Source: Vallis TM, Macklin D, Russell-Mayhew S. Canadian Adult Obesity Clinical Practice Guidelines: Effective Psychological and Behavioural Interventions in Obesity Management. Downloaded from: https://obesitycanada.ca/guidelines/behavioural.

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Table 1: Evidence review

Recommendations for primary care providers working in solo practices, teams and obesity management specialty services were based on a systematic review of the literature.

MAIN FINDING		EVIDENCE LEVEL
Multicomponent behavioural interventions implemented by trained individuals (regulated providers) focused on calorie restriction and energy expenditure are effective:	In producing modest weight loss in individuals with overweight and obesity.[1–7]	LEVEL 1A – GRADE A
	In producing improved health status and quality of life.[3,8]	LEVEL 1A – GRADE A
	Healthcare providers can be trained to effectively implement the wide range of behavioural interventions available.[14, 18–25]	LEVEL 1B – GRADE A
	The use of technology, such as interactive websites or mobile devices are effective as adjuncts to in person delivery of behavioural interventions (more research needed).[26,27]	LEVEL 1B – GRADE A
A number of specific behavioural interventions have been demonstrated to be effective, including self-monitoring, goal setting and action planning, reinforcement management, social comparison, cognitive restructuring and motivational interviewing.[9,10,14,15]		LEVEL 1A – GRADE A
	Behavioural interventions that impact adherence, self-efficacy and autonomous (intrinsic) motivation are associated with the best long-term outcome.[9–13]	LEVEL 1B – GRADE A
Providers should be informed about the powerful neurobiological underpinnings of the drive to eat (food cravings) as well as the power of food as a reinforcement (associative learning). This information should be used to establish a nonjudgmental understanding of the barriers to change in the individual living with obesity (reducing stigma) and aid in the identification of behavioural goals that are achievable in the context of the strength of this drive.[28–31]		LEVEL 1A – GRADE A
	Behavioural interventions that strengthen restraint (self-regulation) improve outcomes, particularly in those who report strong food cravings.[32–34]	LEVEL 2 – GRADE B
	Acceptance and commitment therapies are value-added adjuncts to multi-component behavioural interventions.[35,36]	LEVEL 2 – GRADE B
	Self-bias is common and may affect outcomes. Assessing for internalized weight bias is recommended to aid with reducing bias and encouraging achievable expectations.[37–39]	LEVEL 2 – GRADE B
	Coping strategies consistent with the principles of cognitive behaviour therapy and acceptance and commitment therapy can help mitigate against internalized weight bias.[37,40,41]	LEVEL 1B – GRADE A
	Excessive weight loss expectations do not appear to be a deterrent to behavioural interventions.[16,17]	LEVEL 1B – GRADE A
	Satisfaction with weight loss is associated with improved outcomes and can be encouraged as an alternative goal to achieving a specific weight.[42–43]	LEVEL 1B – GRADE A