Breaking Bad
(Habits)

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A synthesis of qualitative research on weight loss maintenance

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Keeping it Off?

Diabetes Prevention Program Research Group, Diabetes Care, 2012
## Behaviour change techniques used for WLM

<table>
<thead>
<tr>
<th>Technique</th>
<th>% arms</th>
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</thead>
<tbody>
<tr>
<td>Self-monitoring</td>
<td>58</td>
</tr>
<tr>
<td>Barrier identification /problem solving</td>
<td>58</td>
</tr>
<tr>
<td>Provide instruction on how to perform the behaviour</td>
<td>56</td>
</tr>
<tr>
<td>Goal setting (behaviour)</td>
<td>40</td>
</tr>
<tr>
<td>Plan social support</td>
<td>39</td>
</tr>
<tr>
<td>Relapse Prevention</td>
<td>28</td>
</tr>
</tbody>
</table>

Pretty much based on self-regulation + social support

Dombrowski et al, BMJ 2014, 348:g2646
In order to change a behaviour, you first need to understand it.
Qualitative systematic review and synthesis: Aims

• To systematically review and synthesise existing qualitative literature on the beliefs, attitudes and experiences of adults on weight loss maintenance (WLM)
  – To construct a conceptual model of WLM
  – To generate new ideas for WLM interventions
What is qualitative synthesis?
Search results

• 26 studies with 710 participants
• 78% female ; Multi-ethnic
• Initial weight loss by
  o Diet ± exercise (18)
  o Bariatric surgery (5)
  o Weight loss medication (2)
• 296 (40%) ‘successful’ WLM
Sources of Tension

Old habits /Impulses

Needs going unmet ..
- Social needs
- Managing stress
- Pleasure

Thoughts /beliefs about
- Self
- Managing weight

Other priorities

Reducing the tension

Changing habits
Managing impulses
Meeting needs more healthily
Managing unhelpful thoughts and beliefs
Making changes you can live with
Developing insight

Managing the tension

Willpower /motivation
Monitoring progress
Managing influences, “high risk” situations and lapses
Key ideas (eating)

1. Eating does more than keep us alive – it meets a range of personal and psychological needs

**Physical:** Hunger, thirst, low energy

**Psychological:** Managing low mood /stress, Pleasure, avoiding conflict with identity beliefs /life goals

**Social:** Acceptance /feeling part of a group, food = love
2. So, if you change your lifestyle, this can cause “Tension” due to needs no longer being met!

**Physical:** Hunger, thirst, low energy

**Psychological:** Low mood /stress, Reduced pleasure, conflict with beliefs /life goals

**Social:** Feeling excluded, peer pressure

“KEEPING THE WEIGHT OFF IS A CONSTANT STRUGGLE”
Implications for intervention

• Are there any “smarter” lifestyle changes that won’t generate tension in the first place?
• Can we meet these needs in other ways?
• In the short term, what techniques could be used to “manage” the tension and stop it dragging you back to your old habits?
Conclusions

• We have a new model derived from patient perspectives on weight loss maintenance

• We would like to test it and develop interventions - if interested please get in touch!

• Weight loss maintenance requires identification, management or (preferably) resolution of the sources of tension (needs-conflict) generated by lifestyle change.

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Thank you!
Next Steps

The Skills for weight loss Maintenance (SkiM) feasibility study is underway

Working towards a full-scale RCT
Supporting sustainable weight loss

We have developed a “toolbox” of skills and strategies to prevent, manage or reduce the tension generated by lifestyle change.
Identify Sources of Tension

Identify Influences on tension

Strategies to prevent, manage or reduce tension

Sustainable lifestyle change
SkiM Resources

Self-help manual

Folder & worksheets

SkiM website

Facilitator manual & slides
What drives people back to over-eating after they have lost weight?
OUTPUTS: Tools for weight loss maintenance in the NHS

a) Decision-making tools for commissioners
   - evidence-base; costs; health economic model

b) Materials archive for providers
   - “best bet” intervention techniques; training materials; QA methods

c) Evaluation tools for research and clinical audit
   - key outcome and process measures