

(Over-)spisningens Psykologi – one size fits all?



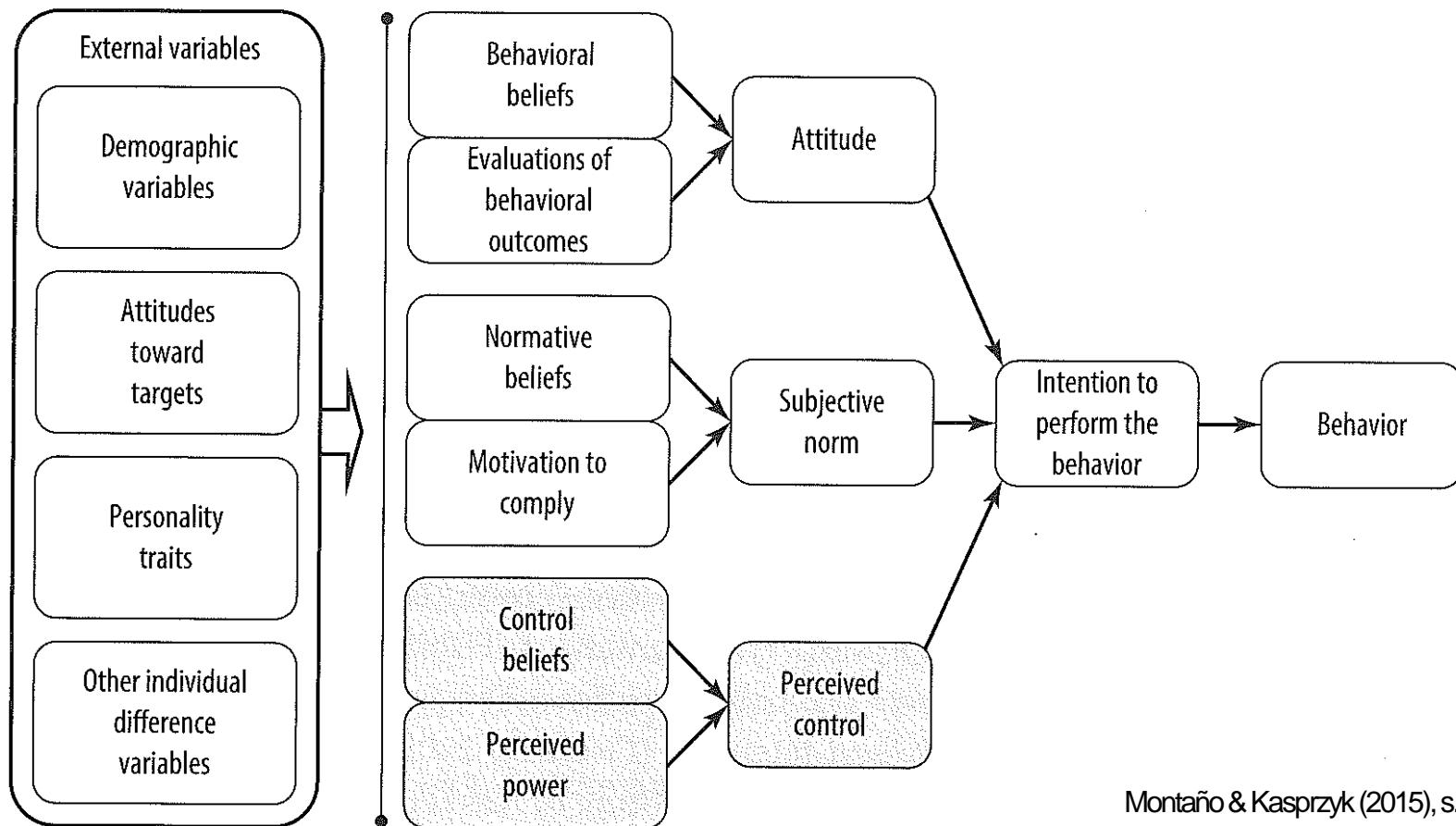
Anette Schnieber
PhD, Cand.Psych., Lektor
Ernæring & Sundhed
Forskningsprogram for Rehabilitering
VIA University College

