

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



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# DAGSORDEN

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

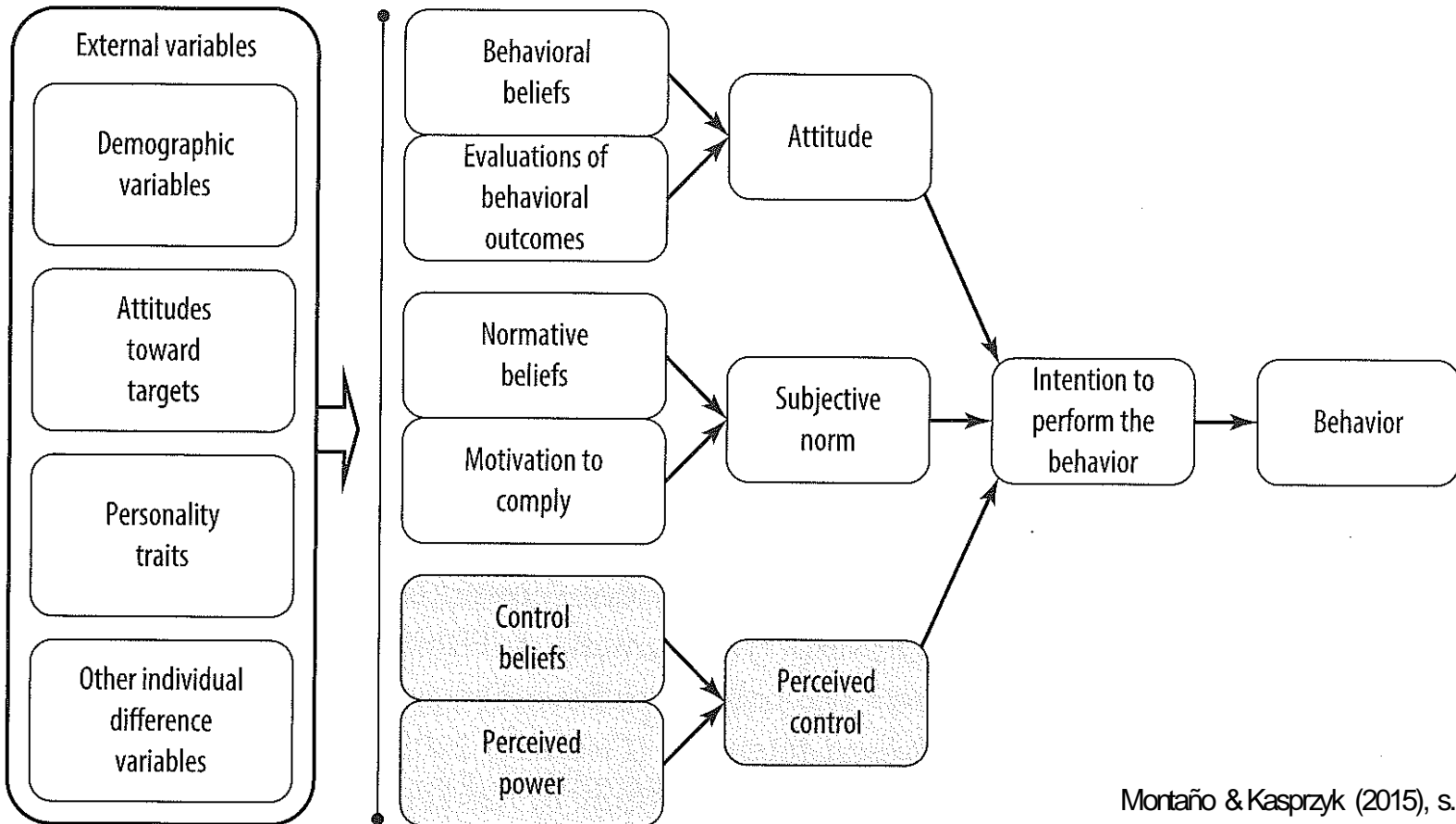
*Successful behavior change does not occur merely by providing people with more information, but rather by **understanding and targeting the constellation of motives, emotions, cognitions, interpersonal processes, and situations that drive behavior.***

