



Review

Evidence from interventions based on theoretical models for lifestyle modification (physical activity, diet, alcohol and tobacco use) in primary care settings: A systematic review



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ABSTRACT

Objective. To determine the effectiveness of health promotion interventions based on theoretical models of behavioral change to modify the main lifestyle factors (physical activity, diet, alcohol and tobacco) in adults receiving primary health care (PHC).

Methods. We searched the MEDLINE and Cochrane Database of Systematic Reviews from January 2000 to December 2012. Two reviewers independently performed the first screening of titles and abstracts, the methodological quality assessment using the *lecturacritica.com* tool, and the extraction of necessary data to systematize the available information.

Results. Only few studies met the inclusion criteria (17 studies from 30 articles). Thirteen were randomized controlled trials, three systematic reviews, and one observational study. The transtheoretical model was the most frequent (13 studies), and obtained strong evidence of its effectiveness for dietary interventions in the short-term and for smoking cessation interventions in the long-term as compared to usual PHC practice. Limited evidence was found for smoking cessation interventions based in the social cognitive theory.

Conclusion. There are few studies that explicitly link intervention strategies and theories of behavioral change. A rigorous evaluation of the theoretical principles could help researchers and practitioners to understand how and why interventions succeed or fail.

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Contents

Introduction	S77
Methods	S78
Protocol and registration	S78
Selection criteria	S78
Types of interventions	S78
Types of studies	S78
Types of participants	S78
Types of outcome variables	S78
Bibliographic search	S78
Search strategy	S78
Data collection and methodological quality	S78
Data collection	S78
Quality of the included studies	S78
Levels of evidence	S78
Results	S79
Bibliographic search	S79
Study characteristics	S79

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Types of interventions	S79
Types of studies	S80
Types of participants	S80
Types of outcome variables	S80
Quality of the studies	S80
Effectiveness of interventions based on theories of behavioral change	S90
TTM-based interventions	S90
TPB-based interventions	S90
SCT-based interventions	S90
HBM-based interventions	S90
Effect of specific core constructs of the theoretical models	S90
Discussion	S91
Effectiveness	S91
Predictive and/or mediating effect of specific constructs	S91
Limitations	S91
Limitations of this review	S91
Limitations of individual studies	S91
Future studies	S92
Conclusions	S92
Conflict of interest statement	S92
Funding sources	S92
Appendix A. Supplementary data	S92
References	S92

Introduction

Lifestyle factors have the most impact on health (World Health Organization (WHO), 2009) and receive the least attention from health care systems. The fundamental investment in health care is dedicated to the detection and treatment of illnesses, largely forgetting the fight against their causes. In research as well, almost all investment is directed toward innovation in the diagnosis and treatment of diseases, forgetting that a large proportion are preventable. For example, 65% to 80% of cardiovascular diseases, 75% to 90% of type 2 diabetes, and 20% to 30% of all cancers could be avoided if the population followed a healthy diet, engaged in physical activity, and did not smoke (World Health Organization (WHO), 2002, 2009; Mokdad et al., 2004; Ford et al., 2009). Recent studies have attributed the adoption of these habits and a moderate use of alcohol with the potential to reduce mortality by more than 50% and increase life expectancy by more than 11 years (Knoops et al., 2004; Khaw et al., 2008; Van Dam et al., 2008; Kvaavik et al., 2010; Ford et al., 2011). Nonetheless, only 9% of Spaniards aged 18 to 64 years engage in those four healthy habits; 50% are lacking at

least two of them, 18% at least three, and 3% have none of them at all (Galán et al., 2006). The same occurs in other countries (Fine et al., 2004), which not only has tremendous clinical consequences but has also become a problem that attracts general interest.

For example, obesity represents one of the major health problems worldwide. It is expected that in 2030 there will be 65 million additional obese individuals in the United States and 11 million in the United Kingdom, which will generate a notable increase in cardiovascular diseases, diabetes, and cancer and have major economic repercussions (Wang et al., 2011). This is one of many problems stemming from physical inactivity and dietary imbalances that, along with tobacco and alcohol use, constitute a conglomerate of unhealthy behaviors that are increasingly prevalent in our society. Therefore, all sectors, institutions, organizations, and types of forum increasingly recognize the need to find practical ways of promoting healthy lifestyles that are effective, efficient, and sustainable. What is not clear is how to accomplish this—and in general, we are not winning the battle.

Many opportunities exist in primary health care (PHC) services to intervene over time to reduce risk factors and promote healthy

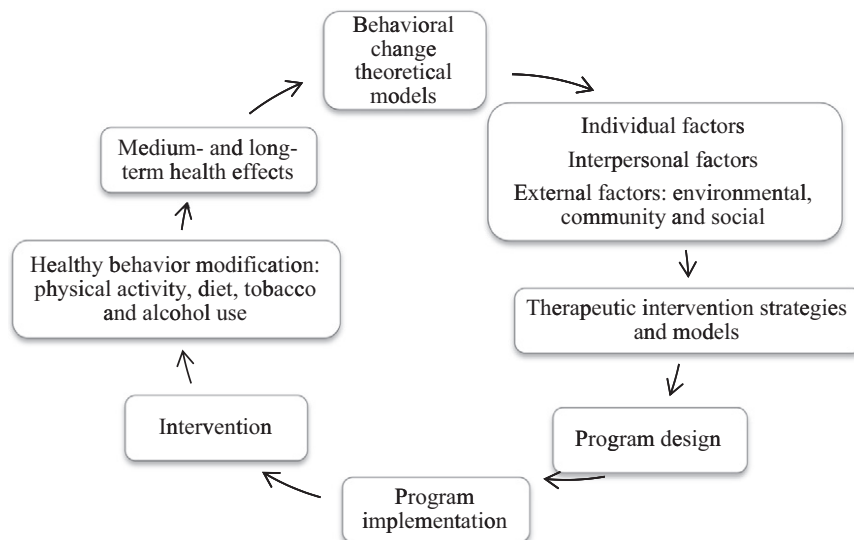


Fig. 1. Logic model of the conceptual approach used in the review.

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