

# Update on NIH's Latest Clinical Research for Diabetes Prevention, Management and Obesity: Applying the findings from NIH's Look AHEAD and Diabetes Prevention Program clinical trials

## National Diabetes Education Program Webinar Series

Thursday, November 12, 2015

2-3 PM ET



National Diabetes Education Program

A program of the National Institutes of Health and the Centers for Disease Control and Prevention





## About today's webinar

- All attendee lines are muted
- Q&A session after presentation
- Recording webinar
  - [www.YourDiabetesInfo.org/Webinars](http://www.YourDiabetesInfo.org/Webinars)
- Please complete the evaluation survey
- Request a certificate completion
  - [ndep@hagersharp.com](mailto:ndep@hagersharp.com)



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# NDEP / DCE Partnership

Carolyn Harrington, RD, LDN, CDE  
NDEP Liaison for DCE

- Partnership Activities
  - Co-sponsoring webinars
    - “Diet Counseling for People with Diabetes and Kidney Disease” (May 2014)
    - “Exercising on Insulin – Staying in Balance” (September 2013)
  - Promotion of publications and resources
    - DCE co-brands NDEP publications
  - NDEP featured DCE on its “Partner Spotlight” webpage



**Diabetes Care  
and Education**

a dietetic practice group of the  
**Academy of Nutrition  
and Dietetics**



# Special Thank You

## DCE Leaders

- JoJo Dantone, MS, RDN, LDN, CDE (DCE Industry Chair)
- Betty Krauss, RDN, CDE (Chair)
- Susan Yake (Chair-Elect)
- Alyce Thomas, RD, LD, CDE (Professional Development)

## Workgroup Members

- Suzanne Pecoraro, RD, MPH, CDE
- Donna Plyler RD
- Sarah Williams, RD, LD, CDE
- Adam Reppert, RD, CDE
- Paula Akerman, RD, CDE
- Kim Handley, RD, CDE
- Andrea Hebert, RD, CDE
- Mary Lou Perry, RD, CDE



**Contact us: [DCEwebinars@gmail.com](mailto:DCEwebinars@gmail.com)**

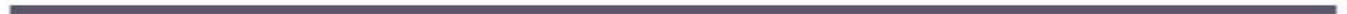
# Information for Participants Who Registered Through AND-DCE Website

- **Handouts**

- Available at [www.dce.org](http://www.dce.org)
- Log-in, go to *Member Features tab > My Media*

- **CEU Request (for Registered Dietitians)**

- Everyone who registered through the DCE website will receive an email within the next 24 hours that contains a link to the CEU certificate
- If you are an RD, please use this link to obtain and print your CEU certificate
- If you do not receive the email, please contact DCE at [dcewebinars@gmail.com](mailto:dcewebinars@gmail.com)





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# About the Presenter

**Mary Evans, Ph.D.**

Program Director, Division of  
Digestive Diseases and Nutrition  
National Institute of Diabetes and  
Digestive and Kidney Diseases



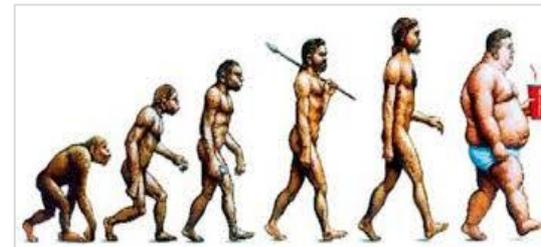
# Diabetes Prevention, Management and Obesity: Results from NIH Clinical Trials

Mary Evans, Ph.D.  
Program Director, NIDDK



# Obesity

- Obesity is complex
- Attributed to a combination of causes and contributing factors:
  - behavior (dietary patterns, physical activity)
  - genetics and biology
  - psychosocial & environmental features (built environment, education, economic status, food marketing & promotion)





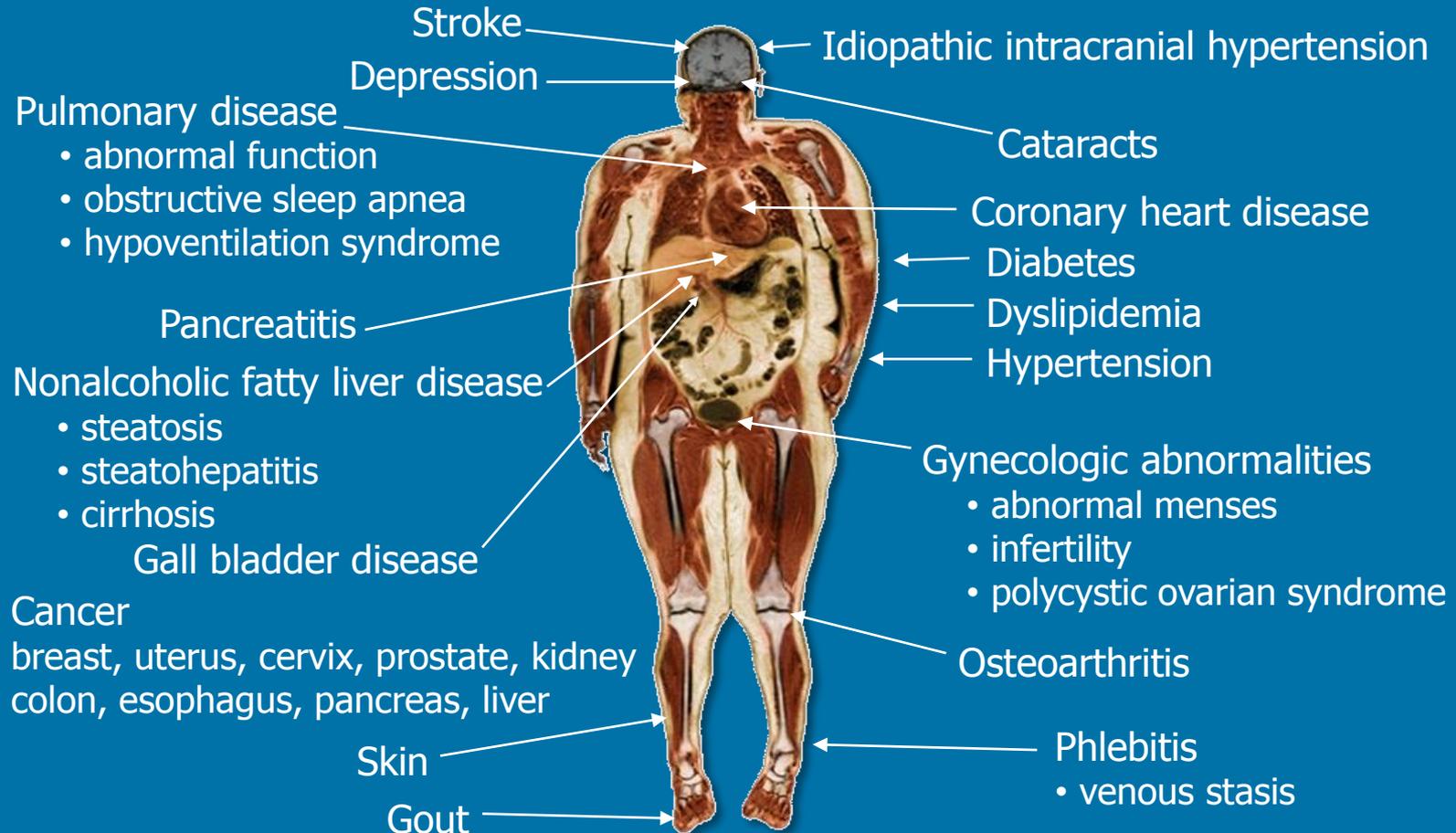
# Body Mass Index (BMI)

- BMI (kg/m<sup>2</sup>): screening tool

BMI of Adults Age 20 and Older	
BMI	Classification
18.5 to 24.9	Normal weight
25 to 29.9	Overweight
30 +	Obesity
40 +	Extreme obesity

- Overweight: excess amount of body weight that may come from muscles, bone, fat, and water
- Obesity: excess amount of body fat

# The public health problem of obesity: comorbidities and prevalence



**16.9% of 2- to 19-year-old children/adolescents and 34.9% of adults are obese**  
(prevalence data from 2011-12, JAMA. 2014;311: 806-814)

# Age-adjusted Prevalence of Obesity and Diagnosed Diabetes Among US Adults

## Obesity (BMI $\geq 30$ kg/m<sup>2</sup>)

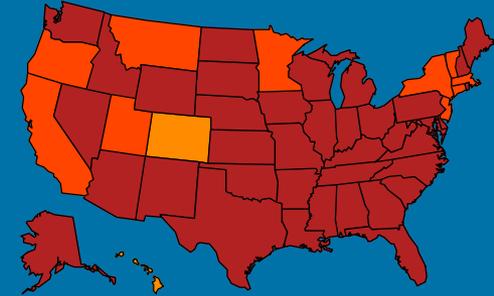
1994



2000

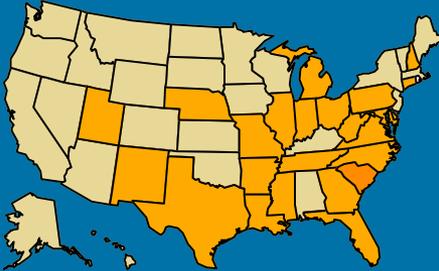


2013



## Diabetes

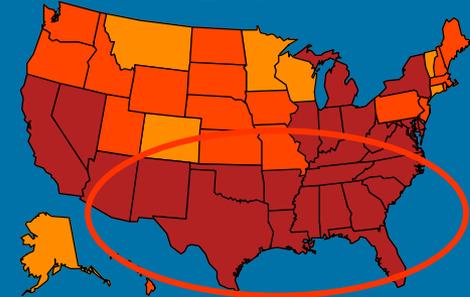
1994



2000



2013



**Total cost of obesity (2012)**  
**\$150 billion/year**

CDC's Division of Diabetes Translation. National Diabetes Surveillance System available at <http://www.cdc.gov/diabetes/statistics>