- Klein et al. (2015), p. 77 i "Realizing the Promise of Social Psychology in Improving Public Health"

# 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**

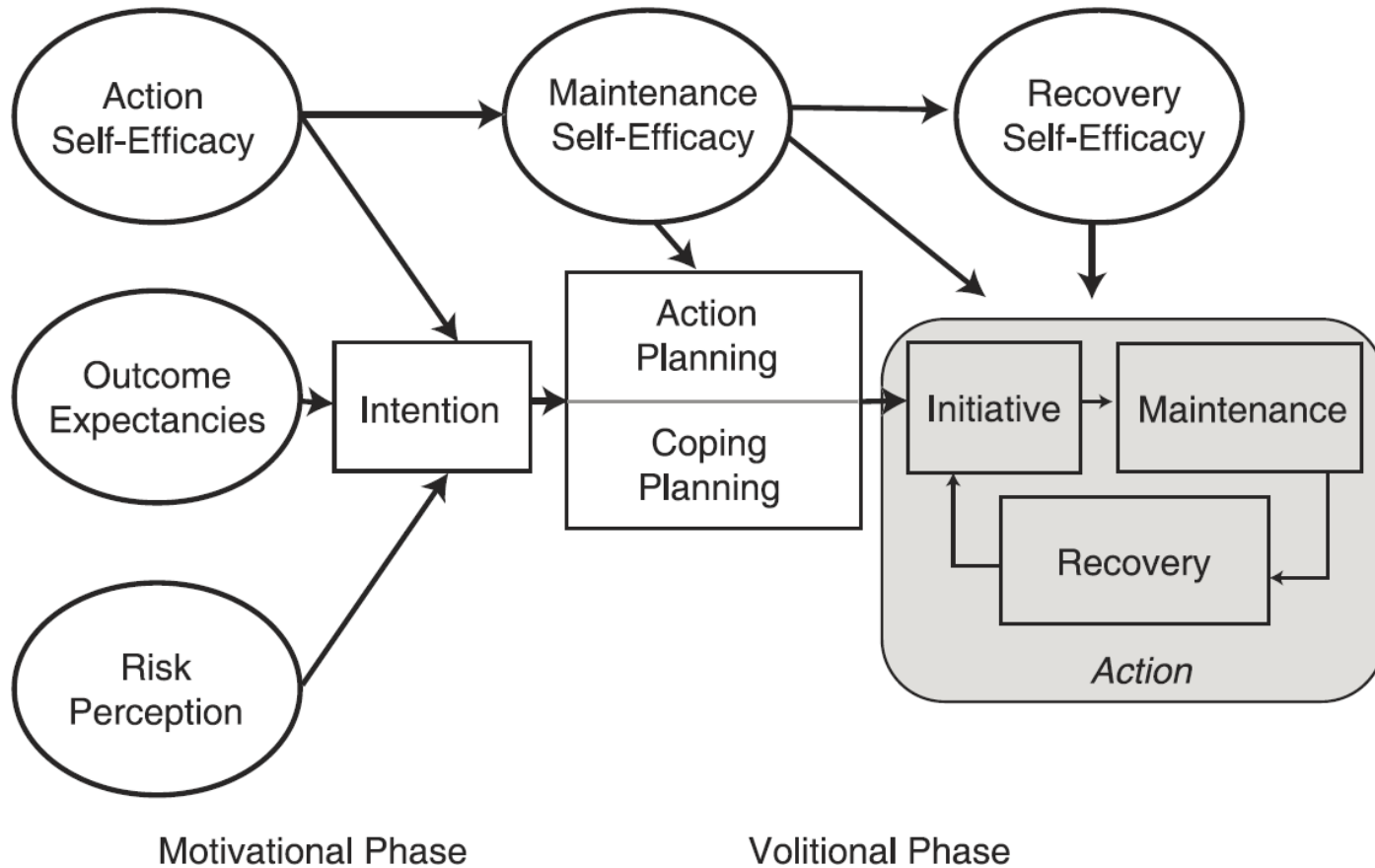
# THE THEORY OF PLANNED BEHAVIOR

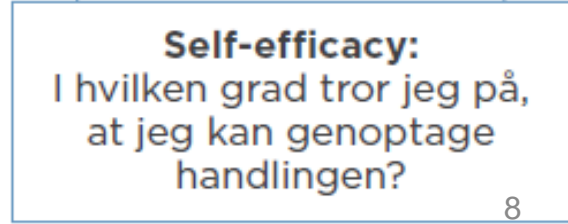
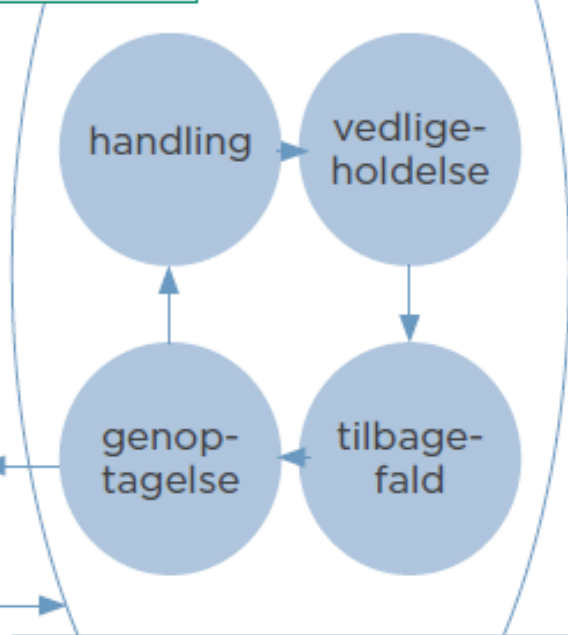