DAGSORDEN



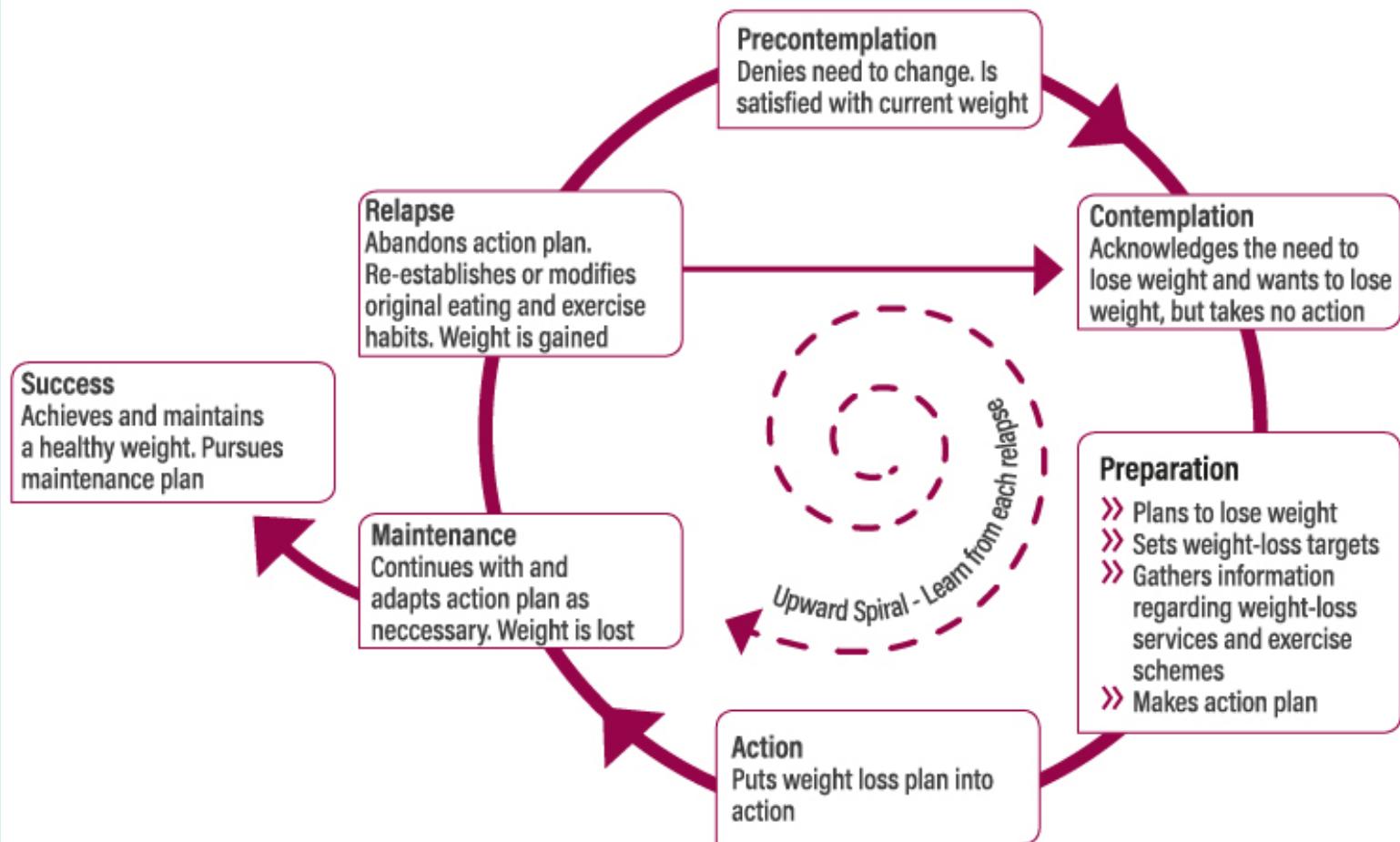
- 1. "Overblik" – psykologiske faktorer der påvirker spiseadfærd, og tilhørende strategier**
- 2. Konsekvenser for forskning, praksis og forskningsformidling til praksis**

