



more recently, according to the 2021 IDF Atlas, Indonesia has the world's fifth largest population of adults with diabetes, with 19.5 million people. Overweight and obesity also contribute to the prevalence of diabetes, hypertension, and ischemic heart disease, which are 5,020,2 thousand, 11,147.5 thousand, and 282.7 thousand, respectively. Another burden is the loss of 6-10 productive years. This consumes about 8% to 16% of national healthcare, and the total cost (direct and indirect) for obesity in 2016 is USD 2-4 billion.

CONCLUSION

The Indonesian government is well aware of the situation and has made obesity and prediabetes prevention a priority. Obesity and prediabetes prevention and intervention programs have been developed by the Ministry of Health in collaboration with professional associations.

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SERVICE EVALUATION OF A REAL-WORLD, DIGITALLY ENABLED, TIME RESTRICTED EATING PROGRAMME FOR ADULTS IN THE UK

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Adrian Brown,^{1,2} **Dipesh Patel**,^{1,2,3} **Jonathan Kwan**,^{2,4} **Siri Steinmo**,^{2,5} **Danielle Eaton**,² **Laura Falvey**,^{2,6} **Ling Chow**,² **Barbara McGowan**^{2,7}

¹University College London, London, United Kingdom

²Reset Health Ltd., United Kingdom

³Royal Free Hospital, London, United Kingdom

⁴Darent Valley Hospital, London, United Kingdom

⁵University College London NHS Trust, London, United Kingdom

⁶Broomfield Hospital, Chelmsford, United Kingdom

⁷Guys & St Thomas' Hospital, London, United Kingdom

OBJECTIVE

Obesity and type 2 diabetes (T2D) remain global health challenges. Continuous energy restriction enables weight loss, but recently time-restricted eating (TRE) has gained traction. Limited data exists about its effectiveness in a real-world setting. Reset Health is a technology-enabled programme for people living with obesity and T2D delivered by clinicians and mentors. The aim of this service evaluation was to assess the impact of the Reset Health programme on weight, metabolic parameters, and other health-related outcomes.

METHODOLOGY

We enrolled 653 adults (mean age 46.3 ± 10.8 yrs, mean BMI 35.2 ± 6.4 kg/m², HbA1c 42.4 ± 12.5 mmol/mol; 61% White Ethnicity) with 114 having pre- (n = 59; 9.0%) or T2D (n = 56; 8.6%). Data were analysed at 12 and 24-weeks of the 244 completers and reported using mean \pm SD.

RESULTS

Members lost a significant amount of weight at 12- and 24-weeks, 7.7 ± 4.4 kg and 9.5 ± 5.9 kg respectively (p<0.001). Waist circumference decreased by 11 ± 7.5 cm at 24 weeks (p<0.001), with systolic blood pressure reducing by 6.6 ± 12.6 mm Hg (p<0.001) and diastolic blood pressure by 4.2 ± 10.5 mm Hg (p=0.002). HbA1c reduced by 4.5 ± 7.4 mmol/mol (p=0.05) in all participants and 8.7 ± 9.2 (p=0.07) in those with T2D. Quality of life improved over 24-weeks with significant reductions in depression (2.2 ± 3.4 , p<0.001) and anxiety (1.9 ± 4.0 ; p<0.001) scores. Eating behaviour improved with a reduction in binge eating and emotional eating scores (5.9 ± 8.1 ; p<0.001; 0.69 ± 0.83 , p<0.001, respectively), while restraint eating score increased (0.26 ± 0.62 ; p=0.001).

CONCLUSION

Evaluation of a novel service using a clinically led, digitally enabled time restricted eating programme within a real-world population shows significant improvements in weight loss, health-related outcomes and eating behaviour.