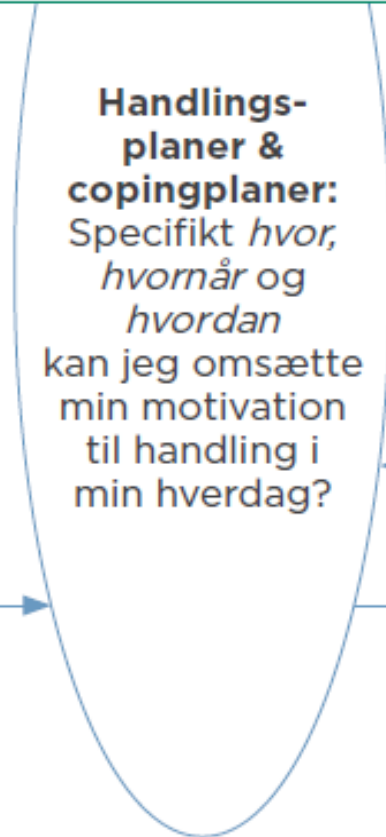
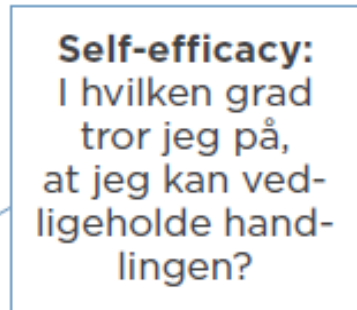
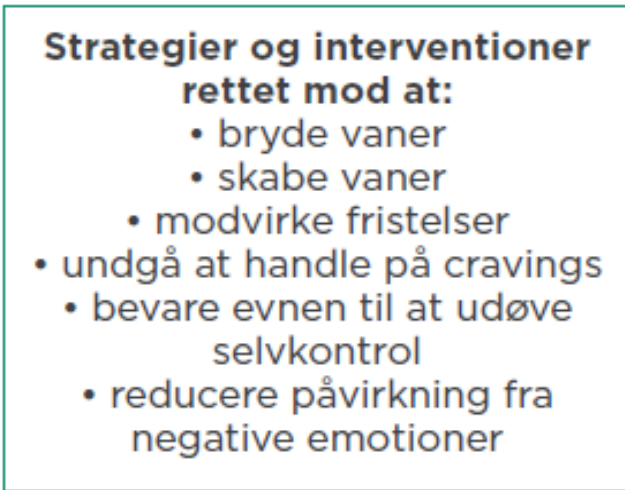
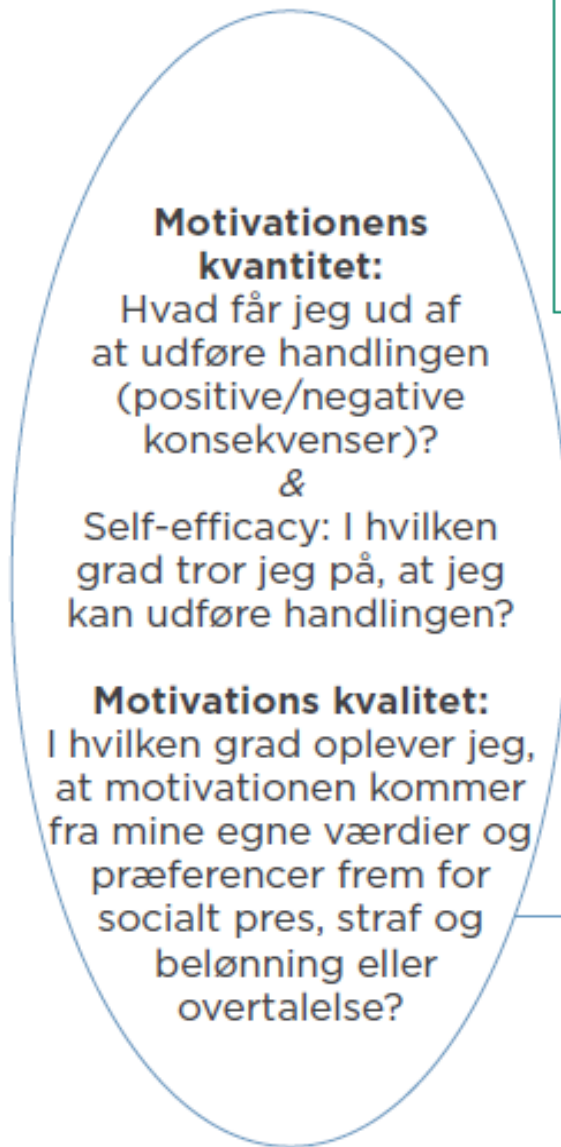


