

Comparing Calorie Counting versus MyPlate Recommendations for Weight Loss

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What was the research about?

In the United States, 69 percent of adults have obesity or are overweight. These people are at increased risk of health problems, such as heart disease or diabetes.

The US Department of Agriculture, or USDA, suggests two approaches to help people keep a healthy weight or lose weight:

- **Calorie counting.** In this approach, people try to burn more calories than they eat by exercising, limiting the calories they eat, eating low-calorie foods like fruits and vegetables, and limiting sugary drinks.
- **USDA's MyPlate.** MyPlate suggests people think more about the types of food on their plate than about how many calories foods have. For example, fruits and vegetables should take up half the plate and whole grains one quarter of the plate.

In this study, the research team compared two programs—one based on calorie counting and one using MyPlate—for 12 months to see if they helped adults increase their meal satisfaction and reduce their body fat.

What were the results?

After 12 months, people in the two programs changed about the same amount in most of what the research team measured. People in both programs

- Had less body fat around the waist

- Felt fuller after eating and were more satisfied with their meals
- Had improved mental health and quality of life
- Were highly satisfied with their assigned program

The people who counted calories also reported feeling less hungry.

People in the MyPlate program had lower blood pressure six months after starting the study, but not after 12 months. People in the calorie-counting program didn't have any changes in blood pressure.

Body weight didn't change for people in either program.

Who was in the study?

The study included 261 adults with obesity or who were overweight. Of these, 86 percent were Latino and 8 percent were African American. The average age was 41, and 95 percent were women.

What did the research team do?

The research team recruited people with obesity or who were overweight from a waiting room in a health clinic in California. The team assigned people by chance to one of the two programs.

The research team trained four bilingual community health workers to coach people about each program's weight-loss approach. The team also offered

11 training sessions over six months to all people in the study. Two training sessions took place at people's homes and one group session took place at a grocery store. Other sessions took place by phone. The MyPlate program also included two group cooking classes.

People filled out surveys before the programs started and then again 6 and 12 months later. The surveys asked how hungry people felt, if they felt full after eating, and if they were satisfied with their meals. The survey also asked about people's mental health, quality of life, and whether they liked their program. The research team also measured each person's weight, waist size, and blood pressure. The team compared changes at the start and end of the study for each person.

Throughout this study, the research team worked with Spanish- and English-speaking patients with obesity, doctors, dieticians, and community representatives.

What were the limits of the study?

Most people in this study were Latina women receiving care at one health clinic in California. Results may differ for men, people from other ethnic or racial backgrounds, or people in other places.

Future research could test programs based on calorie counting and MyPlate with people from other ethnic groups or in more locations. Studies could also compare other types of weight-management programs to one or both programs.

How can people use the results?

Health clinics can consider using either the MyPlate or calorie counting program to help patients reduce and keep off excess body fat.

To learn more about this project, visit www.pcori.org/McCarthy120.