THE THEORY OF PLANNED BEHAVIOR



Montaño & Kasprzyk (2015), s. 98

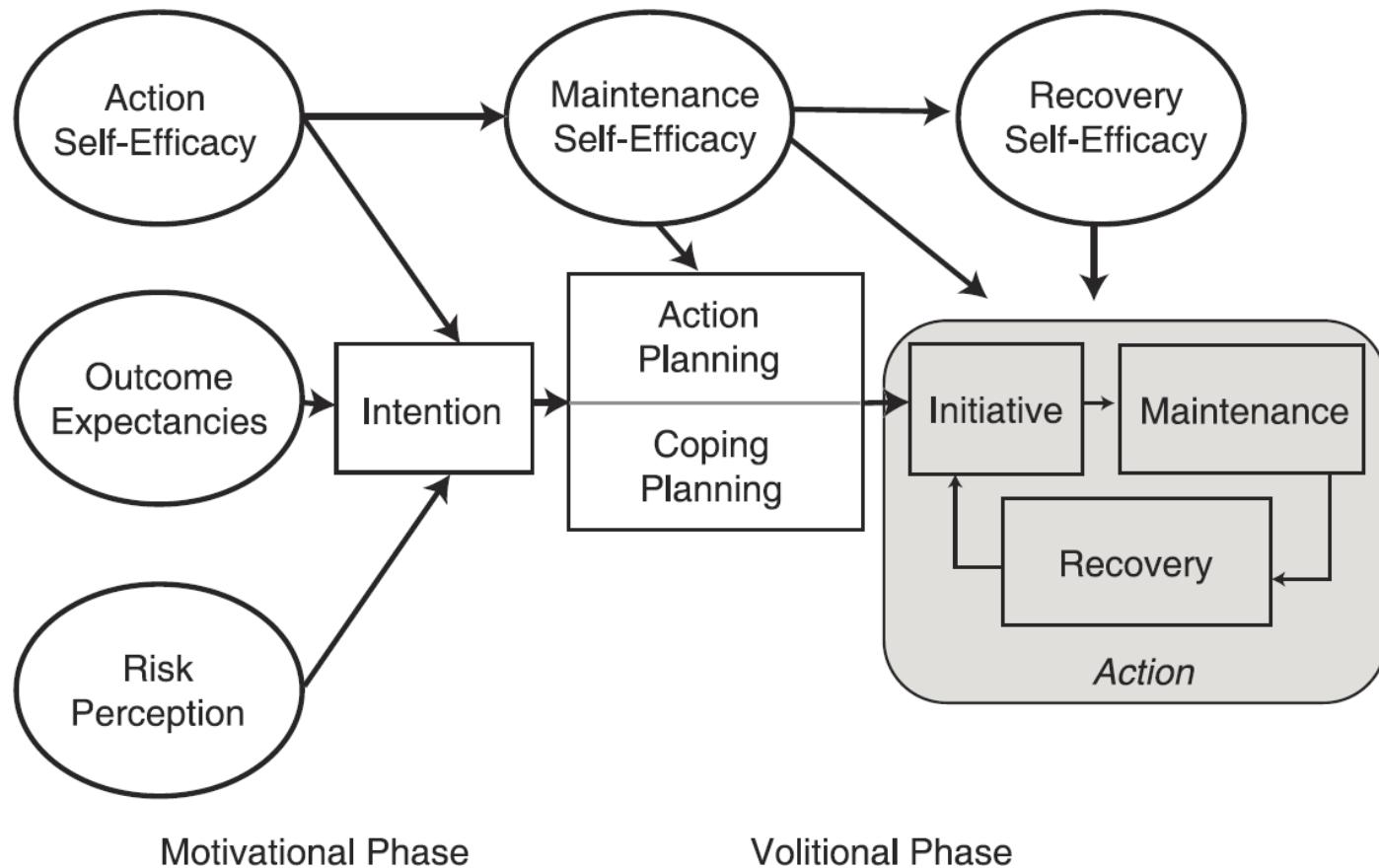
Figure 2. Use of the Transtheoretical Model in adopting a weight loss plan