Montaño & Kasprzyk (2015), s. 98

# THE HEALTH ACTION PROCESS APPROACH (HAPA)

Schwarzer (2008), s. 6





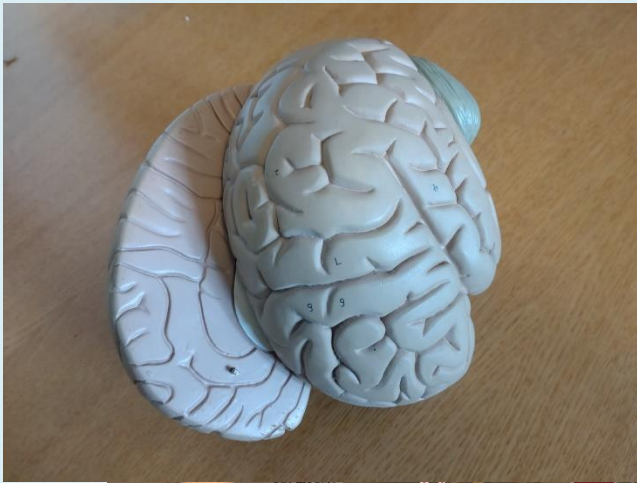
Førovervejelse - overvejelse

Planlægning

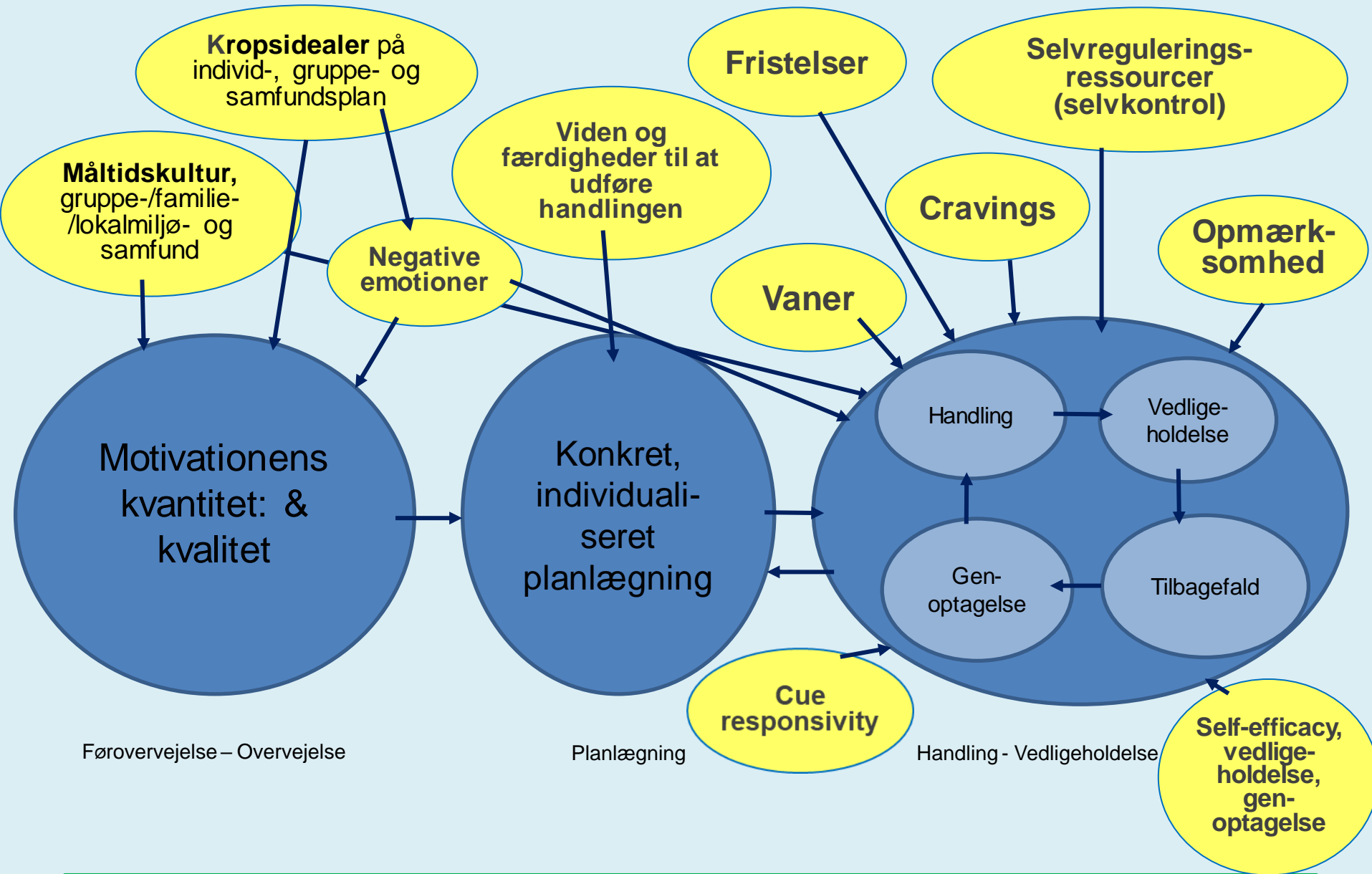
Handling - vedligeholdelse

Fra Schnieber (2021). *Fra motivation til handling - livsstilsændringens psykologi*. I: S. Hundborg (red.): Sundhedspsykologi i sygeplejen. FADL's Forlag.