# Prevalence of Diabetes in U.S. Adults

- Prevalence of all diabetes: 29.1 million
- Diagnosed diabetes: 21.0 million
- Undiagnosed diabetes: 8.1 million
- Prediabetes: 86 million
- **Total cost of diabetes care: \$245 billion**

Source: CDC National Diabetes Statistics Report, 2014



# Weight Loss Efficacy Trials

- Diabetes Prevention Program (DPP & DPPOS): Individuals at high risk for developing T2D
- Look AHEAD-overweight and obese individuals with T2D





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## **DPP Goals: Primary**

To prevent or slow the development of type 2 diabetes in persons at high risk for developing it (impaired glucose tolerance, abnormal fasting glucose levels, and at least overweight)



# DPP Study Population

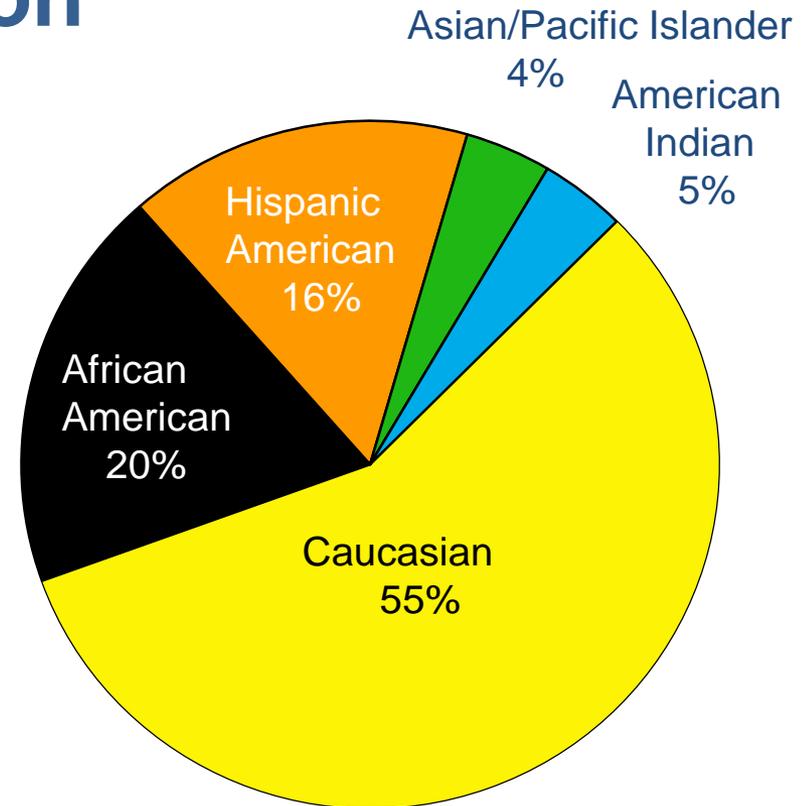
Mean age: 51 years

BMI: 34 kg/m<sup>2</sup>

History of GDM: 16%

~ 67% women

20% older than age 60



# Study Interventions

Eligible participants



Randomized



Standard lifestyle recommendations



Intensive  
Lifestyle  
(n = 1079)



Metformin  
850 bid  
(n = 1073)



Placebo  
(n = 1082)



Troglitazone  
Discontinued 6/98  
(n = 585)





# Lifestyle Intervention



- An intensive behavioral modification program with the following specific goals:
  - $\geq 7\%$  loss of body weight and maintenance of weight loss
  - $\geq 150$  minutes per week of moderate intensity physical activity

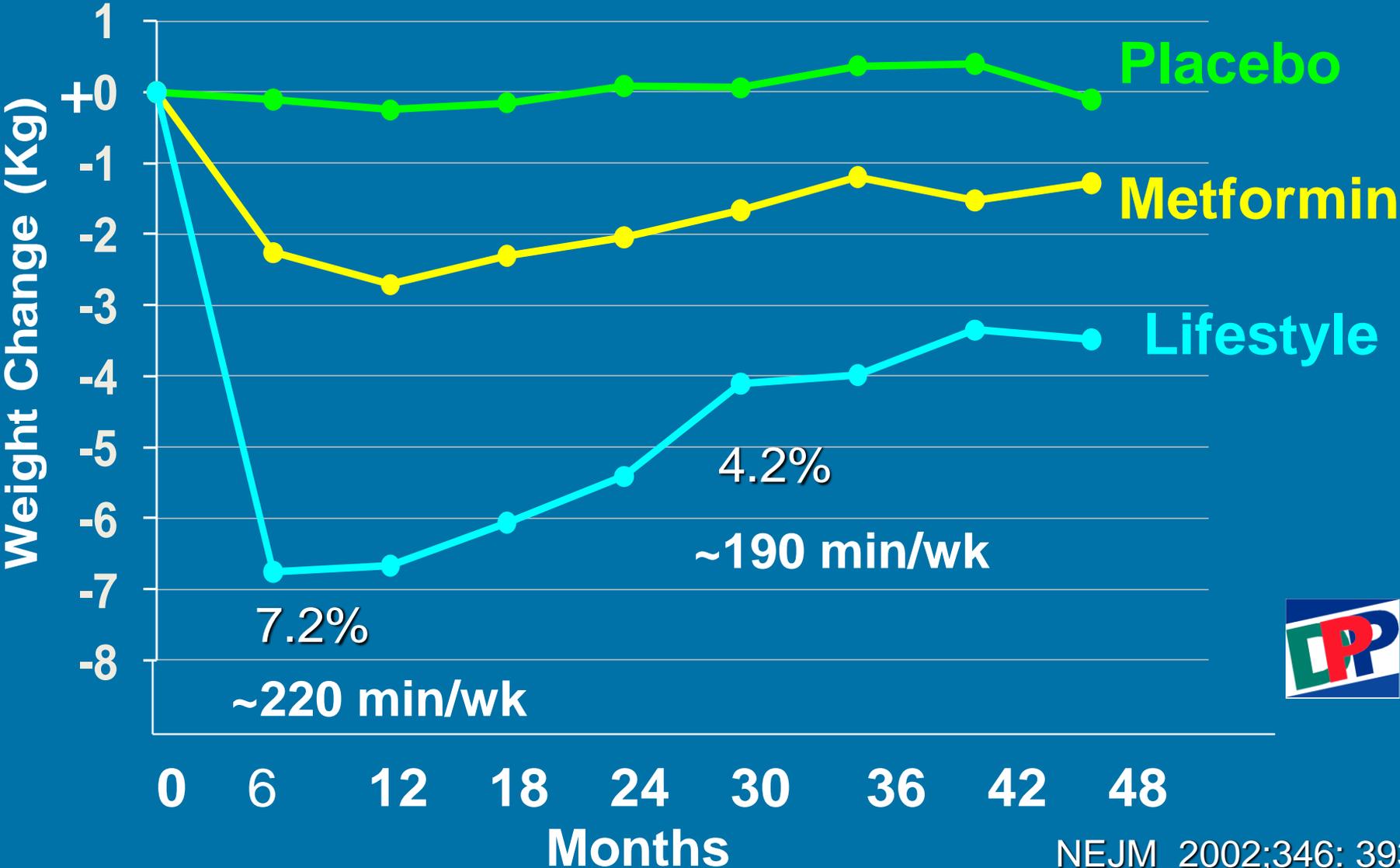


# Lifestyle Intervention



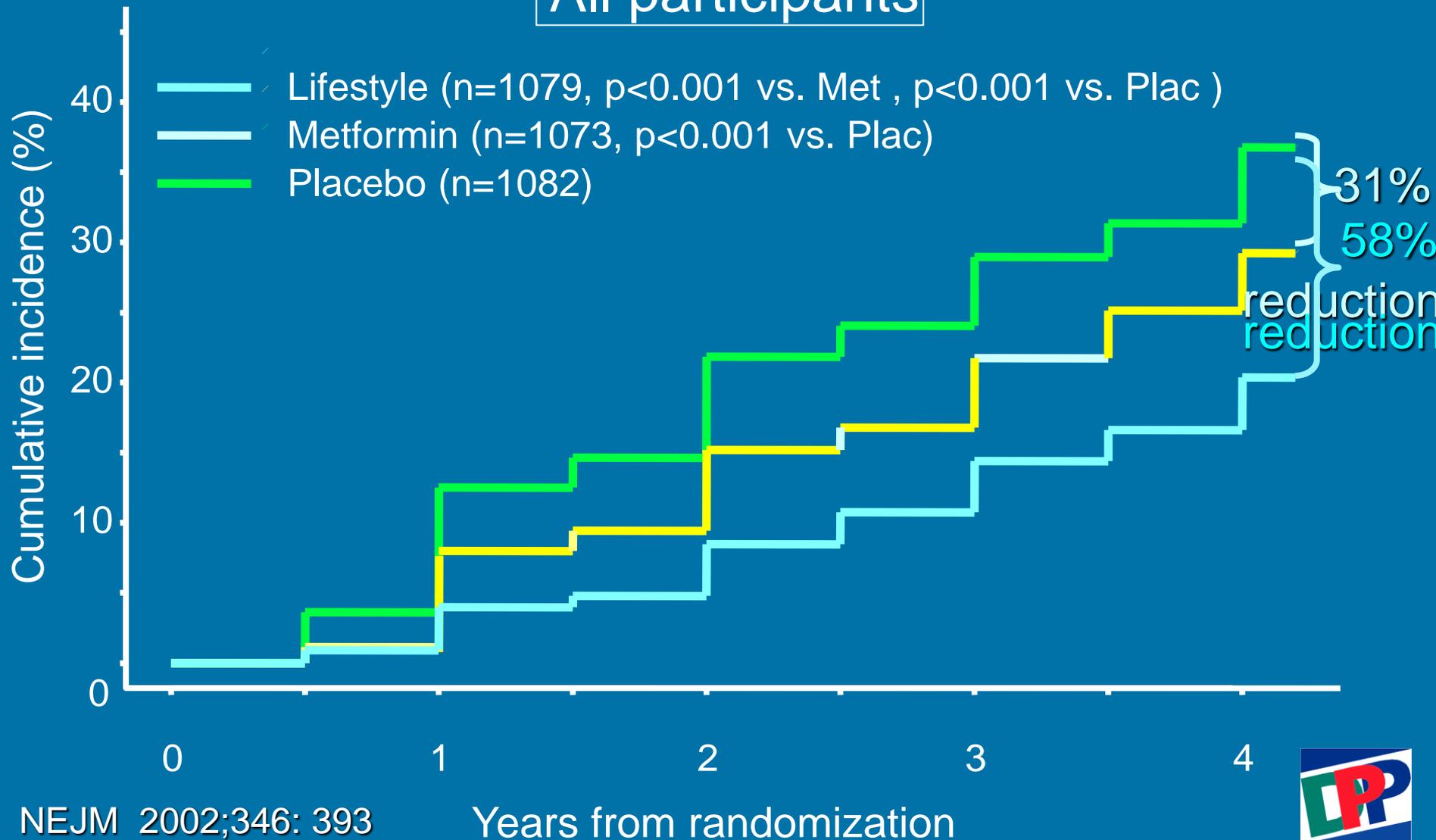
- Program supervised by a case manager
- 16 individual sessions in core curriculum (over 24 weeks)
- Monthly individual visits post core
  - Must be seen in person at least every two months
- Periodic group classes and motivational campaigns

