

NIH STUDY ON TAT ®

Short summary: In 2005, the National Institutes of Health (NIH) funded a pilot study with scientists from the Kaiser Center for Health Research and the University of Arizona comparing TAT for weight loss maintenance with two other approaches (Qi Gong and behavioral advice). Each group was given 10 hours of instruction in the method they used. The TAT group gained little weight whereas the other two groups gained at least six times as much. The authors were impressed with TAT and recommended further study. Below is a summary of the preliminary report by the research team. A full write-up including interviews with participants is planned for publication in the Journal of Alternative and Complementary Medicine, 2007.

Mist, S., Elder, M., Aickin, M., & Ritenbaugh. 2005. **A randomized trial of Tapas Acupressure Technique ® for weight loss maintenance.**

Published in : **Focus on Alternative and Complementary Therapies.10.38-39 Jan-Feb 2007**[a quarterly review journal presenting evidence-based approaches to health care]. Abstracts of 12th Annual Symposium on Complementary Health Care. 19-21st September. 2005. Exeter , UK .

Location of research : Center for Health Research, Kaiser Permanente, 2800 N. Interstate Ave. , Portland , U.S.A. & University of Arizona , Tucson , Arizona , OR 97227, U.S.A.

Description : This scientifically rigorous, randomized and controlled study provides support for TAT as a helpful approach for people with weight problems. The aim of the study was to compare TAT with two other interventions for helping people maintain weight loss after they had successfully lost excess weight (at least 3.5 kg) on a behavioral program. TAT was compared with Qigong and Self-directed support (a simple cognitive-behavioral approach with advice and encouragement). All three approaches involved 10 hours of instruction over a 12-week period. The outcome measure was weight gain. 92 adults were involved in the study.

After three months, the group using TAT had not gained any weight, but the Self-Directed Support group gained an average of 0.35 kg. At 6 months the Self-Directed Support group had gained 1.5 kg., but the TAT group had gained only 0.25 kg. Qigong was found too difficult for the participants to practice, and this group gained the most weight of all. There were no adverse effects of TAT.

The authors conclude: "TAT was a feasible intervention, warranting further study as a potential weight maintenance intervention."

http://www.ncbi.nlm.nih.gov/sites/entrez?Db=pubmed&Cmd=ShowDetailView&TermToSearch=17309380&ordinalpos=6&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum

Center for Health Research, Kaiser Permanente Northwest, Portland, OR 97227, USA.
Charles.Elder@KPCHR.ORG

OBJECTIVE: Regain of weight after initial weight loss constitutes a major factor contributing to the escalating obesity epidemic. The objective of this study was to determine the feasibility and clinical impact of two mind-body interventions for weight-loss maintenance. **DESIGN:** Randomized, balanced, controlled trial.

SETTING: Large-group model health maintenance organization.

PARTICIPANTS: Overweight and obese adults were recruited to a 12-week behavioral weight-loss program. Participants meeting threshold weight loss and attendance requirements were eligible for randomization.

INTERVENTIONS: The three weight-loss maintenance interventions were qigong (QI), Tapas Acupressure Technique (TAT (registered trademark of Tapas Fleming, L.Ac.)), and a self-directed support (SDS) group as an attention control.

OUTCOMES: The main outcome measure was weight loss maintenance at 24 weeks

postrandomization. Patient interviews explored additional benefits of the interventions, as well as barriers and facilitators to compliance. RESULTS: Eighty-eight percent (88%) of randomized patients completed the study. There were no significant study-related adverse events. At 24 weeks, the TAT group maintained 1.2 kg more weight loss than the SDS group did ($p = 0.09$), and 2.8 kg more weight loss than the QI group did ($p = 0.00$), only regaining 0.1 kg. A separation test (0.05 level, 0.95 power) indicated that TAT merits further study. A secondary analysis revealed that participants reporting a previous history of recurrent unsuccessful weight loss were more likely to regain weight if assigned to the SDS arm, but this effect was suppressed in both the QI and TAT groups ($p = 0.03$). Although QI participants reported important general health benefits, the instruction sequence was too brief, given the complexity of the intervention.

CONCLUSIONS: TAT warrants further research for weight-loss maintenance. Any further research on qigong should use a modification of our protocol.

PMID: 17309380 [PubMed - indexed for MEDLINE]

[J Altern Complement Med.](#) 2007 Jan-Feb;13(1):67-78.