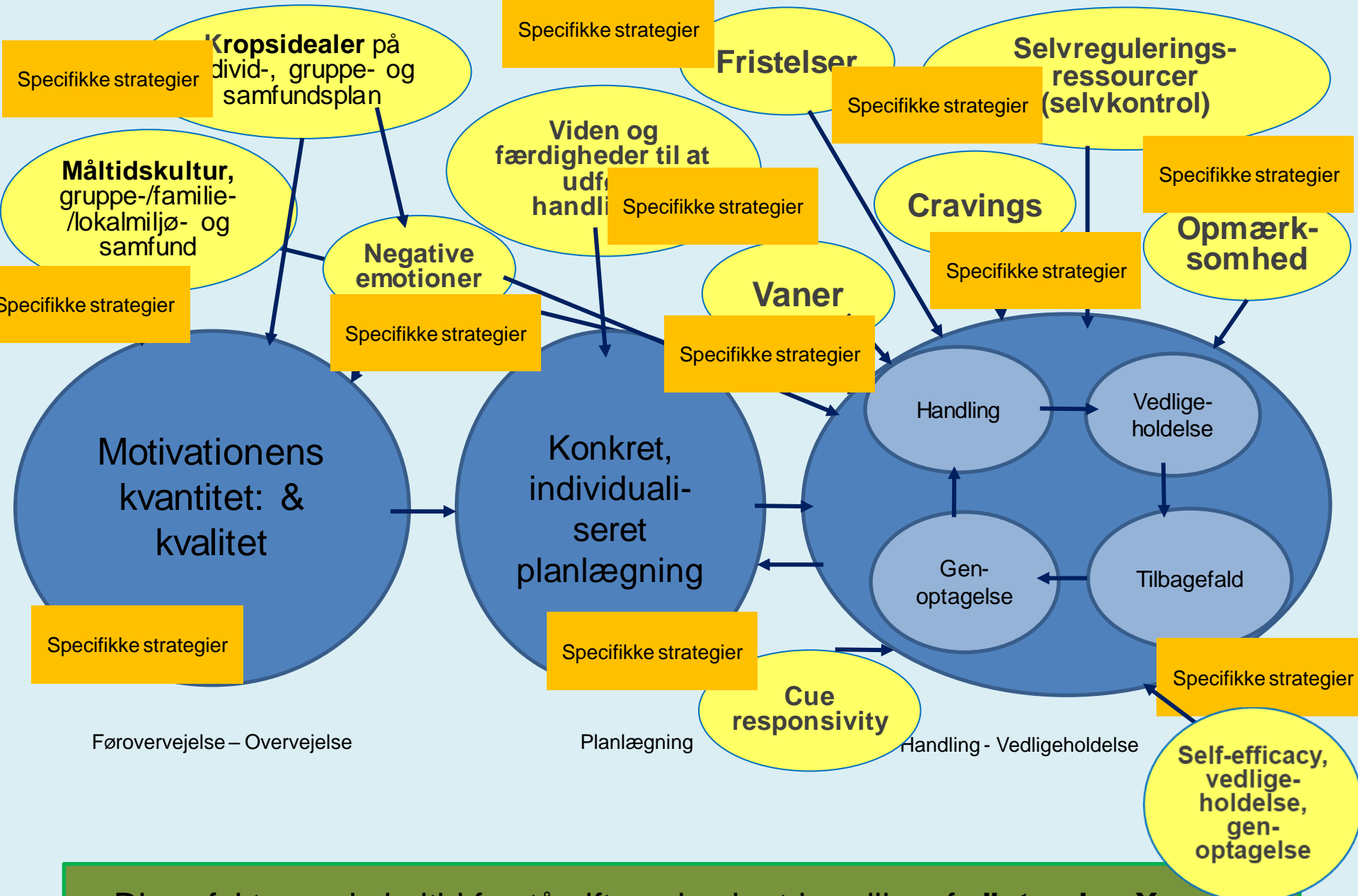
28/02/2024







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"