# Mean Weight Change from Baseline



# Percent developing diabetes

All participants





# Diabetes Prevention Program Conclusions



- After mean study duration of ~ 3 years, lifestyle intervention and metformin established as effective means of delaying/preventing diabetes in high-risk persons
- Important to assess longer-term effects regarding
  - Development of diabetes
  - Diabetes complications including microvascular, neurologic, and CVD
  - Health economic implications



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## DPP-Outcomes Study



- Follow-up study: all participants eligible to continue, re-consented 88% of original cohort
- All participants offered initial 16 session curriculum in group format
- Placebo discontinued
- Metformin group continued open-label use
- Lifestyle group: offered two 4-class sessions per year



# DPPOS – 15 Year Results



- Study participants in the intervention groups continue to experience benefits

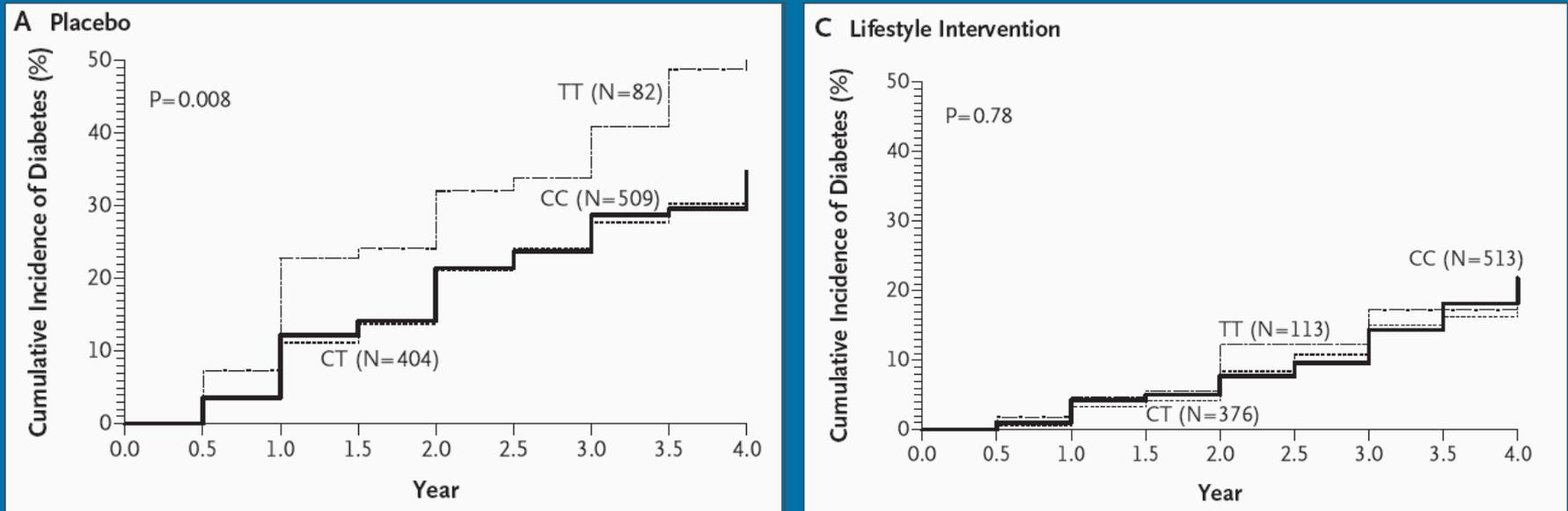
	After 2.8 Years of DPP	After 10 Years of DPP/DPPOS	After 15 Years of DPP/DPPOS
<b>ILS</b>	58%	34%	27%
<b>Metformin</b>	31%	19%	18%

- Participants continue to be monitored for other conditions such as cardiovascular disease and microvascular complications



## TCF7L2 Polymorphisms and Progression to Diabetes in the Diabetes Prevention Program

Jose C. Florez, M.D., Ph.D., Kathleen A. Jablonski, Ph.D., Nick Bayley, B.A., Toni I. Pollin, Ph.D.,  
Paul I.W. de Bakker, Ph.D., Alan R. Shuldiner, M.D., William C. Knowler, M.D., Dr.P.H., David M. Nathan, M.D.,  
and David Altshuler, M.D., Ph.D., for the Diabetes Prevention Program Research Group



**Figure 1.** Incidence of Diabetes According to Treatment Group and Genotype at Variant rs7903146. The P values were determined by the log-rank test.

# Lifestyle intervention “trumps” genetic risk



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# Look AHEAD

- Lifestyle Intervention designed to produce long-term weight loss in overweight/obese people with diagnosed type 2 diabetes





# Look AHEAD Background

- Weight loss has numerous short-term benefits in overweight and obese individuals with type 2 diabetes
- It is not known whether weight loss reduces cardiovascular morbidity and mortality
- Observational studies have provided conflicting results



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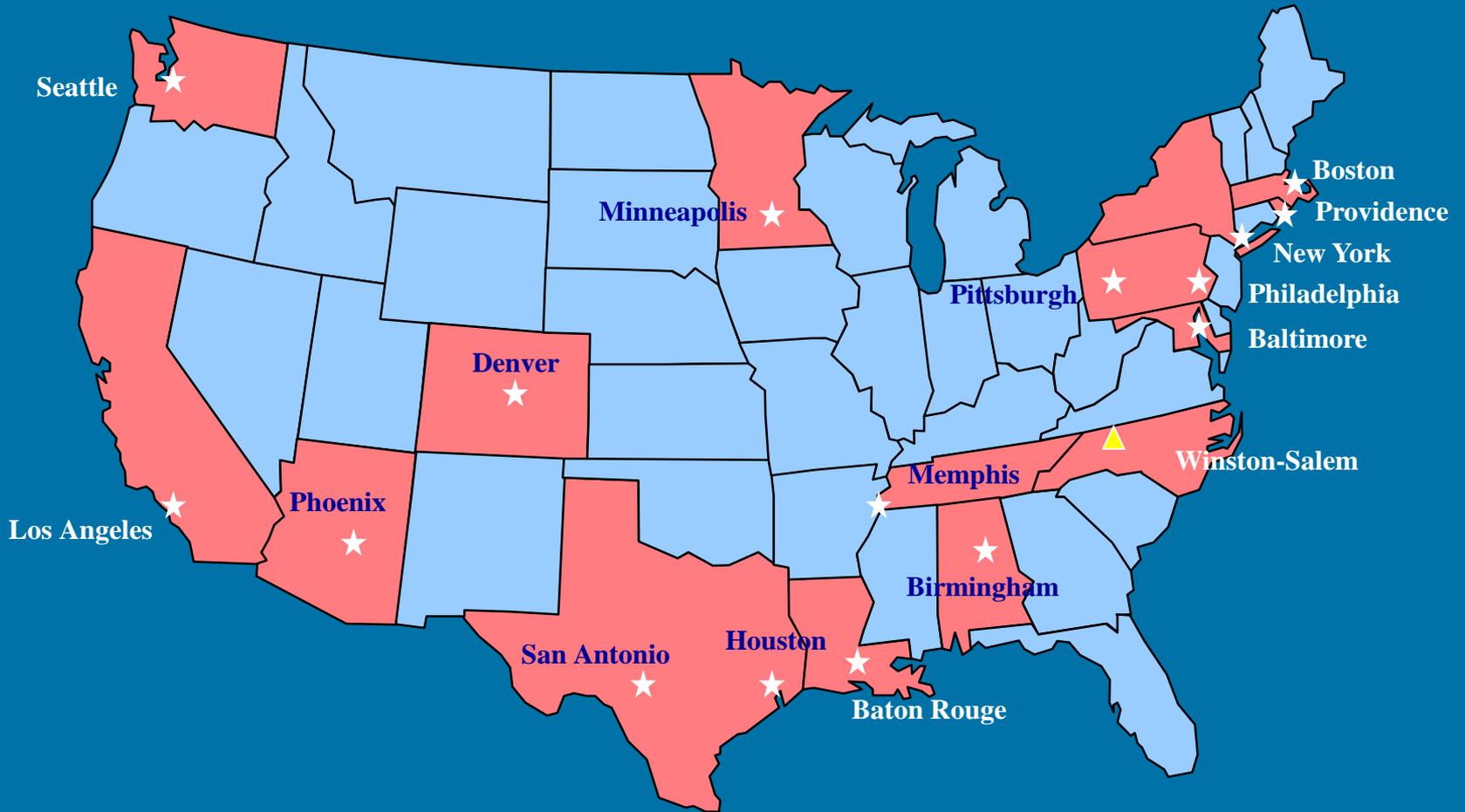
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# Look AHEAD