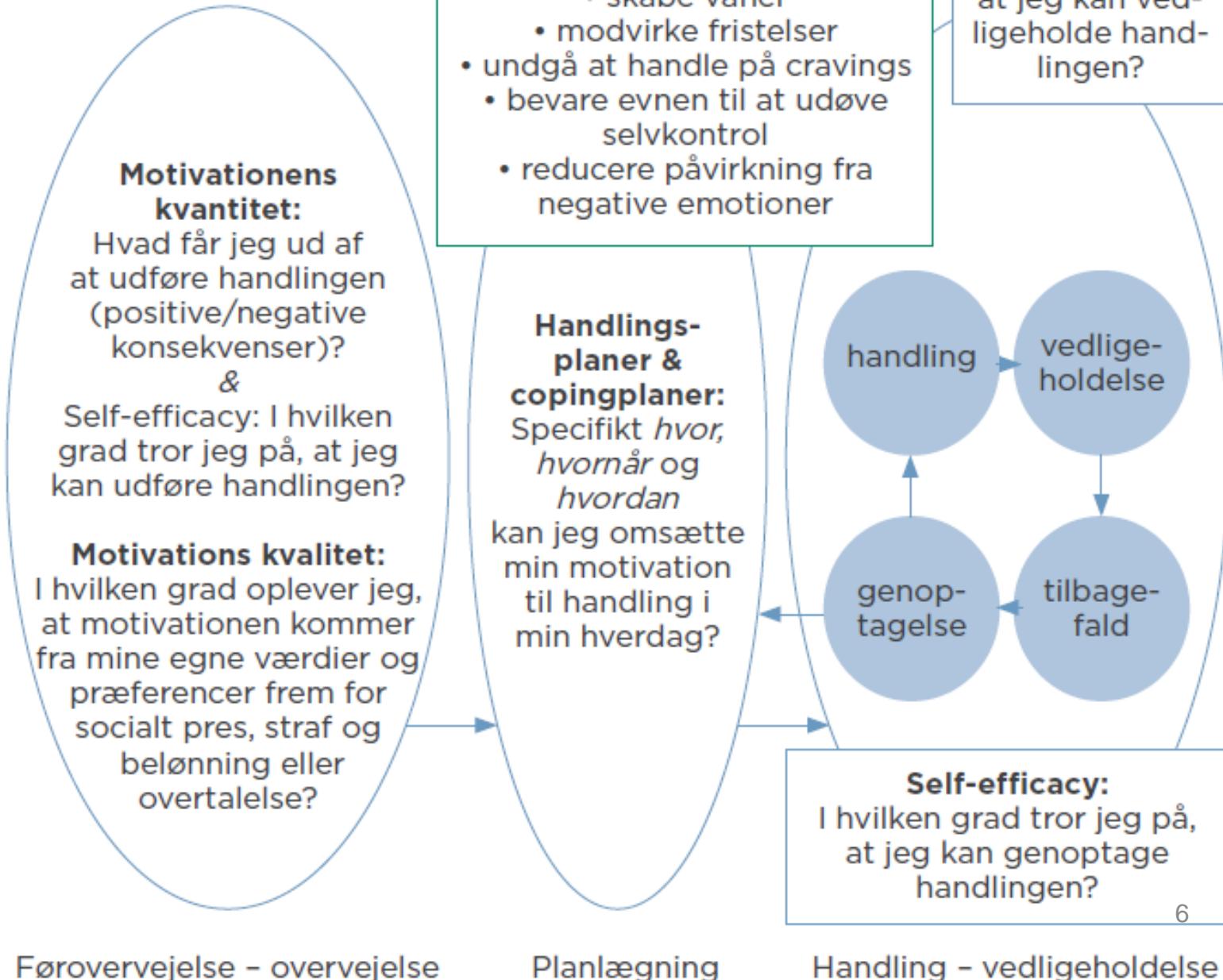


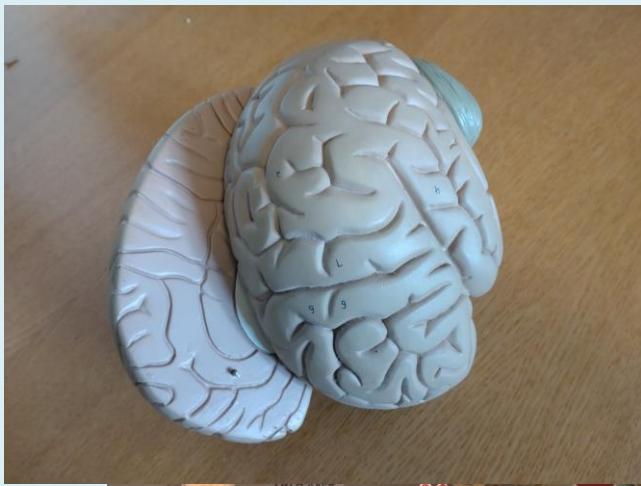
(Adapted from Prochaska and DiClemente 1984)

