Do Making Habits or Breaking Habits Influence Weight Loss and Weight Loss Maintenance? A randomised controlled trial

Gina Cleo
Bond University, gina_cleo@bond.edu.au

Rae Thomas
Bond University, rae_thomas@bond.edu.au

Liz Isenring
Bond University, elizabeth_isenring@bond.edu.au

Paul P. Glasziou
Bond University, paul_glasziou@bond.edu.au

Follow this and additional works at: http://epublications.bond.edu.au/learn_teach_posters2016

Part of the Dietetics and Clinical Nutrition Commons, and the Health Psychology Commons

Recommended Citation
Cleo, Gina; Thomas, Rae; Isenring, Liz; and Glasziou, Paul P., "Do Making Habits or Breaking Habits Influence Weight Loss and Weight Loss Maintenance? A randomised controlled trial" (2016). Posters. 3.

This Book is brought to you by the Learning and Teaching Week 2016 at ePublications@bond. It has been accepted for inclusion in Posters by an authorized administrator of ePublications@bond. For more information, please contact Bond University's Repository Coordinator.
Do making habits or breaking habits influence weight loss and weight loss maintenance? A randomised controlled trial.

Gina Cleo¹, Rae Thomas¹,², Liz Isenring¹, Paul Glasziou¹,²

¹Faculty of Health Sciences and Medicine, Bond University  ²Centre for Research in Evidence-Based Practice (CREBP), Bond University.

INTRODUCTION

After losing it, keeping weight off is difficult.

Around 40% of weight loss is regained over the first year following treatment, and much of the rest over the next three years¹,².

Habitual behaviour and automaticity have been suggested as the most plausible explanation for this overwhelming lack of long-term weight loss success³.

METHODOLOGY

We conducted a 3-armed RCT to evaluate the efficacy of two interventions that explore habit behaviour and automaticity compared with a wait list control. Prior research reported both interventions have achieved significant weight loss⁴,⁵. The research however is limited and long-term (12-month) maintenance of weight loss is unknown.

THE HABIT LOOP

‘Most of the time what we do is what we do most of the time, sometimes we do something different’

The trigger that sets off the habit, e.g. Boredom

1. CUE

Your automatic reaction to the cue, e.g. eating cake

2. ROUTINE

The benefit you gain from engaging in the habit, e.g. escaping from boredom and eating something delicious

3. REWARD

THE INTERVENTIONS

10 Top Tips

- Making habits - Habit formation (automaticity) through repetition
- Promotes ability to perform tasks without awareness- Including dietary behaviours

Do Something Different

- Breaking habits - Promotes flexible behaviour - Disrupts daily routines/habits with unstructured tasks

Control

- Wait list - No treatment

RESULTS

We recruited 75 overweight or obese (Mean BMI 34.4kg/m²) participants from the community and randomised them into the 10TT, DSD or control group. Active intervention participants underwent 12 weeks of either 10TT or DSD and will have a no-treatment follow-up period of 12-months. Data were collected at baseline, post intervention (Table 1) and at 6 months (Table 2) and 12 months post intervention. Data collected includes: weight, BMI, waist circumference, dietary intake, physical activity levels, habitual behaviour and wellbeing. Data are still being collected for the 12 month post-intervention time-point.

| Table 1 Weight loss post-intervention. Values are Mean. |
|---------------------------------|-----------------|-----------------|
|                                  | 10TT            | DSD             | Control          |
| N                               | 22              | 22              | 23               |
| Weight loss, kg                 | -4.4kg          | -5.6kg          | -1.3kg           |
| Weight loss %                   | -4.6%           | -4.3%           | -1.4%            |

10TT = Ten Top Tips; DSD = Do Something Different; N = number of participants

| Table 2 Preliminary weight loss at 6-month no treatment follow-up from post-intervention. Values are Mean. |
|---------------------------------|-----------------|-----------------|
|                                  | 10TT            | DSD             |
| N                               | 21              | 22              |
| Weight loss, kg                 | -0.3kg          | -0.9kg          |
| Weight loss %                   | -0.2%           | -0.3%           |

10TT = Ten Top Tips; DSD = Do Something Different; N = number of participants

CONCLUSION

Considering the majority of patients on weight loss programs regain the weight they’ve lost after 3 months of losing it, these 6-month results show to be promising for sustained weight loss maintenance with not only a weight loss maintenance but further weight loss after 6 months of no treatment and no contact. Weight loss programs may benefit from incorporating habit-focused strategies and should be investigated further. (A 12 month follow-up is currently being conducted).

REFERENCES

7. Smiley icons made by www.flaticon.com
9. The research was funded by a Bond University Postgraduate Award. This research received no specific funding.

DID YOU KNOW?

- It takes on average 66 days to form a new habit (Range 18-254 days)⁶
- 45% of everything we do each day is mindlessly habitual⁶