- **Objective:** To compare, in OW/Ob persons with Type 2 Diabetes, the long-term health effects of an intensive lifestyle intervention compared to a less intensive program of diabetes education and support
- **Primary Outcome:** 1<sup>st</sup> occurrence of a composite outcomes: CVD death, MI, stroke, & hospitalized angina over a period of up to 13.5y
  - Sponsored by NIDDK, NHLBI, NINR, ORWH, CDC

# Clinical Sites



★ Clinical Site

▲ Coordinating Center



# Inclusion Criteria

- Type 2 diabetes
  - Any treatment
  - <30% on insulin
- Overweight
  - BMI  $\geq$  25 or 27 on ins.
- Age 45-75 years
- Prior CVD history allowed if safe
- $\geq$  33% minorities
- HbA1c <11%
- BP <160/100 mmHg
- Triglycerides <600 mg/dl
- Source of medical care outside of Look AHEAD
- Pass a maximal exercise test
- Ability to adhere



# Study Interventions



## Diabetes Support and Education (DSE)

- health education topics:
  - diet
  - exercise
  - social support

## Intensive Lifestyle Intervention (ILI)

- $\geq 7\%$  weight loss
- caloric restriction & exercise



# Lifestyle Intervention



- Months 1-6
  - 3 group meetings
  - 1 individual session
- Months 7-12
  - Minimum of 2 face-to-face contacts/month
  - 2 group meetings; 1 individual
- Months 13-48
  - Minimum of 2 contacts/month, at least 1 face-to-face
- Months 48+
  - Minimum of 2 contacts/year
- **No medical management**



# Intensive Lifestyle Intervention

- Dietary Intake
  - 1200-1500 kcal/day < 250 lb
  - 1500-1800 kcal/day  $\geq$  250 lb
  - $\leq$  30% calories from fat
  - meal replacements
  - menu plans
- Physical Activity
  - gradual increase
  - 175 min/wk
  - 10,000 steps/day
- Behavioral Component





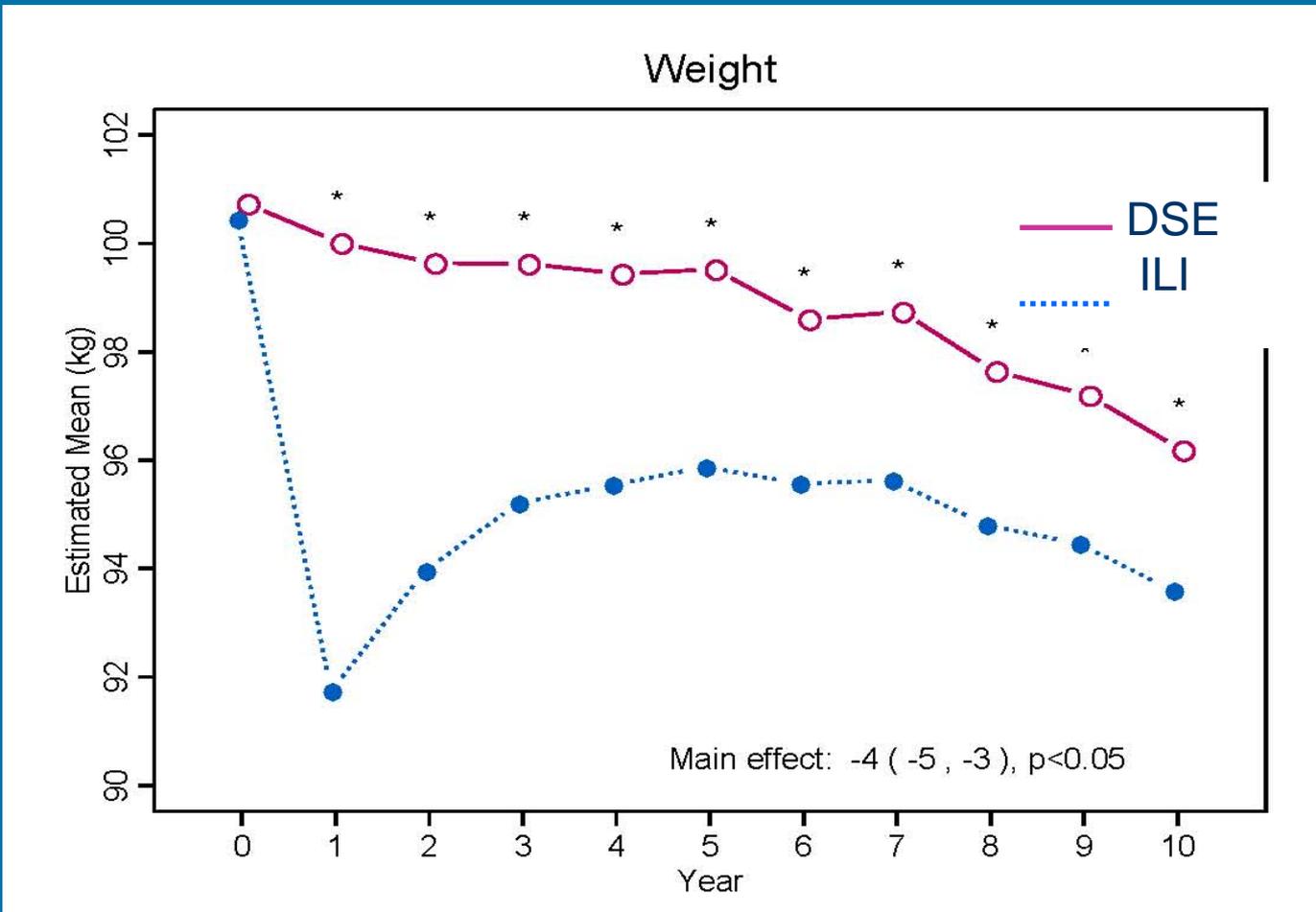
## **Diabetes Support and Education (DSE)**

- 3 group educational/social support sessions per year for 4.0-6.5 years; attendance encouraged
- 1 session = diet and nutrition
- 1 = exercise and physical activity
- 1 session “support”: open discussion topics

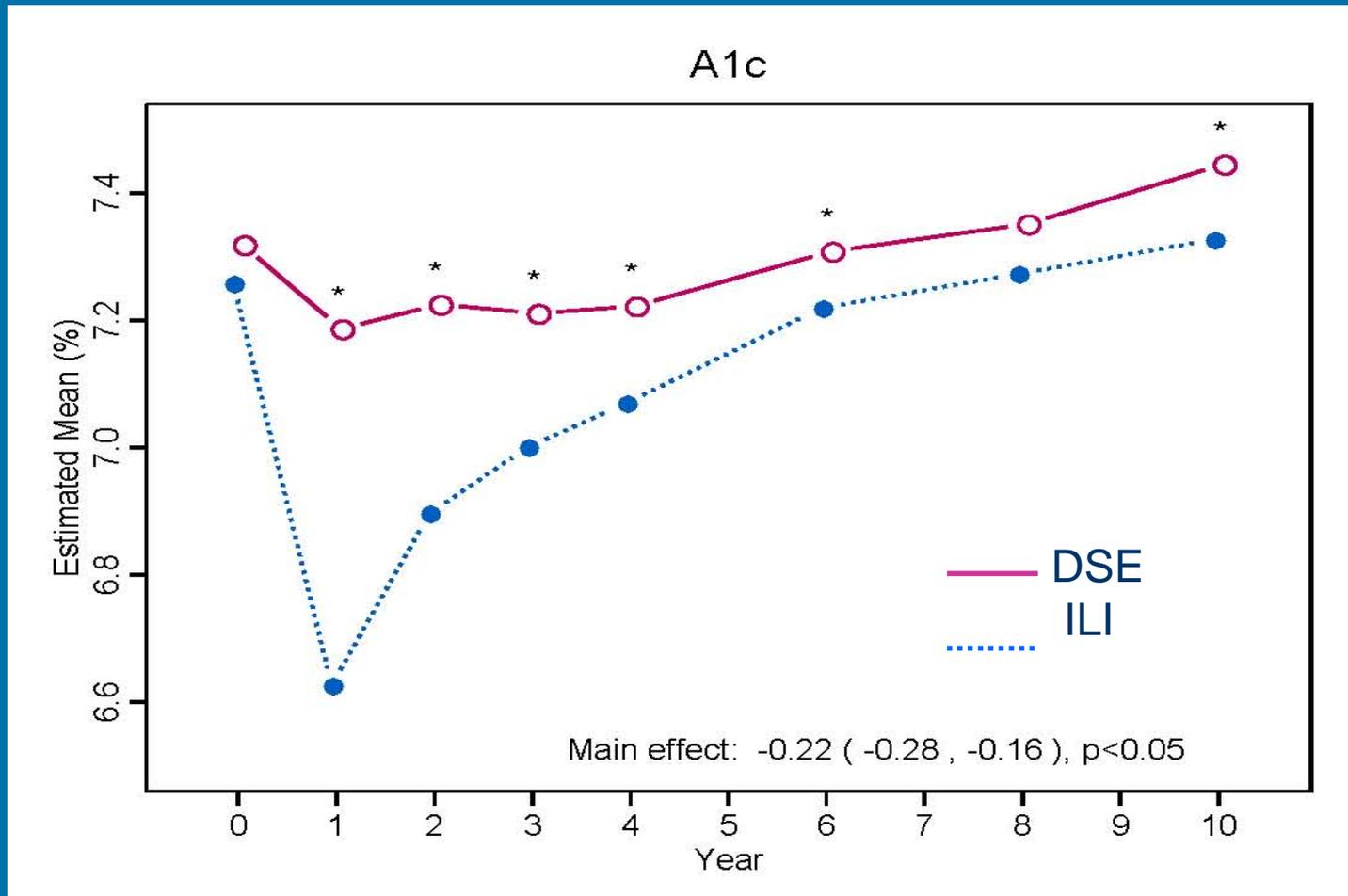
# Baseline Characteristics of Participants