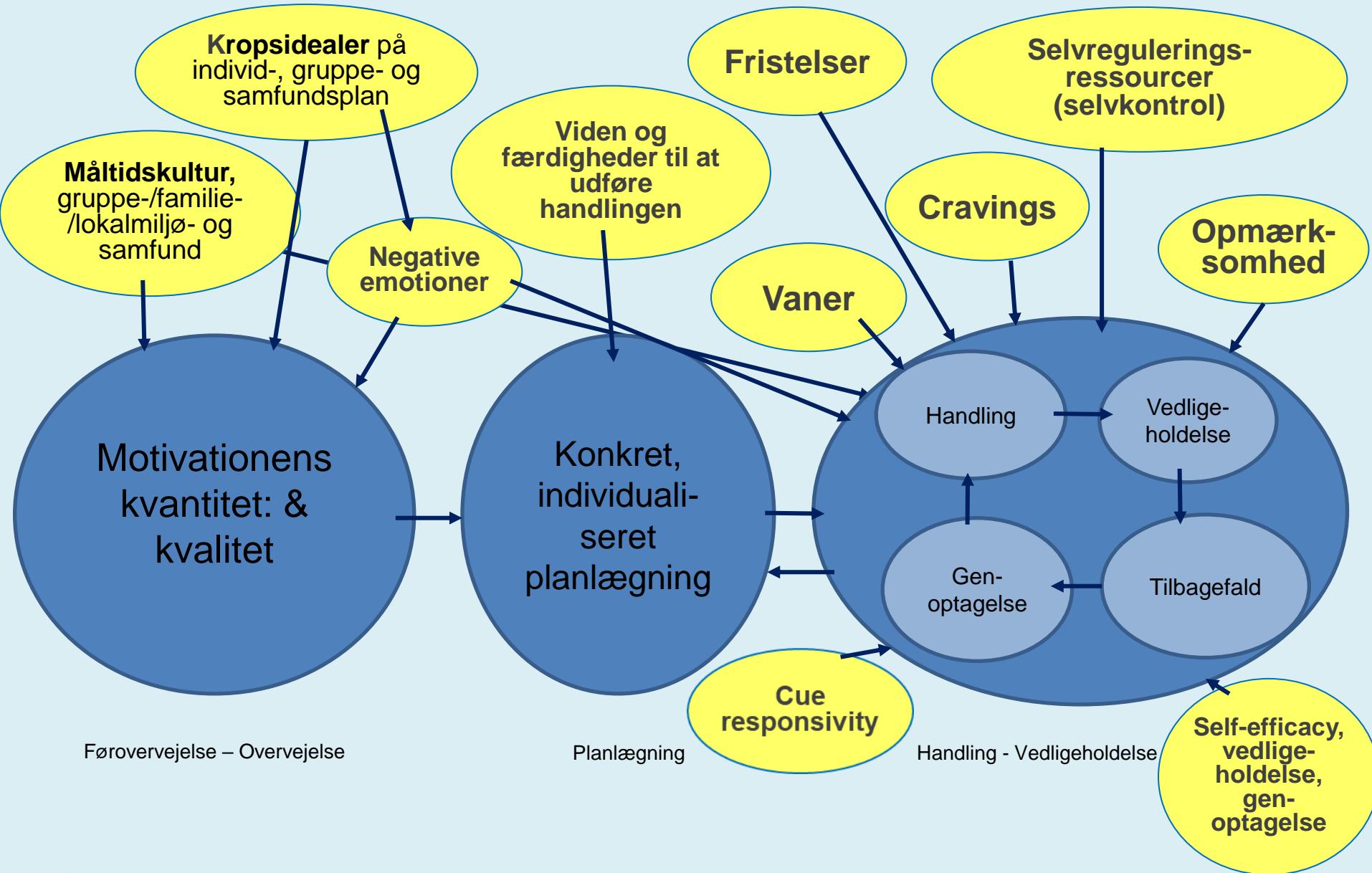
THE HEALTH ACTION PROCESS APPROACH (HAPA)

