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Staged Nutrition and Activity Counselling (SNAC) interventions that prime targeted antihypertensive therapy to prevent cardiovascular outcomes in the primary care setting

Submission date 11/12/2007	**Recruitment status** No longer recruiting	[_] Prospectively registered [X] Protocol [_] Statistical analysis plan [_] Results [_] Individual participant data [_] Record updated in last year
Registration date 19/12/2007	**Overall study status** Completed	
Last Edited 31/12/2020	**Condition category** Circulatory System	

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

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Additional identifiers

Protocol serial number
N/A

Study information

Scientific Title
Staged Nutrition and Activity Counselling (SNAC) interventions that prime targeted antihypertensive therapy to prevent cardiovascular outcomes in the primary care setting

Acronym
SNAC

Study objectives
Improved lifestyle behaviour would enhance cardiac function, vascular elastic properties, and conduit vessel endothelial function with important benefits to clinical outcome measures and exercise perturbations to the cardiovascular system.

Ethics approval required
Old ethics approval format

Ethics approval(s)
Ethics approval received from the Research Ethics Board of The University of Western Ontario on the 22nd April 2003 (review #: 09572).

Study design
Randomised prospective design.

Primary study design
Interventional

Study type(s)
Quality of life

Health condition(s) or problem(s) studied
High-normal blood pressure and/or impaired glucose regulation.

Interventions
Subjects were randomly assigned to either the SNAC intervention group or the usual care group.

The SNAC intervention group received the SNAC lifestyle intervention that combined the STEP test and exercise prescription with a version of Canadas Food Guide adapted to suit a Mediterranean-style diet. The SNAC lifestyle intervention was delivered according to Procheska and Declementes Transtheoretical Model, and delivered by each subjects family physician. To optimise familiarisation with the diet and facilitate long-term adherence, during first 8 weeks, subjects received one dinner meal per day (5 meals per week) from the laboratory as well as sample menus for breakfast and lunch. From the week 9, subjects received only sample menus for all meals.

The usual care group received "usual care" blood pressure and plasma glucose management from their family physician (for example, family physicians in this group delivered lifestyle advise to subjects as the way they normally did).

All assessments were conducted at baseline (V1), week 8 (V2), week 16 (V3), week 24 (V4), and week 52 (V5).

Intervention Type
Other

Phase
Not Specified

Primary outcome(s)
Improvements in exercise capacity, left ventricular diastolic function (E/A ratio), and brachial artery endothelial function, measured at V1 - V5 (see interventions).

Key secondary outcome(s))
1. Caloric profile and anthropometrics, measured at V1 - V5 (see interventions)
2. Resting blood pressure and 24-hour ambulatory blood pressure, measured at V1 - V5
3. Blood chemistries (glucose, lipids, catecholamines, HbA1c, etc), measured at V1 - V5
4. Muscle sympathetic nerve activity, measured at V1 - V5
5. Geometry and elastic properties of the carotid artery, and geometry of left ventricle, measured at V1 - V5

Completion date
30/06/2006

Eligibility

Key inclusion criteria
1. Men and women aged 40 - 85 years who are able to provide informed consent
2. Presence of high-normal blood pressure, impaired fasting glucose, impaired glucose tolerance, or all of them

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Adult

Sex
All

Key exclusion criteria
1. Unstable cardiovascular or metabolic disease
2. Previous diagnosis of hypertension or type 2 diabetes
3. Myocardial infarction, coronary artery bypass, or cerebrovascular ischaemia/stroke (including Transient Ischaemic Attack [TIA]) within 3 months prior to study
4. History of alcoholism, drug abuse, or other emotional, cognitive or psychiatric problems that

are likely to limit compliance to the study
5. Pacemaker
6. Already enrolled in a clinical research trial

Date of first enrolment
01/01/2004

Date of final enrolment
30/06/2006

Locations

Countries of recruitment
Canada

Study participating centre
Parkwood Hospital, Room B3002
London
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Sponsor information

Organisation
Lawson Health Research Institute (Canada)

ROR
https://ror.org/051gsh239

Funder(s)

Funder type
Research organisation

Funder Name
Heart and Stroke Foundation of Ontario (Canada)

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Protocol article	protocol	16/02/2011		Yes	No