Delivery, adherence and satisfaction; perceptions of participants and intervention staff involved in the WILMA study.

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Overview

- Background of WLM
- Study Design
- WILMA intervention
- Methods
- Findings
- Summary
Weight Loss Maintenance

- Few RCTs to look specifically at weight loss maintenance (WLM)
- Those conducted have had limited effectiveness with weight regain common
- Reviews have identified issues important for maintenance are:
  - physical activity
  - low calorie/low fat diet
  - self monitoring
  - tailoring
  - internal motivation
  - self efficacy
Study Design

- **Design:**
  - 3 arm individually randomised feasibility trial (intensive, less intensive and control)

- **Intervention:**
  - Intensive or less intensive groups will receive a 12 month individually tailored intervention

- **Population:**
  - 166 obese adults aged 18-70 (current or previous BMI 30+) who have lost at least 5% body weight (independently verified)
  - Recruited across South Wales & England from exercise referral schemes, slimming clubs, GP surgeries and advertising

- **Follow-up:**
  - 6 months during the intervention, end of intervention (1yr post-randomisation)
  - Process evaluation conducted along side main trial
WILMA intervention

- Based on 2 key elements:
  - Motivational Interviewing
  - Self monitoring

- Intensive Intervention Group:
  - 6 one-to-one MI sessions
  - 9 telephone MI sessions

- Less Intensive Intervention Group:
  - 2 one-to-one MI sessions
  - 2 telephone MI sessions

- Control Group:
  - Leaflet advising on healthy eating & exercise for weight maintenance
Aim:

"To gain an insight into staff and participants perceptions of the intervention and its delivery."
Methods

- 47 participant interviews
- 2 MI practitioner focus groups (total 11 participated)
- 1 MI practitioner interview

- Thematic analysis supported by NVivo10
- 2 coding frameworks
- 10% of transcripts double coded
- Key codes merged & recoded
Findings

1. Intervention elements
   - Intensive vs Less Intensive Intervention arm
   - Session Length & Frequency
   - Phone vs Face-to-face delivery

2. Intervention implementation
   - Attendance
   - Logistical challenges

3. Impact
   - Participant development
1. Intervention elements: Intensive vs Less Intensive intervention

- Change to normal practice

**MIP2:** you’d work definitely different with somebody with two than you would with 6, just that sort of

**I:** So was it, so more sort of focused in a way then? (...)

**MIP1:** Can I use the word rushed!??
1. Intervention elements: Session length & frequency

- Difficult to maintain ongoing relationship
- Less Intensive arm participants wanted more sessions
- Agreement that it should be based on need

**MIP15**

telephone counselling, after the two sessions, was in six months. (...) So that was a long time in a way of touching base.

**0061-12M-1-SW0-LessInt-F-43**

I: is there anything you’d want to suggest that would make it better?

P: Em, just more frequent really (...) I think because if the things are few and far between it doesn’t really have an impact.
1. Intervention elements: Phone vs Face-to-face delivery

- Agreed preference for face-to-face delivery
  
  Something about the phone calls, the 20 minute phone calls, em, just felt like, like an add-on.  
  
  MIP1

  I really wasn’t keen on doing it over the phone, (...) that was so intensely personal to me, that I just felt it was impersonal doing it on the phone.  
  
  12M-LessInt-F-34

- Although telephone delivery can add some value
  
  Telephone counselling works to a degree, it’s always compromised because of non-verbal communication, bottom line you’re missing so many cues.  
  
  MIP2
2. Intervention implementation: Attendance

- Experienced good attendance
- Limited insight into withdrawals
  - Personal change in circumstances
  - Disinterest in phone element

I had two who withdrew at that stage [phone sessions] as well. (...) One just said (...) she’d been thinking about it and she didn’t want to speak on the phone, she just wasn’t comfortable with it. And the other person said that (...) there was too much pressure. (...) I don’t think that was the real reason, I don’t know what it was. But you know, two great sessions, really useful and then, just not interested in the phone.

MIP8
2. Intervention implementation: Logistical challenges

- **Session scheduling**
  
  It is tricky to book a phone call and agree a phone call. (…) Life happens, so clients are just not there at that particular time or they’ve got to cancel for whatever reason, so that can be quite tricky.

- **Venues**
  
  I think working in sort of like community centres and leisure centres wasn’t really working, I mean, my first client I saw in a basement. (…) I mean she was a young girl, I felt really safe, but you know when you’re thinking, this is not right you know, there’s no fire exit, there’s no window. (…) This person could have an emotional breakdown and where do I go from here?
3. Impact: Participant development

- Increased self-awareness
- Increased confidence
- Opportunity to speak & share
- ‘Okay to maintain’
- Increased motivation

I think motivation interview made me feel quite strong in my decisions. It made me feel even stronger in what I was doing was the right thing for me.

0645-LessInt-F-12mnth

It’s a lot about the being with the person and the listening and letting them hear back, you know. The skills of reflective listening I think comes up again and again you know, letting them hear back the type of things that they’ve been saying and linking everything together and seeing realisation.

MIP4
In summary

- Intensive intervention favoured
- Face-to-face delivery method favoured
- Arm allocation should be based on need
- Attendance was excellent
- Logistical challenges
- Participants’ positive development
  - Increased confidence
Thank you

ANY QUESTIONS?

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The views and opinions expressed therein are those of the authors and do not necessarily reflect those of the Department of Health.
Key References: