

Developing a Lifestyle Behaviour Change Intervention for a Pilot Diabetes Metabolic Surgery Service

NHS Fife

Authors: Clare Robinson & Pam Lanza

Contact: clarerobinson76@gmail.com

Background

The prevalence of obesity and diabetes is increasing dramatically due to increased availability of energy dense foods and an environment that favours sedentary behaviours¹. Metabolic surgery (such as Roux-en-Y gastric bypass) is an effective treatment for type 2 diabetes and obesity². However, sustained lifestyle change is key to its success.

Aim

To develop and deliver assessment, treatment and evaluation of a lifestyle programme for a pilot diabetes metabolic surgery service in NHS Fife.

What we did

- Conducted initial lifestyle assessments using the Boston interview schedule as a guide³.
- Developed a structured 6 week pre-surgery lifestyle modification intervention, to build the skills necessary for initial and sustained weight loss. SIGN (2010) and NICE (2006) guidelines were used along with an available taxonomy of behaviour change techniques⁴ and educational resources. Each structured and themed 3-hour session comprised individual tasks and group discussions regarding progress towards behavioural goals, action planning, problem solving, self monitoring and cognitive restructuring.
- Worked closely with the multidisciplinary team to provide information about patient engagement and progress.
- Offered monthly follow-up sessions designed to support post-operative patients in making and maintaining weight loss. Groups were flexible and open to accommodate the needs of patients with particular issues and reinforce behavioural skills.

- Evaluated the programme iteratively in order to develop its structure and content according to patients' needs.

Impact

Evaluation of the initial two programmes (n=13) showed significant positive changes in weight, anxiety, and depression scores, and there was a trend towards more positive weight-related quality of life and increased levels of efficacy to control eating in various situations. See ⁵ for further information.

Conclusions and recommendations

Health psychology has a key role to play in the development, delivery and effectiveness of bariatric/metabolic services.

Further Information

tinyurl.com/HPlifestylemetabolic

References

1. Dixon, J.B. et al. (2011). Bariatric surgery: an IDF statement for obese Type 2 diabetes. *Diabetic Medicine*, 28, 628–642.
2. Norris, S.L. et al. (2005). Long term non-pharmacologic weight loss interventions for adults with type 2 diabetes. *Cochrane Database of Systematic Reviews*, CD004095.
3. Sogg, S. & Mori, D.L. (2009). Psychosocial evaluation for bariatric surgery: The Boston Interview and opportunities for intervention. *Obesity Surgery*, 19, 369–377.
4. Abraham, C. & Michie, S. (2007). A taxonomy of behaviour change techniques used in interventions. *Health Psychology*, 27, 379–87.
5. Robinson, C. & Lanza, P. (2012). Application of health psychology in an NHS setting – Development of a multicomponent lifestyle behaviour change intervention for a pilot diabetes metabolic surgery service in Fife. *Health Psychology Update*, 21(2), 7–11.



the british
psychological society
division of health psychology