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How state of the art technology can help people maintain weight loss

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Obesity: Prevention is better than cure

BUT >60% of the adult population are already collectively overweight or obese

Projected health care costs are unsustainable

No one organisation, approach or sector can solve the obesity problem.

Evidence-based interventions and commercial programmes for weight loss are widely available and effective in the short-term.

~40% of adults report at least one weight loss attempt in the last 12 months- 80% re-gain their lost weight.

Obesity is a chronic relapsing condition- no simple cure: management, disease prevention.

Physiological and psychological predictors/correlates of weight loss, maintenance or relapse

Weight loss is a predictor of weight regain



Figure 1. Average weight loss of subjects completing a minimum 1-year weight-management intervention; based on review of 80 studies (N=26,455; 18,199 completers [69%]).

No simple cure: prevention and management.

Physiological responses to weight loss can affect energy balance behaviours



Physiological responses to weight loss define the the behavioural challenge for weight loss maintenance.



NIH Working Group Report: Innovative Research to Improve Maintenance of Weight Loss. Obesity 2015: 23; 7-15.

Can we design digital behaviour change interventions that overcome physiological resistance to weight loss?

Broken Market: most popular digital aproaches to weight management are not evidence based

Numerous weight-loss apps available to citizens.

The 30 commonly available weight loss mobile apps only use a minority of the 20 behavioural strategies shown to be effective in evidence-based interventions.

Behavioural strategies that help *improve motivation, reduce stress and improve problem solving* were generally missing from such apps (Pagoto S *et al.* 2013).

Of 204 smartphone apps coded for adherence to 13 evidence-informed practices for weight control - only 15% had \geq 5 of those 13 practices (Breton ER *et al.* 2011).

Most weight management apps miss key evidence-based approaches for longer-term behaviour change.

Prospective behavioural and psychological predictors of longerterm weight loss

	Psychosocial Factors	Relationship to longer-term weight loss
Self-regulation of eating and activity	Self-regulation of eating/activity	+
	Exercise self-efficacy	+
	Autonomous motivation	+
Stress, emotion, well-being	Perceived stress	-
	Decreased health-related QOL	-
	Depression	-
	Hunger	-
	Disinhibition	-

Wing et al. J Consult Clin Psychol 2008 76, 1015; Wadden et al. Obes Res 2011 12, 1515; Viera 2012 J Behav Med 36, 601; Delahanty et al Diabetes Care 2013 36, 34; Brantley et al. J Behav Med 2014 37 1155

Developing evidence-based behavioural strategies for weight loss maintenance in the general population: The NohoW project

- 5 year, €5 million EC-funded project.
- Evidence-based, digital behaviour change tools for weight loss maintenance.



Using digital solutions to navigate to a healthier weight





Digital toolkit for weight maintenance





commercialised



Personalisation



Profiling









Tracking technologies





Trial design



Digital measures and outcomes

- Screening.
- Baseline profiling moderators.
- Primary outcomes weight.
- Secondary outcomes health markers, psychological mediators of diet/activity, stress and emotion. Moderators of intervention effects.
- **Process evaluation** intervention reach, dose, fidelity.
- Wireless tracking weight, patterns, intensity of activity and sleep.
- **Dietary behaviors** profile of food, energy and nutrient intake.



Digital architecture



Psychological an behavioural predictors of WLM in NoHoW



Digital architecture



Conclusions

Weight loss induces physiological and behavioural changes that predispose us to weight regain.

WLM interventions need to facilitate adjustment of individual energy balance behaviours to navigate around physiological resistance to weight loss.

Digital technologies: routes to personalised navigation of energy balance behaviours.

Behaviour Change: cause/effect models that consider selfregulation/motivation and emotion regulation/stress management as mediators of long-term energy balance behaviours.

Behavioural energy balance: personalized solutions to long-term weight management through advanced tracking of EB behaviours and psychometric markers of likely change in such behaviours.

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