

We are grateful to the correspondents for their interest in this research. Higuchi and Kami are surprised that 12% of the support group lost 10% of their baseline body weight at one year and worry that rapid weight loss will lead to more rapid weight regain. However trial evidence suggests it will not¹. No baseline factors predicted 10% loss, but using what we termed effective support was strongly associated with weight loss. Effective support meant, in practice, attending a behavioural weight loss programme similar to those that physicians referred to in the support arm. Overall, 63% of those that achieved 10% loss had attended a behavioural support programme and, in the group offered referral, 81% had done so. The odds ratio for achieving 10% loss with effective action compared with no action was 11.03 (95% confidence interval 4.33 to 27.45). These findings emphasise that it is what people do, and not who they are, that matters. It emphasises the role of physicians in shaping people's action.

Booth and Gulliford compare the weight loss in our trial with that in meta-analyses of primary care-based weight loss programmes. We caution against such a comparison. In those trials, people who were seeking help to lose weight were randomised to receive behavioural support or no support and nearly everyone offered support started the programme. In the BWEL trial, we excluded people seeking help to lose weight and physicians offered help only to the 'unmotivated' and showed a surprisingly high proportion accepted this offer². This was delivered in a manner practicable for routine use, making this a viable population strategy. The question of programme effectiveness is important. There is good evidence that referral to a community based weight-loss group, as we used here, is more effective than interventions delivered by primary care staff^{3,4}. Many people will regain weight but the long-term follow-up of diabetes prevention studies shows us that weight loss programmes have enduring health benefits despite this^{5,6}. The temporary reduction of blood pressure and improved lipid profile is likely to prevent disease too.

Finally, Sturgiss directs attention to the role of physicians as credible sources of health advice. We concur. Whether or not this extends to a role for physicians in directly supporting weight loss awaits evidence of positive impacts. Meanwhile our trial shows that brief opportunistic physician interventions aiming to refer people to established services are well-received, achievable and effective.

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