	ILI	DSE
	(N=2,570)	(N=2,575)
Women	59 %	60 %
Minority	37 %	37 %
Age (years)	58.6 ± 6.8	58.9 ± 6.9
Insulin Users	14.8 %	15.8 %
History of Prior CVD Event	14.4 %	13.6 %
HbA <sub>1</sub> C (%)	7.25 ± 0.02	7.29 ± 0.02
BMI (kg/m <sup>2</sup> )		
- Females	36.3 ± 6.2	36.6 ± 6.0
- Males	35.3 ± 5.7	35.1 ± 5.2

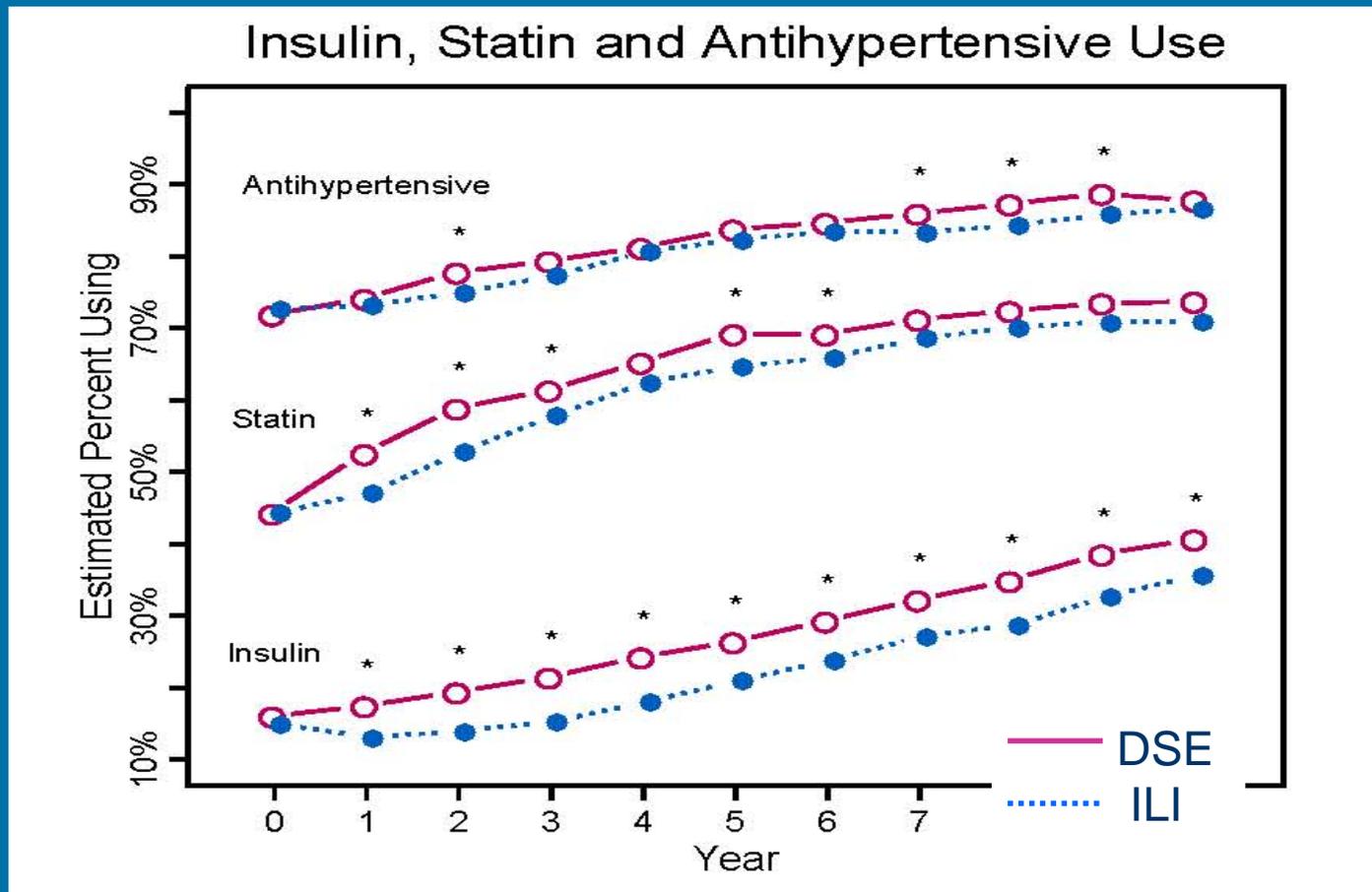
# ILI had significantly greater weight loss than DSE



# Hemoglobin A1c



# DSE participants had significantly greater use of medications than ILI

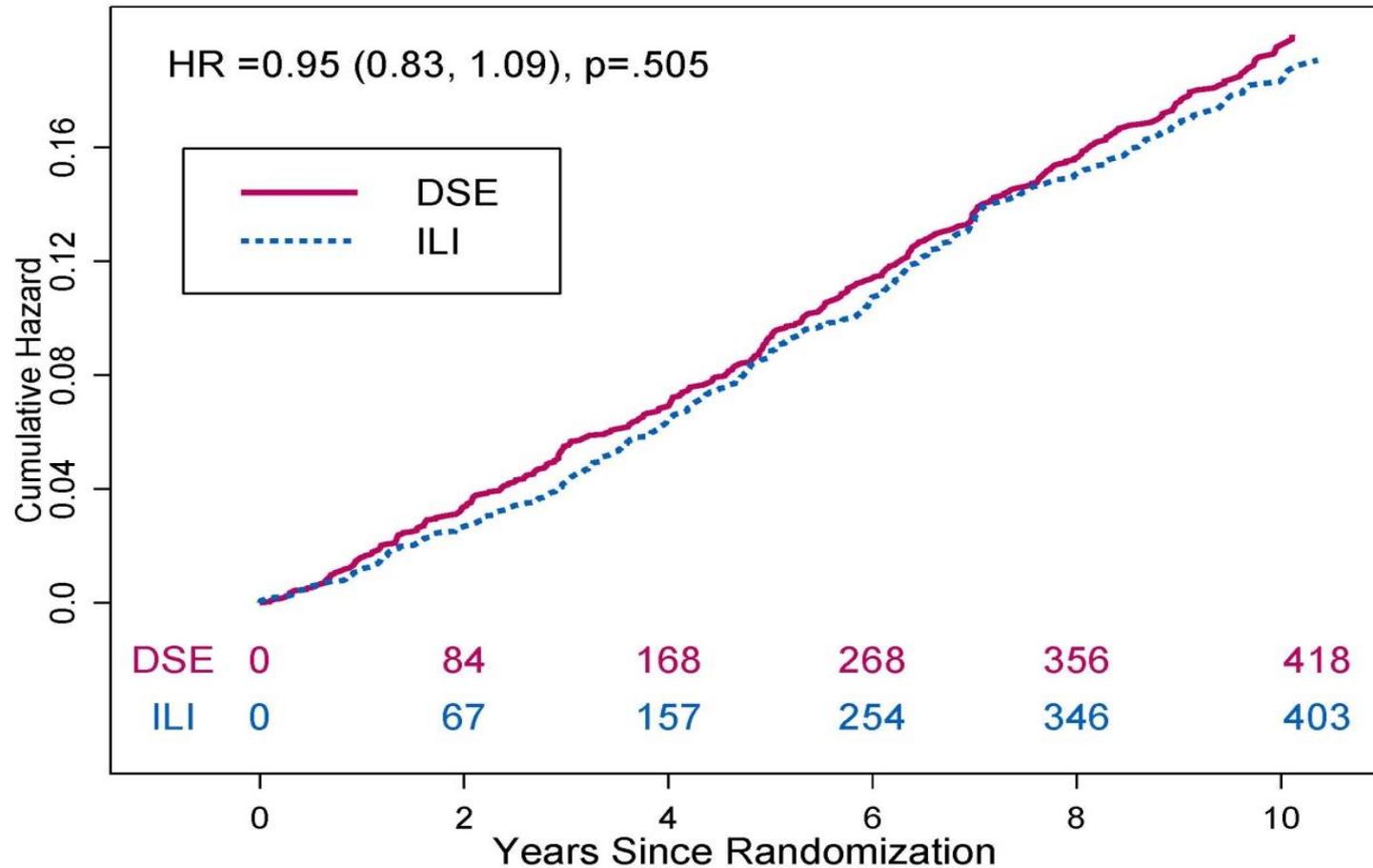


Antihypertensive HR=0.88 (.78, .89) p=.026    Statins HR=.86 (.78, .94) p = .001  
 Insulin HR=.74 (.66, .82) p < .001

