Table. 2 Recommendation Table: Interventions to prevent weight gain and obesity

MANUEVER	EFFECTIVENESS	LEVEL OF EVIDENCE <references>	RECOMMENDATION *
Community-wide Cardiovascular Disease Preventive Intervention	Studies were designed to reduce cardiovascular risk factors. Programs components (e.g. promotion of physical activity, healthy eating, anthropometry, worksite weight loss programs) slowed weight gain overall but did not prevent it. In one sub-analysis there was a significant effect for women only (Fortmann 1981). In one 5 year program the prevalence of overweight remained stable in the intervention community but increased significantly in the control city (Goodman 1994))	II-1 Fair <Jeffery 1995; Carleton 1995; Fortmann 1981; Taylor 1991; Goodman 1994>	The CTFPHC concludes that there is insufficient evidence to recommend for or against community-wide cardiovascular disease preventive programs to prevent obesity **(I recommendation**)
Dietary Intervention: *intensive* individual and small group counselling for a reduced calorie or low fat diet	Counselling to adopt a low-fat diet produced positive changes in macronutrient intake, body weight and plasma cholesterol in adult women at high risk for breast cancer (Henderson 1990). Favourable changes in diet and body weight were reported in overweight men (Williams 1990) and a mixed gender group (Kristal 2000)	I-1 Good <Henderson 1990> I-1 Fair <Williams 1990; Kristal 2000>	The CTFPHC concludes that there is fair evidence to recommend *intensive* individual and small group counselling for a reduced calorie or low fat diet to prevent obesity **(B Recommendation**)
Exercise Intervention: *intensive* individual or structured group program of endurance exercise	A program of vigorous exercise produced dose–related (i.e., intensity) reductions in weight and waist circumference in sedentary adults (Slentz 2004). Cardiovascular measures were improved in sedentary adults at 1 year (King 1991). A 1 year program for sedentary men produced a BMI reduction of 1.41 kg/m^2 compared to 0.18 kg/m^2 increase in controls (Williams 1990)	I-1 Fair <King 1991; Slentz 2004; Williams 1990>	The CTFPHC concludes that there is fair evidence to recommend an *intensive* individual or structured group program of endurance exercise to prevent obesity **(B recommendation**)
Exercise Intervention: program of strength-training exercise	A 39-week strength training program for women reduced fat mass, % body fat but no difference in body weight or waist circumference (Schmitz 2003)	I-1 Good <Schmitz 2003>	The CTFPHC concluded that there is insufficient evidence to recommend a program of strength training exercise to prevent obesity. **(I recommendation)**

Diet and Exercise Intervention: *intensive* individual or small group program of a combined low fat/reduced calorie diet and endurance exercise intervention	A cognitive-behavioral approach for peri-menopausal women produced reductions in weight and waist circumference in all intervention groups over 54 months but reductions were significant only in the sub-group who were of normal weight and remained pre-menopausal(Simkin-Silverman 2003; Kuller 2001). In a study to reduce incidence of diabetes, those overweight at baseline lost more weight than those of normal weight regardless of a diet, exercise or combined intervention (Pan 1997)	I-1 Good <Simkin-Silverman 2003; Kuller 2001> I-1 Fair <Pan 1997>	The CTFPHC concludes that there is fair evidence to recommend an *intensive* individual or small group program of a combined low fat/reduced calorie diet and endurance exercise intervention to prevent obesity **(B recommendation**)
Diet and Exercise Intervention: *low-intensity* interventions employing telephone or mail support or financial incentives to promote a low fat/reduced calorie diet and endurance exercise	Educational interventions for overweight adults failed to reduce body weights, though there were favourable changes in some weight-related behaviours (Jeffery 1999, 2003; Mayer 1994).	I-1 Fair <Jeffery 1999; Mayer 1994; Jeffery 2003>	The CTFPHC concludes that there is fair evidence to recommend against *low- intensity* interventions employing telephone or mail support, or financial incentives to promote a low-fat/reduced calorie diet and endurance exercise as a means to prevent obesity. **(D recommendation**)

See Appendix 1 for definitions of the levels of evidence, quality ratings and grades of recommendation.