Abstract

Objectives: Behavioural therapy (BT) in obesity treatment helps individuals to develop skills to achieve healthier body weights. Instead of helping to decide what to change, it helps to identify how to change; lifestyle modification is essential for any treatment of obesity, be it dieting, medication, surgery, etc. Physicians often tend to be unwilling to use BT considering it time-consuming and skill-intensive. However, BT can be standardized and used more readily in clinical practice. Besides, new approaches have been developed which contribute to increase the success of the treatments, like non face-to-face techniques, or the new cognitive therapy. Setting: Classical knowledge on BT has been updated with recent publications and information on these new approaches, combined with our own experience in the clinical treatment of obesity. Results: Most research on BT has been conducted in university-based programs which, despite their importance, tell us little about its effectiveness in actual clinical practice. Future research might focus on determining how BT can be best applied in a real-world setting. Examples of new directions are increased maintenance periods, use of Internet, and new cognitive therapy. Besides, elucidating the genetic component in the prognosis of weight management -the nutrigenomic approach could assist in the development of more effective and individually tailored therapeutic strategies; indeed, single nucleotide polymorphisms in candidate genes have been related with eating patterns. Conclusions: This review gives a renewed perspective of BT for obesity, offers key-pointers and describes specific ways in which medical professionals can promote and encourage self-care of patients.

Keywords

Behavioural therapy, Obesity, Clinical practice, Cognitive therapy.