



Healthy Balance Weight Management Initiative in HIV Care

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Introduction

- With earlier testing and advances in HIV care, patients diagnosed with HIV are living longer.
 - Experience many co-morbid conditions as of those of the general population including:
 - Metabolic co-morbidities, obesity, cardiovascular disease and diabetes mellitus.
- With the initiation of anti-retroviral therapy (ART), approximately 2 kilograms of weight are gained in patients with HIV over 2 years.
- When starting ART, patients are now counseled on adherence and clinic engagement, as well as to adopt behavioral changes in exercise and dietary habits to offset or prevent weight gain.
- The consequences of weight gain and obesity manifest as dyslipidemia, diabetes and increased cardiovascular risk.
- Weight gain can be a barrier to patients adhering to ART.

References

Grabar et al. Striking Differences in Weight Gain after cART Initiation Depending on Early or Advanced Presentation: Results From ANRS C04 FHDH Cohort. *The Journal of Antimicrobial Chemotherapy*. 2023; 78 (3):757-768.

Sax et al. Weight Gain Following Initiation of Antiretroviral Therapy: Risk Factors in Randomized Comparative Clinical Trials. *Clin Infect Dis*. 2020 12; 71(6):1379-1389.



Introduction

- We implemented a modified CDC National Diabetes Prevention Program (DPP) as a lifestyle balance weight management Quality Improvement Project.
- The DPP has been shown to be an effective weight loss tool averaging a loss of approximately 5-7% of total body weight (TBW).
- This Quality Improvement Project consisted of weekly 1-hour classes for 16 weeks, followed by 1-hour monthly classes for 4 to 6 months.

References:

Diabetes Prevention Program Research Group, Knowler WC, Fowler SE, et al. [10-year follow-up of diabetes incidence and weight loss in the Diabetes Prevention Program Outcomes Study](#) NIH external link. *Lancet*. 2009;374(9702):1677–1686.

Diabetes Prevention Program Research Group. [The 10-year cost-effectiveness of lifestyle intervention or metformin for diabetes prevention: an intent-to-treat analysis of the DPP/DPPOS](#) NIH external link. *Diabetes Care* 2012; 35(4):723–730.

Diabetes Prevention Program Research Group, Orchard TJ, Temprosa M, et al. [Long-term effects of the Diabetes Prevention Program interventions on cardiovascular risk factors: a report from the DPP Outcomes Study](#) NIH external link. *Diabetic Medicine*. 2013;30(1):46–55.



Project Description

- Patients were required to have BMI ≥ 30 and have attended 2 primary HIV care appointments in the past year.
- Providers reviewed their patient lists and reached out to patients individually to assess their interest and availability for the class time
 - Participants can not miss more than 2 sessions throughout the course.
- Patient Navigator assigned as the project point person.
 - Providers then messaged the PN with their patients who were interested.
 - PN called patients -1st come 1st serve to verify their participation
 - Max of 22 patients



Moderator Schedule

September 15-17, 2025

Part 1			
Session #	Date	Title	Moderator
1		Intro to the Program	Clinician
2		Get Active to Prevent T2	Health Educator
3		Track your Activity	Health Educator
4		Eat Well to Prevent T2	Nutritionist
5		Track your Food	Clinician
6		Get More Active	Physical Therapist
7		Burn More Calories Than you Take in	Clinician
8		Shop and Cook to Prevent T2	Nutritionist
9		Manage Stress	Social Worker
10		Find Time for Fitness	Physical Therapist
11		Cope with Triggers	Psychologist
12		Keep your Heart Healthy	Clinician
13		Take Charge of your Thoughts	Social Worker
14		Get Support	Health Educator
15		Eat Well Away from Home	Clinician
16		Stay Motivated to Prevent T2	Nutritionist
Part 2			
17		When Weight Loss Stalls	Clinician
18		Stay Active Away from Home	Clinician
19		More About Carbs	Health Educator
20		Get Back on Track	Health Educator
21		Get Enough Sleep	Social Worker
22		Prevent T2 for Life!	Clinician





Participant Guide

Introduction to the Program



PREVENT T2
A PROVEN PROGRAM TO PREVENT OR DELAY TYPE 2 DIABETES

Prevent T2 Goals

Prevent T2 is a yearlong program. It's designed for people with prediabetes. It's also for people who are at high risk for type 2 diabetes and want to lower their risk.

