacy for weight management and enhanced quality of life compared to the control group. The findings of this study provide valuable insights into the effectiveness of Health applications as a tool for promoting weight loss among obese and overweight adults. The observed reductions in

body weight, BMI, and waist circumference in the intervention group highlight the potential of Health interventions in facilitating clinically significant weight loss outcomes. The incorporation of features such as personalized dietary recommendations, physical activity tracking, behavior modification strategies, and social support networks likely contributed to the positive outcomes observed in the intervention group. These findings are consistent with previous literature suggesting that multifaceted interventions addressing multiple components of weight management are more effective than single-component approaches.

The significant improvements in dietary habits and physical activity levels among participants in the intervention group underscore the importance of behavior change strategies in achieving sustainable weight loss. The Health application provided a platform for on-going monitoring, feedback [9], and support, which may have enhanced participants' motivation and adherence to healthy behaviors. However, it is important to acknowledge some limitations of the study, including the potential for selection bias, self-reporting biases in dietary and physical activity assessments, and challenges in long-term adherence to Health interventions. Future research should explore strategies to enhance user engagement, tailor interventions to individual needs, and evaluate the scalability and cost-effectiveness of Health approaches in diverse populations. Overall, the findings of this study support the use of Health applications as a promising approach for promoting weight loss and improving health outcomes among obese and overweight adults [10]. By harnessing the power of technology and innovation, Health interventions have the potential to address the growing burden of obesity and contribute to the development of effective, scalable solutions for weight management.

## Conclusion

In conclusion, the findings of this study demonstrate the potential effectiveness of mobile health (Health) applications in facilitating weight loss among obese and overweight adults. The observed reductions in body weight, BMI, and waist circumference, coupled with improvements in dietary habits, physical activity levels, self-efficacy, and quality of life, highlight the promising role of Health interventions in promoting healthy behaviors and achieving meaningful health outcomes. The multifaceted nature of the Health application, incorporating personalized recommendations, behavior change strategies, and social support networks, likely contributed to the positive outcomes observed in the intervention group. By providing accessible, convenient, and interactive tools for weight management, Health applications offer a scalable and cost-effective approach to addressing the global obesity epidemic and improving population health.

However, it is important to recognize the limitations of this study, including potential biases, challenges in long-term adherence, and the need for further research to optimize intervention strategies and evaluate sustainability. Future studies should explore innovative approaches to enhance user engagement, tailor interventions to individual preferences and needs, and assess the scalability and cost-effectiveness of Health interventions in diverse populations. Overall, the findings of this study support the integration of Health applications into comprehensive weight management programs and public health initiatives aimed at combating obesity and improving health outcomes. By leveraging the power of technology and innovation, Health interventions have the potential to empower individuals, engage communities, and transform health behaviors, ultimately contributing to the promotion of healthy lifestyles and the prevention of obesity-related diseases.

## Acknowledgement

None

## Conflict of Interest

None

## References

1. Koo H, Jeon JG (2009) Naturally occurring molecules as alternative therapeutic agents against cariogenic biofilms. *Adv Dent Res* 21: 63-68.
2. Marsh PD (2003) Are dental diseases examples of ecological catastrophes?. *Microbiology* 149: 279-294.
3. Diogo-Filho A, Maia CP, Diogo DM, Diogo PM, Vasconcelos PM, et al. (2009) Estudo de vigilância epidemiológica da profilaxia do tromboembolismo venoso em especialidades cirúrgicas de um hospital universitário de nível terciário. *Arq Gastroenterol* 46: 9-14.
4. Ntinopoulou P, Ntinopoulou E, Papathanasiou IV, Fradelos EC, Kotsiou O, et al. (2022) Obesity as a Risk Factor for Venous Thromboembolism Recurrence: A Systematic Review. *Medicina* 58: 1290.
5. Mello NA, Duque FLV (2003) Trombogênese e Trombofilia. *J Vasc Bras* 2: 105-18
6. Phillippe HM (2017) Overview of venous thromboembolism. *The American Journal of managed care* 23: S376-S382.
7. Rocha ATC, Pinheiro TB, Souza PRSP, Marques MA(2020) Protocolos de profilaxia de tromboembolismo venoso (TEV) em hospitais brasileiros - PROTEV Brasil. *J Vasc Bras* 19: e20190119.
8. Macari BF, Reis EH de M, Antonio HMR, Lima MKDG de, Limiro SC, et al. (2022) Incidência de eventos tromboembólicos venosos em pacientes com diagnóstico de COVID-19: Uma revisão bibliográfica. *Research, Society and Development* 11: e24511528273.
9. Paterson JC, McLachlin J (1954) Precipitating factors in venous thrombosis. *Surg Gynecol Obstet.* 98: 96-102.
10. Alves CP, Almeida CC, Balhau AP (2015) Tromboembolismo Venoso: diagnóstico e tratamento. *Portuguesa de Cirurgia Vascul* 320: 1583-1594.