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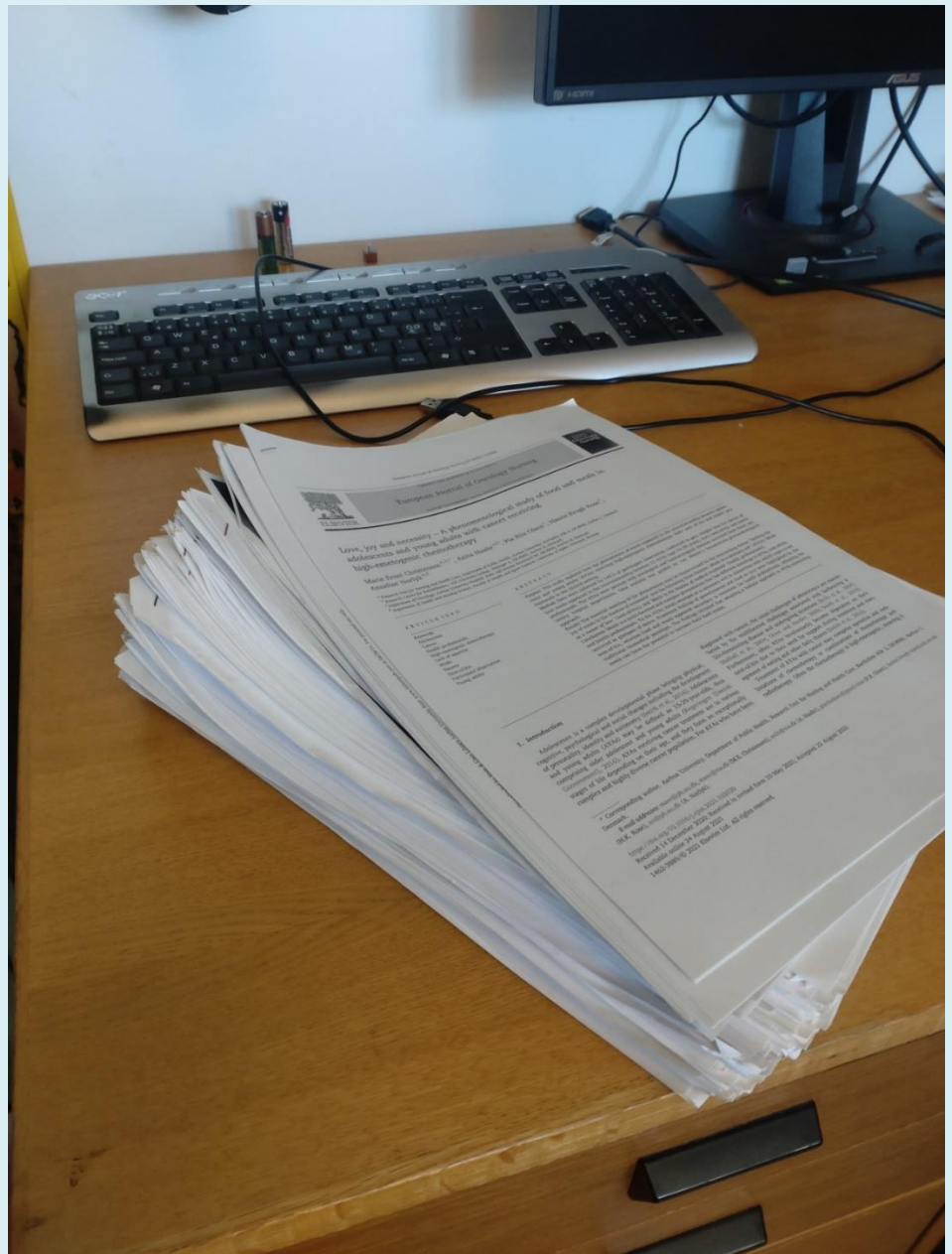
# KOMPLEKSITET OG OMFANG

Eksempel:

**Strategier mod  
cravingsbaseret  
spisning, til brug  
i hjemmet,  
originale  
interventions-  
studier:**

**antal nye studier  
inden for 48 mdr**

**200+**



# 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/m<sup>2</sup>). 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/m<sup>2</sup>, 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/m<sup>2</sup>) 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/m<sup>2</sup>, 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

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## Materials and methods

### Participants

Eligible women self-identified as Black, had a body mass index of 25–45 kg/m<sup>2</sup>, and were 21–65 years old. Participants were required to 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 vægttab/ønske om kostændring, men ikke på, hvad der påvirkede spisningen 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?

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- Prochaska, J. O., Redding, C. A., & Evers, K. E. (2015). The Transtheoretical Model and Stages of Change. I: Glanz, K., Rimer, B.K. & Viswanath, K. (Eds.), *Health Behavior - Theory, Research, and Practice* (5th ed., pp. 125-148). San Francisco: Jossey-Bass.
- Schnieber, A. (2021). Fra motivation til handling – livsstilsændringens psykologi. I: Hundborg, S. (red) *Sundhedspsykologi i Sygeplejen* (s. 54-77). FADL's Forlag.
- Schwarzer, R. (2008). Modeling health behavior change: How to predict and modify the adoption and maintenance of health behaviors. *Applied Psychology: An International Review*, 57, 1-29.

# Tak for opmærksomheden!



Opmærksomhed



Cravings



Fristelser



Self-efficacy




Planlægning



Selvkontrol

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Viden og færdigheder