Schwarzer (2008), s. 6

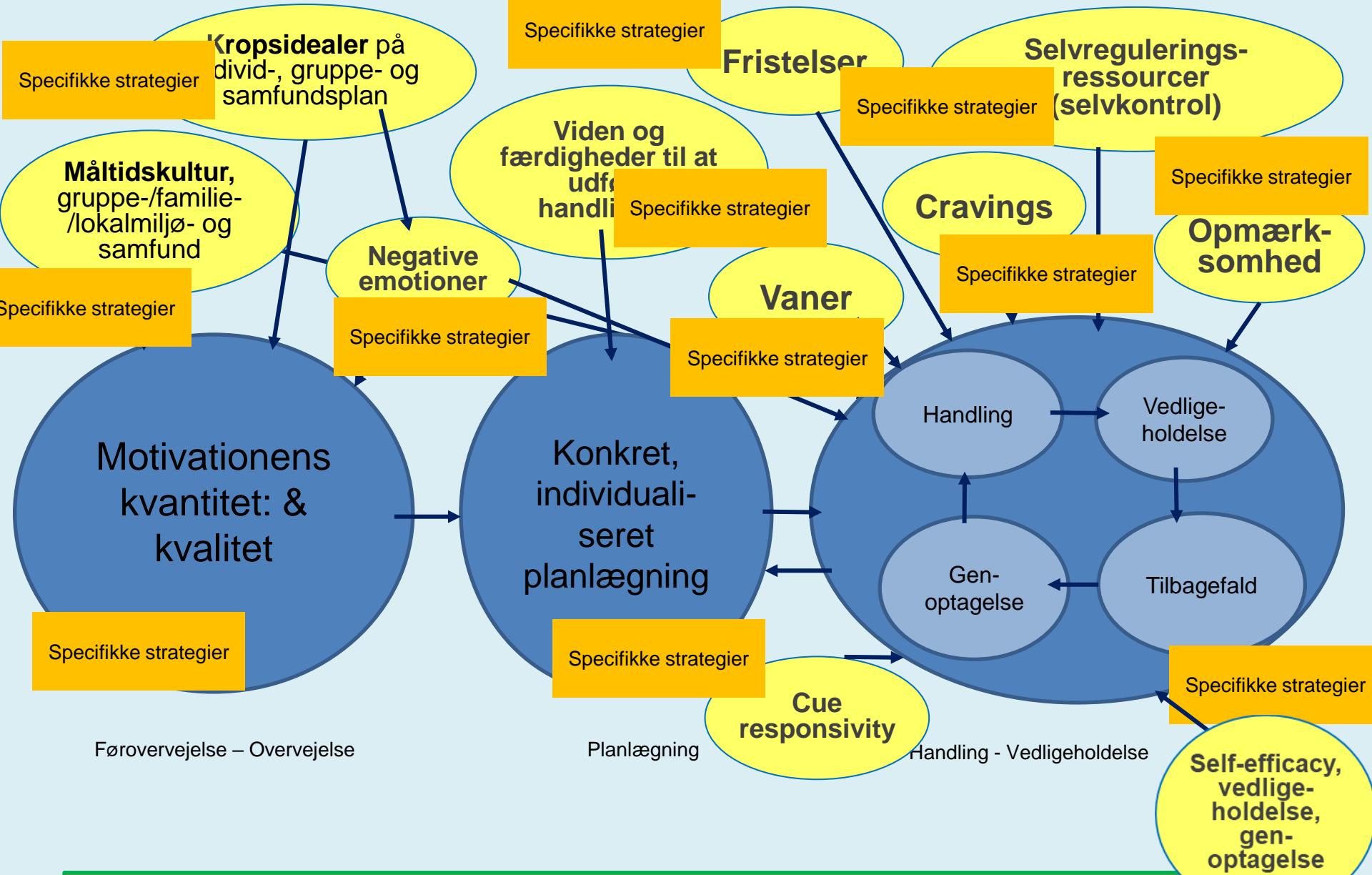








Disse faktorer skal altid forstås ift. en konkret handling, fx "at spise X gram grøntsager til aftensmåltidet" – i modsætning til målet, fx "at tage sig"



