

THE DROPLET STUDY

10 GP PRACTICES



278 PATIENTS



50%: USUAL CARE



Weight loss advice from a health professional.

50%: LOW ENERGY TOTAL DIET REPLACEMENT (TDR)



About 800 calories per day from soups, shakes and bars for 8-12 weeks.

AFTER ONE YEAR...

● TDR

● BRIEF ADVICE

AVERAGE WEIGHT LOST



PROPORTION WHO LOST 10% OR MORE OF THEIR STARTING BODY WEIGHT



People in the total diet replacement group lost **over three times** as much weight as people given usual care, and nearly **half lost at least 10%** of their starting body weight.

Some people might, quite rightly, be concerned about how safe switching to a low energy diet is.

THE FREQUENCY OF MODERATE, OR WORSE, SIDE EFFECTS WAS ABOUT THE SAME FOR EITHER GROUP.



Overall, side effects were more common in the TDR group (52%) than in the brief advice group (30%).

THE MOST COMMON SIDE EFFECTS:



CONSTIPATION



HEADACHE



FATIGUE



DIZZINESS

Reference: Doctor Referral of Overweight People to Low Energy total diet replacement Treatment (DROPLET): pragmatic randomised controlled trial. Nerys M Astbury, Paul Aveyard, Alecia Nickless, Kathryn Hood, Kate Corfield, Rebecca Lowe, Susan A Jebb. *BMJ* 2018;362:k3760 <http://dx.doi.org/10.1136/bmj.k3760>



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The DROPLET trial is now complete and the results have been published in The BMJ.

In summary, 278 participants were enrolled into the DROPLET trial from 10 GP practices across Oxfordshire. Everyone was randomly allocated to one of two groups. Half the participants were offered a Total Diet Replacement (TDR) weight loss programme provided to the NHS by Cambridge Weight Plan. The other half were offered a weight loss programme delivered by a nurse at their own GP practice (usual care). After one year everyone was invited back so that we could compare the two weight loss treatments.

People in the TDR group lost over three times as much weight as the people in the group who were not offered this treatment.

On average people who were assigned to the TDR group were 10.7kg (more than 1 ½ stones) lighter after one year, and people assigned to the usual care group were 3.1kg (less than ½ stone) lighter after one year. In the TDR group, 45% of people lost more than 10% of their starting body weight, compared to only 15% of people in the usual care group.

As a result of the greater weight loss, people in the TDR group had greater improvements in blood pressure and HbA1c (a marker of diabetes risk). The risk of having a heart attack or stroke in the next 10 years was reduced by 1.7% in the TDR group compared with only 0.1% in the usual care group.

TDR is an intensive diet programme and we also asked people in both groups to report any side effects. Overall side effects were more common in the TDR group, but symptoms that were classed as moderate or more severe were roughly the same in both groups (11% in TDR and 12% in usual care). The most common side effects that were reported more frequently by participants in the TDR group than the usual care group were constipation, headache, fatigue and dizziness.

If you have any further questions about this study please contact droplet@phc.ox.ac.uk