# Secondary Outcomes and Results

- Improvements in fitness
- Sustained improvements in systolic bp
- Higher HDL over 10 year period
- Slowing of loss of mobility associated with aging + T2D
- Reduced sleep apnea (sub-study)

# Primary Outcome Results





# Look AHEAD Conclusions

- Individuals with diabetes can successfully lose and maintain modest weight loss long-term
- ILI improves fitness and CVD risk factors
- ILI improved glycemic control relative to DSE
- Reduced use of insulin and other medications
- No reduction in risk for cardiovascular disease morbidity and mortality
- Intervention has been discontinued and follow-up is on-going



# Intervention Materials

## DPP

- <http://www.bsc.gwu.edu/DPP/manuals.htmlvdoc>

## Look AHEAD

- <https://lookaheadtrial.org/public/dspMaterials.cfm>

# Translation of the Diabetes Prevention Program (DPP)

## Population-wide Delivery of Effective Interventions



- Examining feasibility of approaches to deliver DPP-based lifestyle intervention to adults with pre-diabetes more cost effectively
- DPP translation studies are ongoing: encouraging preliminary results from 2 groups



# Putting Proven Therapies into Practice

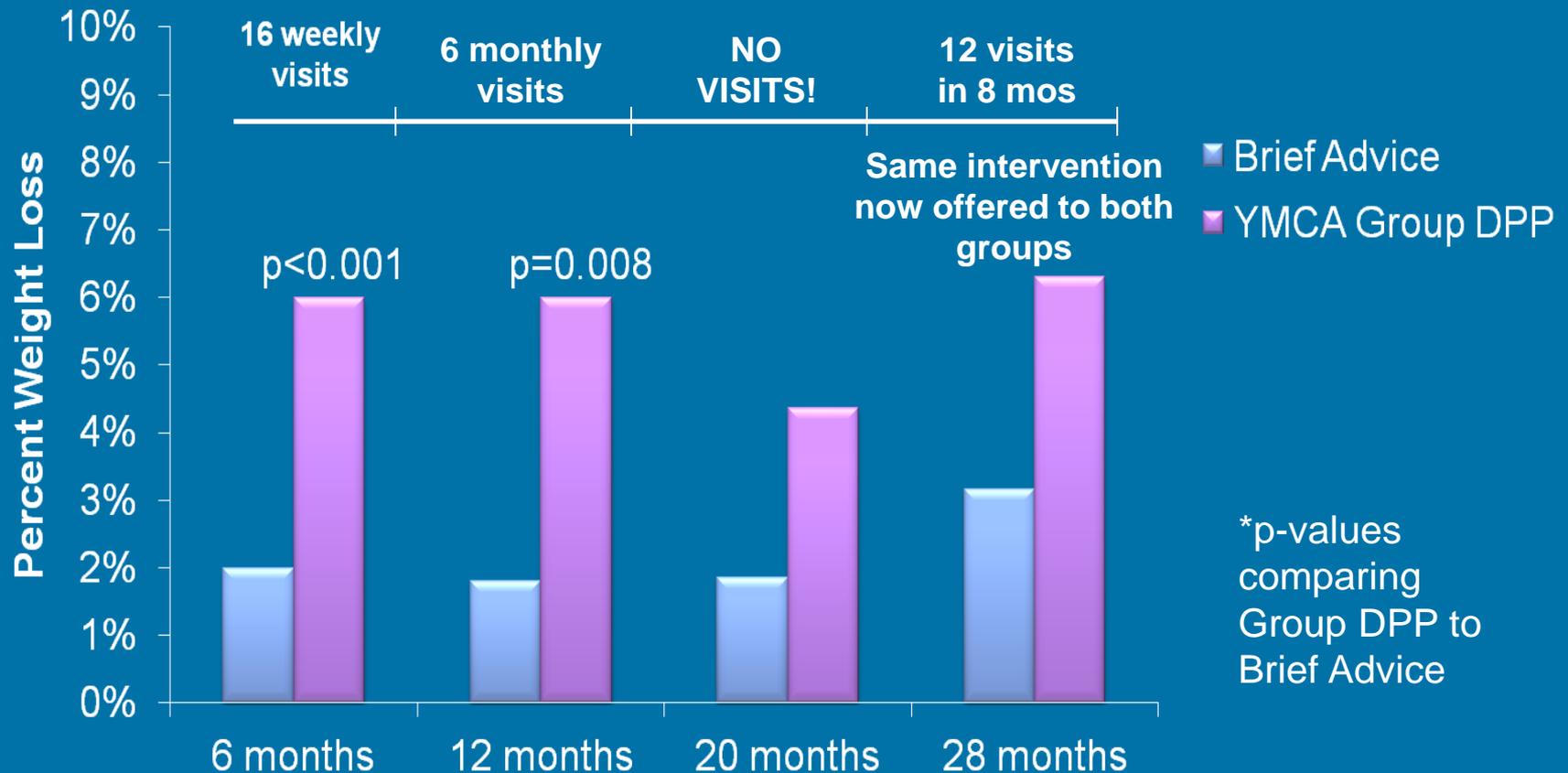
- Goal: Test practical and generalizable approaches to implement therapies with proven efficacy
  - Potential for dissemination
  - Sustainable models of implementation
  - Cost-effective
  - Broad reach and effective in diverse populations
  - Real world settings (communities, worksites, etc.)



# DPP Lifestyle Intervention Delivered in the YMCA

- Study Design
  - Group-based DPP at YMCA vs. brief education only
  - 92 participants at risk for diabetes
- Study Questions
  - Can the YMCA deliver group-based DPP?
  - Could it achieve similar weight loss to DPP?
  - Would it be less costly?

# Results: Weight Loss & Maintenance



Ackermann, et al. Am J Prev Med.  
2008 Oct;35(4):357-63;



# Costs and Cost-effectiveness

PRE Diabetes Treatment	Cost per year	\$US /QALY
Intensive Lifestyle	\$1,500 / \$700	\$11,000*
<b>Group Lifestyle at YMCA</b>	<b>\$240†</b>	<b>Cost Saving‡</b>

\* <https://research.tufts-nemc.org/cear/ratio0.aspx>

† Ackermann, et al. Am J Prev Med. 2008 Oct;35(4):357-63

‡ Herman, et al. 2005 Diabetes Care



# Public Health Impact

- 2011: Congressional legislation established the CDC-led National Diabetes Prevention Program
  - Goal is to establish local evidence-based lifestyle change programs for people at high risk for type 2 diabetes
  - Inaugural partners (YMCA and United Health Group) delivering an intervention based on initial YMCA study
  - Services have reached thousands of patients who were unlikely to get this intervention without this program

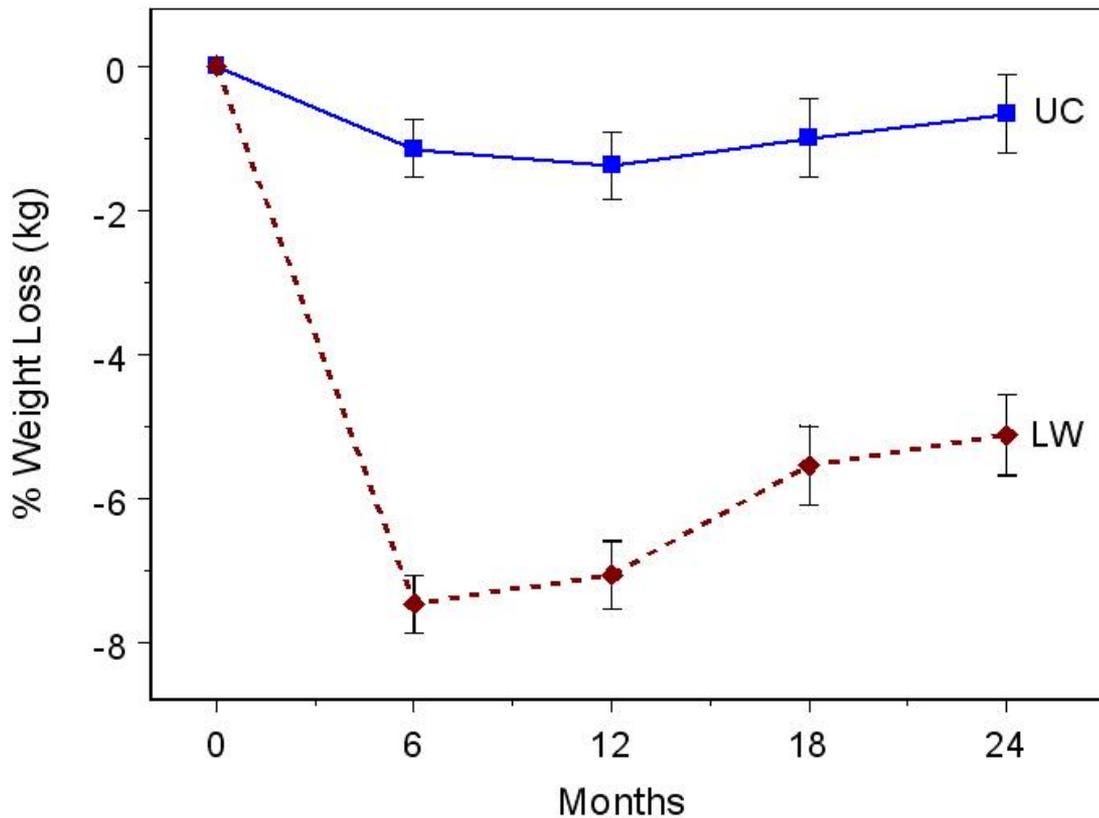


# Community Health Worker Delivery of DPP Intervention



- Capitalized on a partnership with an existing community-based diabetes education program
- Randomized trial
  - 301 overweight or obese persons with pre-diabetes
- Group behavioral lifestyle intervention vs. usual care
- Delivered by trained Community Health Workers (CHWs)
  - Persons with DM who had completed DM education, made lifestyle change and judged to have personality/competency to lead groups