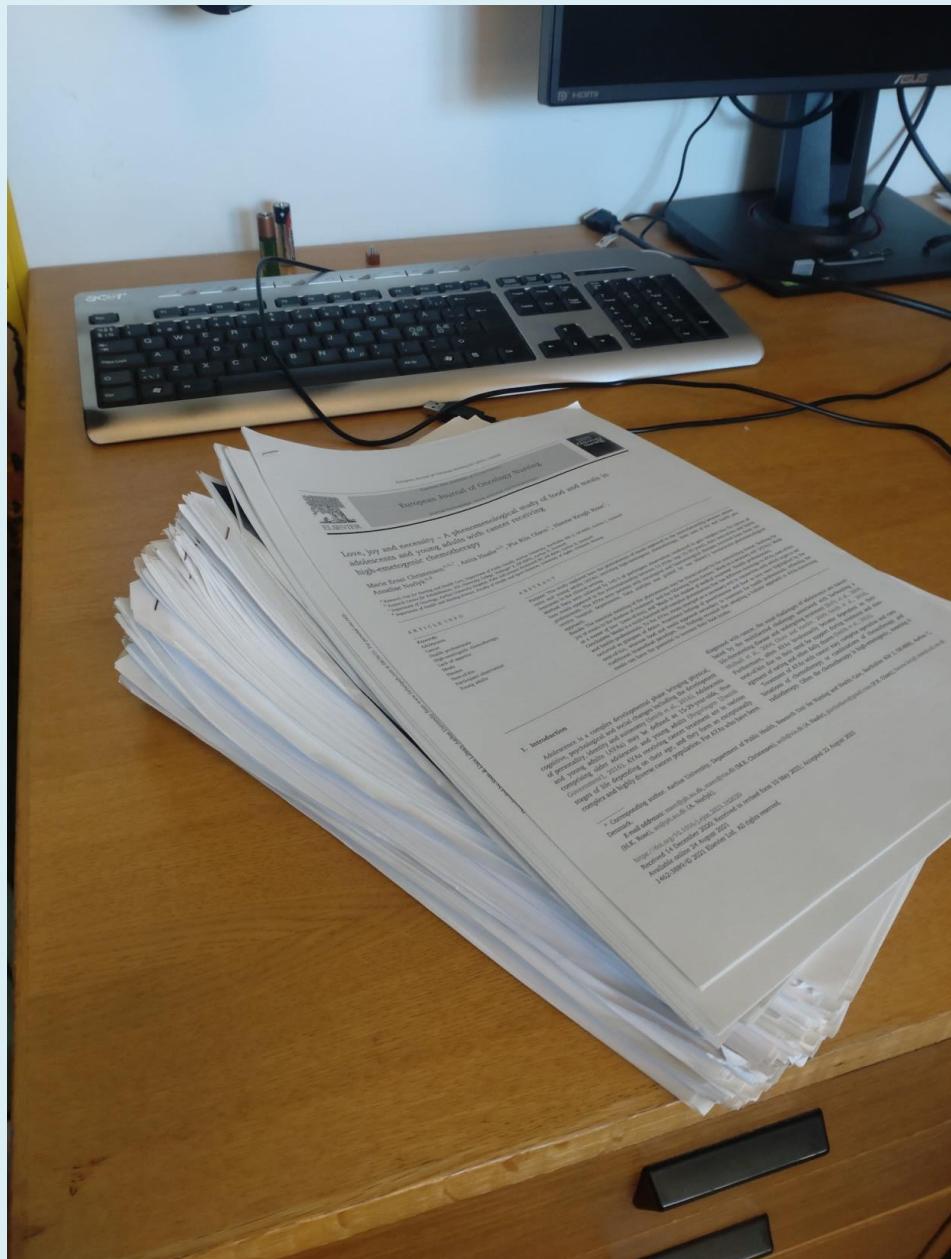
Disse faktorer skal altid forstås ift. en konkret handling, fx "at spise X gram grøntsager til aftensmåltidet" – i modsætning til målet, fx "at tabe sig"

KOMPLEKSITET OG OMFANG

Eksempel:

**Strategier mod
cravingsbaseret
spisning, til brug
i hjemmet,
originale
interventions-
studier:
antal nye studier
inden for 48 mdr**

200+



PRAKSIS – ONE SIZE FITS ALL?

