

Developing a UK National Health Service (NHS) weight management intervention for obese adults to involve family members Mira Mojee¹, Marc Mazoyer, Claire Lammie, Susan Boyle, Lorna Forde, Jenny Poulter², Sarah L. Wilson³

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Background and Aims

UK clinical guidelines for obesity (SIGN, 2010, NICE, 2006), suggest involving family members in behavioural interventions for obesity, is more effective for weight loss than targeting the individual alone, Examination of the evidence provided no clear consensus on which components of behavioural weight loss (BWL) interventions involving family members were most effective (Black and Lantz, 1984). In previous studies, spouses were mainly involved in BWL programmes via social support interventions (SSI), or attending BWL programmes. (Pearce et. al, 1981, Murphy et al., 1982). However, recruiting patients with significant others, and telling them not to criticise, tease or punish was found to be just as effective as SSIs. (Pearce et al., 1981, Wing and Jeffrey, 1999). A wider review of literature on health behaviour change interventions found the following six components to be most commonly used: encouragement and praise, support, setting a good example, stimulus control, goal-setting, and self-monitoring (*Ask author for references*). This qualitative study aimed to gather views from users of NHS Glasgow Weight Management Service (GCWMS), family members and NHS staff on potential developments to the existing weight management intervention to include family members, in order to inform future service development.

Data and methods

Participants were recruited from GCWMS, an NHS weight management service for obese adults. Approximately 200 service users attending weight loss groups between February and April 2012, were approached. Data were gathered using focus groups and semi-structured interviews (face-to-face, and telephone), with questions on format, and what components to include. Transcriptions were analysed using content and thematic analysis. 10 service users, 7 family members and 2 female staff were interviewed.

Demographic variables of service users and family members

								% of participants by SIMD (1= least deprived, 5= most deprived)				
Group (n)	Mean age and range (years)	Gender (n)	Ethnicity (n)	Mean BMI, weight (kg)	% that had met 5kg weight loss target	% Attending weight loss group	% Attending weight maintenance	1	2	3	4	5
Service Users (10)	58.1	M=5	White	43.6	70%	70%	30%	10%	40%	30%	10%	10%
	45-67	F=5	Scottish (8) White English (2)	131								
Family members (7) - 6 spouses, 1 daughter	53.3 41-68	M=2 F=5	White Scottish (4) White Irish (1) Unknown (2)	N/a	N/a	N/a	N/a	33.3%	33.3%	16.7%	16.7%	0

Main Findings

Preferred format of intervention

^ An **information session/ talk for family members** was ranked as the preferred intervention format by

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service users, family members and staff (over DVD, website and leaflet).

Table One: Average Ratings of most preferred components to include and ideas for intervention

Component	Average Rating across groups (1= not important, 10= very important)	Example quotes to use in intervention
Support	8.6	Family Member: "It would probably help my wife if she knew if she needed me, if she was like 'Oh I don't know if I can do it today'.....She could sit and talk to me and we could maybe get her back on track."
Encouragement and Praise	8.2	Service user: "She (wife) also says things like 'I can see a difference in you' which is really encouraging. Although she cannot do the same exercise she encourages me to go."
Setting a good example	7.6	Family member: "The whole family's doing it. Because my husbands doing it the whole family's doing it, you know. We're eating more healthily to give him encouragement."
Self-monitoring	6.9	Service user: "I found my wife helpful with the diary, she would ask after busy days whether I'd had done it. She would also help me remember what I had for my meals and assist with working out calories in meals."
Goal-setting	6.8	Service User: "Unless they know what your goals are how are they going to support you? They need to know. You need to share your goals I think and try and get some buy in from them."
Stimulus Control	6.7	Family member: "We spoke about it and encouraged them if they love a chocolate bar get it outside and eat it before you get in or don't leave anything like that lying around the house ... cause then that's putting temptation in their way."

Recurrent themes across data

- ⤴ Providing praise/ support could be perceived negatively by individuals losing weight, e.g. nagging, pressure
- ⤴ Preserving an individual's personal autonomy is important during weight loss
- ⤴ Recognising self-motivation in their loved one important
- ⤴ Involving family members could improve adherence

Discussion There was often a trend in the data of mismatch between what family members and service users thought would be helpful as support. Service users wanted their family members to be more aware of what their BWL programme involved and what behaviours would be unhelpful when providing support, i.e. nagging, or buying forbidden foods. Although, individual differences existed regarding preference for support. Inclusion of these topics as well as listening and communication skills may be important in the intervention. Having autonomy over their lifestyle changes was important to service users, and having family members who supported this would be important to highlight. Study limitations included a bias towards respondents who had positive experiences of weight loss and supportive family members. Ethnic minorities and more socially deprived individuals were under represented.

Conclusions This qualitative study provided clear guidance on the design of a future complementary intervention targeted at family members of individuals attending the Glasgow and Clyde Weight Management Service. Further research gathering views from individuals who have had more negative experiences of weight loss, poor social support, ethnic minorities, and individuals from more deprived areas, is needed to inform the design of a complementary intervention further.

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