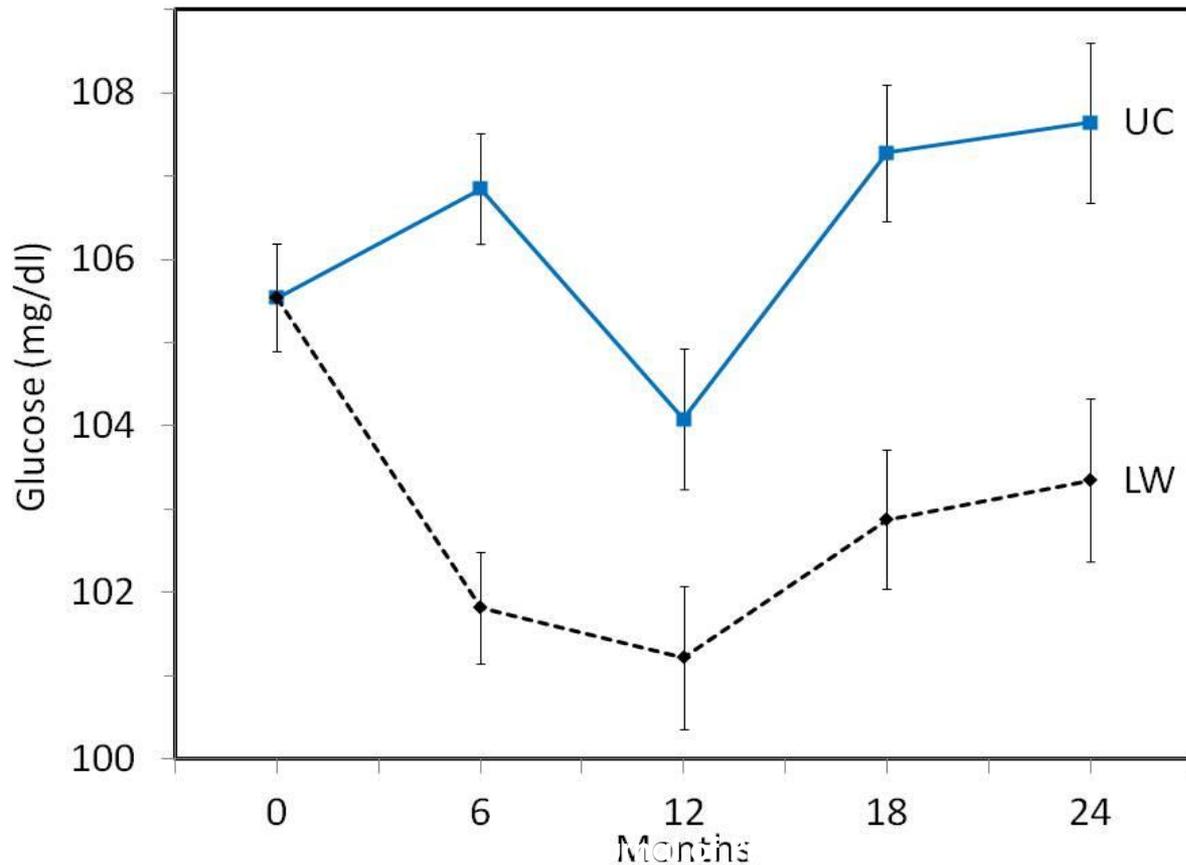
# Percent Weight Loss



**Baseline to 12  
month change:**  
LWL: -7.3%  
UCC: -1.4%  
 $p < 0.001$

**Baseline to 24  
month change:**  
LWL: -5.1%  
UCC: -0.6%  
 $p < 0.001$

# Fasting Blood Glucose



**Baseline to 12  
month change:  
LWL: -4.2 mg/dl  
UCC: -0.3 mg/dl  
p = 0.002**

**Baseline to 24  
month change:  
LWL: -2.2 mg/dl  
UCC: 2.1 mg/dl  
p = 0.002**



# HELP Prevent Diabetes Costs

- Direct Medical Costs
  - CHW, RD, staff time
  - Materials, overhead

Costs	DPP	HELP PD
Total Cost (Year 1)	\$1771	\$569
Total Cost (Year 2)	\$860	\$284
Total Cost (Years 1 & 2)	\$2631	\$853

Lawlor et al. (2013). American Journal of Preventive Medicine.



# Conclusions

- Behavioral lifestyle intervention programs can produce weight loss in people at risk for diabetes or with diabetes
- Weight loss programs prevent conversion to diabetes and improve glucose control
- Programs can be conducted at reasonable expense
  - In clinic/medical centers
  - YMCA
  - Healthcare Centers



## National Diabetes Education Program

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# Diabetes Prevention, Diabetes Management and Obesity Resources from NIDDK

**Joanne Gallivan, M.S., R.D.N.**

Director, National Diabetes Education Program

National Institute of Diabetes and Digestive and Kidney Diseases

National Institutes of Health



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# GAME PLAN for Preventing Type 2 Diabetes: A Toolkit for Health Care Professionals and Teams

[www.YourDiabetesInfo.org/GAMEPLAN](http://www.YourDiabetesInfo.org/GAMEPLAN)

**NDEP National Diabetes Education Program**  
 CDC Centers for Disease Control and Prevention NIH National Institutes of Health and the Centers for Disease Control and Prevention, and more than 200 public and private organizations.

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**GAME PLAN for Preventing Type 2 Diabetes**  
 A Toolkit for Health Care Professionals and Teams

You are here: NDEP home > Health Care Professionals, Businesses & Schools > Health Care Professionals > GAME PLAN for Preventing Type 2 Diabetes

**In this Section**

GAME PLAN for Preventing Type 2 Diabetes

- [Prediabetes Screening: How and Why](#)
- [How to Talk with Patients](#)
- [Help Your Patients Make Lifestyle Changes](#)
- [Reimbursement and Coding](#)
- [Facts and Statistics](#)
- [Related Resources](#)

**Introduction**

Since 2001, the National Institutes of Health (NIH)-sponsored [Diabetes Prevention Program \(DPP\)](#) and subsequent other strong research studies have shown that intensive lifestyle interventions and select medications are cost-effective in preventing or delaying type 2 diabetes in adults with prediabetes. Given the extraordinary burden of diabetes on patients, their families, the medical community, society, and the economy, the National Diabetes Education Program (NDEP) has prepared this toolkit to provide health care professionals and teams with evidence and resources to identify, counsel, and support patients to prevent or delay the onset of type 2 diabetes.

**Prediabetes Screening: How and Why**

- Better patient outcomes
- Risk factors
- Recommended tests
- Decision pathway

**How to Talk with Patients About Their Prediabetes Diagnosis**

- Do's and Don'ts for the patient encounter
- Teach-back method
- Behavior change strategies

**Help Your Patients Make Lifestyle Changes After a Prediabetes Diagnosis**

- Team approach
- Evidence-based plans
- Patient resources and referrals

**Featured Resources**

- [Your GAME PLAN to Prevent Type 2 Diabetes: Information for Patients](#)
- [Teach-back Method](#)
- [Develop a Personal Fine-Grained Evidence](#)
- [Do and DON'Ts for the Patient Encounter](#)
- [Recommended Screening Tests](#)

# Diabetes Management Resources from NDEP

<http://ndep.nih.gov/>

ENGLISH

## 4 Steps to Manage Your Diabetes for Life



**NDEP** National Diabetes Education Program  
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ENGLISH

## Taking Care of Your Diabetes Means Taking Care of Your Heart

### Diabetes and Heart Disease

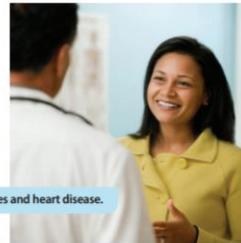
For people with diabetes, heart disease can be a serious health problem. Many people don't know that having diabetes means that you have a greater chance of having heart problems such as a heart attack or stroke. Taking care of your diabetes can also help you take care of your heart. Use the tools in this tip sheet to help. They are:

- A list of things you can do such as eating healthy foods and getting more active.
- A form to write down and track your A1C, blood pressure, and cholesterol numbers.

### What you can do now

**Ask your health care team these questions:**

- What can I do to lower my chances of getting heart disease?
- What should my goals be for A1C, blood pressure, and cholesterol?
- What can I do to reach these goals?
- Should I take medicine that can protect my heart such as aspirin or a statin?



Ask any questions you have about diabetes and heart disease.

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ENGLISH

## How to Help a Loved One Cope with Diabetes

When people have the support of their family and friends, they are able to better manage their diabetes. It is a hard disease to handle alone. You can help your loved one cope with diabetes by showing your support. This tip sheet tells you how.

### Learn about diabetes.

There is a lot to learn about how people can live well with diabetes. Use what you learn to help your loved one manage his or her diabetes.

- Ask your loved one to teach you about how he or she is managing diabetes.
- Join a support group—in person or online—about living with diabetes. Check with your hospital or area health clinic to find one.
- Read about diabetes online. Visit [www.YourDiabetesInfo.org](http://www.YourDiabetesInfo.org).
- Ask your loved one's health care team how you can learn more about managing diabetes.

**Ask your loved one about coping with diabetes and how you can help.**

Here are sample questions:

- Do you ever feel down or overwhelmed about all you have to do to manage your diabetes?
- Have you set goals to manage your diabetes?
- What things seem to get in the way of reaching your goals?
- What can I do to help? (Example: Are there things I can do to make it easier for you to live with diabetes? If you want to be more active, will it help if we take walks together?)
- Have you talked to your health care team about your diabetes care and how you want to reach your goals?