By the end of the first six months, your goal is to:

- ▶ Lose at least 5 to 7 percent of your starting weight
- ▶ Get at least 150 minutes of physical activity each week

By the end of the second six months, your goal is to:

- ▶ Keep off the weight you've lost
- ▶ Keep working toward your goal weight, if you haven't reached it
- ▶ Lose more weight if you wish
- ▶ Keep getting at least 150 minutes of activity each week

Losing weight can:

- ▶ **Prevent or delay type 2 diabetes**
- ▶ Ease sleep problems, arthritis, and depression
- ▶ Lower your blood pressure and cholesterol level
- ▶ Make you feel better about yourself

Getting more active can:

- ▶ **Prevent or delay type 2 diabetes**
- ▶ Give you more energy
- ▶ Help you sleep better
- ▶ Improve your memory, balance, and flexibility
- ▶ Lift your mood
- ▶ Lower your blood pressure and cholesterol
- ▶ Lower your risk of heart attack and stroke
- ▶ Lower your stress level
- ▶ Strengthen your muscles and bones



Outcomes and Lessons Learned

- In June 2024, 10 joined and 4 of 10 (40%) completed the program.
- No patients gained weight during the course.
- Of the patients who lost weight, a total of 27 lbs. were lost.
- Average weight change per person: -6.75 lbs.
- One participant had substantially more weight loss than other participants.
- Barriers to project retention:
 - Weekly sessions and competing priorities (work, childcare, transportation).
 - Rotating moderators lessened rapport with patients.



Lessons Learned->Project Modification

- A 2nd iteration was implemented in January 2025
- All classes, were led by a team of one health educator and a physical therapist
- Classes are held every 2 weeks for 16 weeks, followed by monthly classes for 4 to 6 months.
- Patients were provided a gift card to a local grocery store to purchase fruits and vegetables.
- Twenty three participants enrolled and at 8 months:
 - 87% (20 of 23) of patients continued to participate.
 - 65% have either maintained their weight or lost weight.
 - Total weight loss: 48 lbs
 - Average weight change: -2.4 lbs per person.
- Some patients show greater decrease in weight than others.



Changes in Clinical Measures Associated with Obesity

Age	Gender	Weight change	BP Prior	Recent BP	Pre A1C	Post A1C
57	F	6.5	148/70	124/66	5.2	5
64	F	-10	155/79	150/88	none	
74	F	-5.5	106/75	115/60	6.1	5.8
60	M	-9	106/81	132/90	none	
56	M	8	136/88	174/97	9.3	8
60	M	-6	142/73	130/94	6.8	6.7
54	F	-5.5	188/93	121/75	12.8	11.4
65	M	-4	157/99	112/77	6.6	
64	M		148/64	128/80	8.1	9.5
69	F		147/74	120/72	4.1	
59	M	-26	140/90	128/85	6	6
53	M	-8.5	166/91	120/80	5.8	5.5
62	F	16	118/85	119/100	7	6.4
69	M	-3	134/70	145/63	5.2	5.4
70	M	-11	134/75	126/84	6.8	6.4
50	M	1.5	96/73	118/88	5.2	
67	M	-1	99/57	123/70	5.2	
46	F	4.5	122/79		4.5	4.8
68	M		128/81	104/83	5.9	
72	F	3	113/61	112/67	5.4	5.2
67	F	-0.5	138/62	133/97	6	5.9
60	F	-1	127/78	146/67	5.7	5.5
38	F	3.5	124/85	123/74	9.5	9

Conclusions and Recommendations

- This modified CDC National Diabetes Prevention Program (DPP) Quality Improvement Project is a beneficial tool in adapting a healthy lifestyle to target weight management in patients living with HIV.
- Adaptability:
 - Easily accessible and free to providers and participants
 - Peer support augments participant success
 - Personable moderator engages participants
 - Single moderator builds trust among participants
 - Physical therapist led exercise motivates participants to get active and enhanced the program.
- Given the positive outcomes of this project, the program has been adapted to enable patients to join at any time during the class schedule and welcomes ongoing referrals.



Thank you for your attention

- Any Questions?
- Thank you to the HOP patient navigators, nutritionist, and health educators.
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- Paula Seal
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