

Preventing weight gain by lifestyle intervention in a general practice population: the Groningen Overweight And Lifestyle-(GOAL)-randomized controlled trial

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We expect that lifestyle counseling by nurse practitioners will be more effective (also on the long term) on body weight and changes in lifestyle than usual care by the general practitioner.

Ethische beoordeling	Positief advies
Status	Werving gestopt
Type aandoening	-
Onderzoekstype	Interventie onderzoek

Samenvatting

ID

NL-OMON24341

Bron

NTR

Verkorte titel

GOAL-study

Aandoening

overweight, lifestyle, nurse practitioner
overgewicht, leefstijl, praktijkondersteuner

Ondersteuning

Primaire sponsor: University Medical Center Groningen (UMCG)

Overige ondersteuning: The Netherlands Organization for Health Research and Development (ZonMw)

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

A structured physical exam by a specially trained research team was accomplished to measure body weight, body length and waist circumference. The SQUASH-questionnaire was used to determine physical activity. The FFQ (food frequency questionnaire) was used to determine food intake.

These measurements were performed at baseline and repeated after 1 and 3 year.

Toelichting onderzoek

Achtergrond van het onderzoek

According to (inter)national guidelines persistent lifestyle changes are necessary for preventing and managing obesity. Studies on lifestyle interventions have shown a decrease in the risk of type 2 diabetes mellitus and hypertension. Positive changes in lifestyle will improve health status even without losing weight. There's no consensus on the most (cost)-effectiveness way for lifestyle-interventions but factors like attention for nutritional and physical activity aspects, continuity and intensity are important.

In this study we, therefore concentrate on preventing weight gain in a large study group with a body mass index 25 to 40 kg/m² with either hypertension and/or dyslipidemia (n=457). This early focus to prevent (progression of) future comorbidities might have larger long-term success than when aimed at weight loss. In the Netherlands, GPs are often responsible the treatment of risk factors like hypertension and dyslipidemia and they also give lifestyle advices. Lack of time and knowledge to achieve behavioral changes and insufficient continuity of care impede this approach by GPs To avoid these barriers specially trained nurse practitioners may give lifestyle advice (using a standardized computerized software program) instead of GPs.

This study primary investigates the effect (after 1 and 3 year follow-up) of lifestyle advice by NPs on bodyweight, waist circumference, physical activity and food intake in comparison to usual care of the GP. Secondary this effect is investigated on blood parameters like fasting glucose and cholesterol, blood pressure and quality of life.

Doel van het onderzoek

We expect that lifestyle counseling by nurse practitioners will be more effective (also on the long term) on body weight and changes in lifestyle than usual care by the general practitioner.

Onderzoeksopzet

At baseline, 1 year follow-up and 3 year follow-up.

Onderzoeksproduct en/of interventie

The intervention group will visit the nurse practitioner for lifestyle counseling according to a standardized computerized software program. During the first year the lifestyle intervention consists of 4 individual visits and 1 feedback moment by phone.

The second and the third year consists of 2 feedback moments by phone and 1 individual visit each year.

The participants in the control group received usual care according to national guidelines from their own GP.

Contactpersonen

Publiek

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

1. Between 40 and 70 years
2. BMI between 25-40 kg/m²
3. Hypertension or dyslipidemia.

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

1. Diabetes Mellitus
2. Hypothyroidism
3. Pregnancy
4. Liver- or kidneydisease
5. Current treatment for malignancy
6. Shortenend life expectancy
7. Mentally illness
8. Addiction to alcohol and drugs.

Onderzoekopzet

Opzet

Type:	Interventie onderzoek
Onderzoeksmodel:	Parallel
Toewijzing:	Gerandomiseerd
Blinding:	Open / niet geblindeerd

Controle: Geneesmiddel

Deelname

Nederland
Status: Werving gestopt
(Verwachte) startdatum: 01-04-2005
Aantal proefpersonen: 600
Type: Werkelijke startdatum

Ethische beoordeling

Positief advies
Datum: 02-07-2008
Soort: Eerste indiening

Registraties

Opgevolgd door onderstaande (mogelijk meer actuele) registratie

Geen registraties gevonden.

Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

In overige registers

Register	ID
NTR-new	NL1316
NTR-old	NTR1365
Ander register	ZonMw : 62000016
ISRCTN	ISRCTN wordt niet meer aangevraagd

Resultaten

Samenvatting resultaten

N/A