**"Forkert diagnose, forkert
behandling" – først når vi forstår,
hvilke af disse psykologiske faktorer
der påvirker hvilke spisesituationer
for netop denne borger, kan vi på
baggrund af forskningen identificere
de relevante strategier for netop
denne borger**



FORSKNING – ONE SIZE FITS ALL?

Methods

Study design and setting

An individually 1:1 randomized, two-arm, parallel group design was employed to compare the effectiveness of the self-regulation intervention against daily self-weighing alone. Participation lasted eight weeks from baseline to follow-up. The study took place in Oxfordshire, UK, between April and October 2019. The trial was reviewed and approved by the NHS National Research Ethics Committee and the Health Research Authority (reference number: 18/SC/0482). A protocol of the trial was registered prospectively (Frie, Hartmann-Boyce, Jebb, & Aveyard, 2018) and published (Frie *et al.*, 2019).

Recruitment

Based on an assumed difference of 1.5 kg between groups, an estimated standard deviation of 2.13 kg (taken from another study with 2 months follow-up (Lally, Chipperfield, & Wardle, 2008)), 90% power, and a 5% type I error rate, a sample size of 88 participants was required. Including a 10% dropout rate increased the sample size to 97 participants. We rounded this figure up to 100 participants.

Four primary care practices searched their health records to identify suitable patients for the trial (age \geq 18 years, BMI \geq 30 kg/m²). They excluded patients who would have been inappropriate to invite, such as the terminally ill. Suitable patients were sent an invitation letter from their GP. GPs also identified suitable patients during routine consultations. People who were interested in taking part contacted the research team by email or telephone. A researcher provided further information about the study and screened individuals to determine eligibility. Participants had to be willing and able to give informed consent, be aged 18 years or above, have a BMI \geq 30 kg/m², and own an Apple

Methods

Sample

A detailed description of the ImWeL trial can be found elsewhere (Dutton *et al.* 2017). Briefly, adults (\geq 21 years-old) with a body mass index (BMI; kg/m²) between 28 and 45 were eligible to participate. Participants were excluded for the following reasons:

The full Aussie-FIT pilot protocol and main outcomes are published elsewhere (Kwasnicka *et al.*, 2020; Quested *et al.*, 2018a). Briefly, we recruited 130 men (35–65 years old, BMI 28 or higher) to attend the Aussie-FIT program as part of a pilot

Methods

Participants

Eligibility criteria included age between 18 and 70 years, body mass indices (BMIs) between 27 and 40 kg/m², and access to a computer and Wi-Fi at home. Participants who indicated a history or current diagnosis of diabetes, cardiovascular disease, or difficulty with physical activity were required to obtain written approval from their physician to participate. Participants were excluded if they reported any of the following: physical limitations that prevented them from walking 1/4 mile without stopping, current participation in another

1654

Obesity | VOLUME 24 | NUMBER 8 | AUGUST 2016

Materials and methods

Participants

Eligible women self-identified as Black, had a body mass index of 25–45 kg/m², and were 21–65 years old. Participants were required to be have low activity (\leq 75 min/week of self-reported MVPA) and willing to participate in face-to-face sessions. To self-monitor and

KONKLUSION

FORSKNING:

- Det er svært at finde 1 koncept, der virker, når populationen kun er udvalgt på ønske om vægtab/ønske om kostændring, men ikke på, hvad der påvirkede overspisningen til at begynde med => **brug for mere forskning, der afprøver interventioner på populationer, hvis psykologiske faktorer bag spisningen er screenet til at matche interventionens fokus** (fx cravings, cue responsivity)

PRAKSIS:

- **Individualiseret indsats, baseret på kompetence til at identificere specifikke psykologiske faktorer bag spisningen samt dertilhørende strategier**

FORSKNINGSFORMIDLING TIL PRAKSIS:

- Hvordan får vi den reelt forskningsbaserede viden ud til praktikerne, opdateret løbende, uden at det bliver "det der er på mode i år" dvs. igen one size fits all?

Tak for opmærksomheden!



Anette Schnieber
PhD, Cand.Psych., Lektor
Ernæring & Sundhed
Forskningsprogram for Rehabilitering
VIA University College
anes@via.dk
87552622