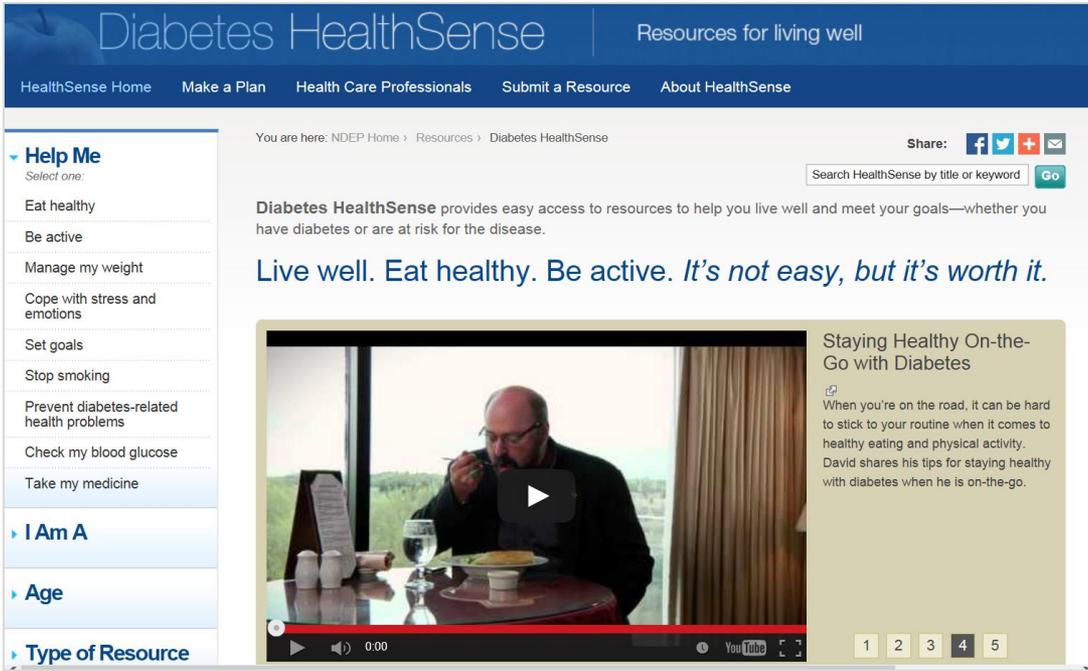


Helping a loved one cope with diabetes begins with talking.

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# Diabetes HealthSense

[www.YourDiabetesInfo.org/HealthSense](http://www.YourDiabetesInfo.org/HealthSense)



**Diabetes HealthSense** Resources for living well

HealthSense Home Make a Plan Health Care Professionals Submit a Resource About HealthSense

You are here: NDEP Home > Resources > Diabetes HealthSense

Share: [f](#) [t](#) [+](#) [e](#)

Search HealthSense by title or keyword

**Diabetes HealthSense** provides easy access to resources to help you live well and meet your goals—whether you have diabetes or are at risk for the disease.

**Live well. Eat healthy. Be active. *It's not easy, but it's worth it.***

**Staying Healthy On-the-Go with Diabetes**

When you're on the road, it can be hard to stick to your routine when it comes to healthy eating and physical activity. David shares his tips for staying healthy with diabetes when he is on-the-go.

**Help Me**  
Select one:

- Eat healthy
- Be active
- Manage my weight
- Cope with stress and emotions
- Set goals
- Stop smoking
- Prevent diabetes-related health problems
- Check my blood glucose
- Take my medicine

**I Am A**

- Age

**Type of Resource**



**Diabetes HealthSense** Resources for living well

HealthSense Home Make a Plan Health Care Professionals Submit a Resource About HealthSense

You are here: NDEP Home > Resources > Diabetes HealthSense > Health Care Professionals > Research Articles

**Research Articles**

Use the options on the left to find review articles, landmark studies, and meta-analyses on the science of behavior change and psychological health. Or, view a list of all research articles in Diabetes HealthSense.

**Selected Research Articles**

For an introduction to the science of behavior change and psychological health, take a look at the selection of research articles below:

Title	Author
Helping Patients Manage Their Chronic Conditions	Bodenheimer T, MacGrogan K, Stewart C

**Behavior**

Published 02, not available | Abstract | PDF | Full Text | IF

**Date Published**

2014-06-01

**Publication**

Lifestyle and Behavior: The Diabetes Attitudes, Wishes and Needs (DAWN) Program: A New Approach to Improving Outcomes of Diabetes Care

Stokrud SE, Peyrot M, DAVIN International Advisory Panel

**Make a Plan**

Change begins with just one step. Make a plan to achieve your goals.

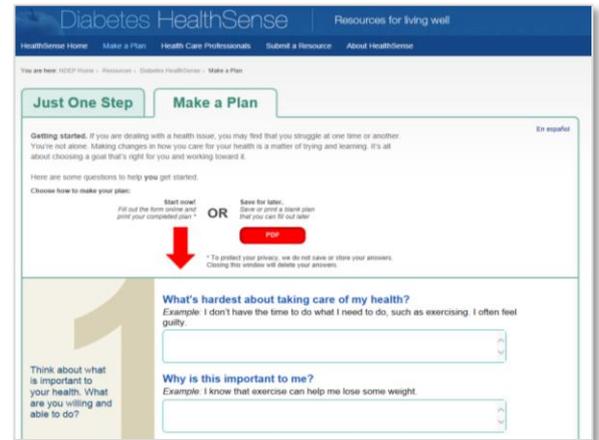
**Health Care Professionals**

Find research articles and resources for facilitating behavior change in your practice.

**Research articles | Patient resources**

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**Diabetes HealthSense** Resources for living well

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You are here: NDEP Home > Resources > Diabetes HealthSense > Make a Plan

**Just One Step** **Make a Plan**

**Getting started.** If you are dealing with a health issue, you may find that you struggle at one time or another. You're not alone. Making changes to how you care for your health is a matter of trying and learning. It's all about choosing a goal that's right for you and working toward it.

Here are some questions to help you get started.

Choose how to make your plan:

Start now! Fill out the form online and print your completed plan \*

OR

Save for later. Store or print a blank plan that you can fill out later.

\* To protect your privacy, we do not save or share your answers. Clicking this window will delete your answers.

**1**

**What's hardest about taking care of my health?**  
Example: I don't have the time to do what I need to do, such as exercising. I often feel guilty.

**Why is this important to me?**  
Example: I know that exercise can help me lose some weight.



# NIDDK's The Body Weight Planner

<https://www.supertracker.usda.gov/bwp/>

**NIH** National Institute of Diabetes and Digestive and Kidney Diseases

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NIDDK > Health Information > Health Topics > Weight Control & Healthy Living > Body Weight Planner

**Weight Control & Healthy Living**

**Body Weight Planner**

The Body Weight Planner allows users to make personalized calorie and physical activity plans to reach a goal weight within a specific time period and to maintain it afterwards.

**Additional Links**

- Weight-control Information Network
- National Diabetes Education Program NIDDK
- Choosemyplate.gov
- Research Behind the Body Weight Planner

**Resources**

- NIH and the Weight of the Nation

**Body Weight Planner**

Launch the Body Weight Planner

Watch a video to see how to use the Body Weight Planner

Starting Information

U.S. Units | Metric Units

Weight [ ] lbs

Sex [ ]

Age [ ] yrs

Height [ ] ft. [ ] in.

Physical Activity Level 1.6

Estimate Your Level

Use SuperTracker to get a personalized meal plan based on your calorie results from the Body Weight Planner. SuperTracker is a free food, physical activity, and weight tracking tool from ChooseMyPlate.gov.

Disclaimer: This information is for use in adults defined as individuals 18 years of age or older and not by younger people, or pregnant or breastfeeding women. This information is not intended to provide medical advice. A health care provider who has examined you and knows your medical history is the best person to diagnose and treat your health problem. If you have specific health questions, please consult your health care provider.

NIH... Turning Discovery Into Health®

**Body Weight Planner** | Balancing Your Food and Activity

Settings

Step 1 of 4 - Enter your starting information

Switch to Expert Mode

**Starting Information**

U.S. Units | Metric Units

Weight [ ] lbs

Sex [ ]

Age [ ] yrs

Height [ ] ft. [ ] in.

Physical Activity Level 1.6

Estimate Your Level

Next Step

**Starting Information**

Enter your starting information, including your weight, sex, age, height, and physical activity level.

**Physical Activity Level**

Click the "Estimate Your Level" button to find your physical activity level.

Typical physical activity level numbers range from 1.4 (sedentary) to 2.5 (very active).

The default value of 1.6 describes someone who does very light activity at school or work (mostly sitting) and moderate physical activity (such as walking or cycling) at least once a week.

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**NIH** National Institute of Diabetes and Digestive and Kidney Diseases



National Diabetes Education Program

A program of the National Institutes of Health and the Centers for Disease Control and Prevention

# Resources from the Weight-control Information Network (WIN)

<http://win.niddk.nih.gov/>

**SISTERS TOGETHER**  
Program Guide

*Move More, Eat Better*  
Help your community take steps toward better health

**SISTERS TOGETHER**  
MOVE MORE  
EAT BETTER

**Just Enough for You**

About Food Portions

**Active**  
*at Any Size*

# Questions-and-Answers



**National Diabetes Education Program**

**A program of the National Institutes of Health and the Centers for Disease Control and Prevention**

**[www.YourDiabetesInfo.org](http://www.YourDiabetesInfo.org)**

**1-888-693-NDEP (1-888-693-6337)**

**TTY: 1-866-569-1162**

**To request a certificate of completion: [ndep@hagersharp.com](mailto:ndep@hagersharp.com)**

