

# The impact of Implementation Intentions (II) in changing complex health-related behaviors in order to prevent weight gain: the case of diet

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<b>Registration date</b> 22/11/2006	<b>Overall study status</b> Completed	<input type="checkbox"/> Protocol
<b>Last Edited</b> 08/08/2008	<b>Condition category</b> Nutritional, Metabolic, Endocrine	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data
		<input type="checkbox"/> Record updated in last year

## Plain English summary of protocol

Not provided at time of registration

## Contact information

### Type(s)

Scientific

### Contact name

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## Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

## Secondary identifying numbers

N/A

# Study information

## Scientific Title

### Acronym

Diet in Action (Voeding in Actie)

### Study objectives

In weight management, avoidance of energy dense (i.e. rich in fat and/or sugar) and choosing energy poor, dietary-fibre-rich food is advocated. Small modifications in intake of energy-dense foods can prevent weight gain and induce modest weight loss. However, even when motivated to make small changes to the diet, it is often difficult to make and maintain these changes. This so-called intention-behaviour gap is likely to be reduced with Implementation Intentions (IIs).

IIs are specific action plans, defining where, and when to perform a particular action. With these action plans people are more likely to turn their intended behaviour into action. Effects of IIs have been found for relatively simple and singular behaviours. The present study will test the effects of implementation intentions for making changes in energy intake, a more complex behaviour. The IIs are added to a computer-tailored advice delivered in web-based format.

Questions addressed in this study are:

1. Can IIs contribute to making actual changes in energy intake?
2. Are IIs better suited to induce new healthy behaviours (e.g. increase intake of low energy products), avoid unhealthy behaviours (e.g. decrease intake of high energy products) or exchange unhealthy practices for healthy ones?
3. Which factors (e.g. cognitions, values, personality traits) distinguish people who put IIs into action from those who do not?

### Ethics approval required

Old ethics approval format

### Ethics approval(s)

Approval received from local ethics committee (Medisch Ethische Toetsings Commissie, Erasmus MC) on 1 April, 2006 (reference number: MEC 221.141/2002/260).

### Study design

Randomised controlled trial

### Primary study design

Interventional

### Secondary study design

Randomised controlled trial

### Study setting(s)

Not specified

**Study type(s)**

Quality of life

**Participant information sheet****Health condition(s) or problem(s) studied**

Weight management

**Interventions**

The intervention consisted of a web-based computer-tailored program aiming at reducing calorie intake. In the first part of the program the most important energy sources in the diet were identified based on the answers on an extensive food frequency questionnaire and personal feedback about these energy sources and suggestions to change was provided.

In the second part of the intervention, respondents had to make IIs defining how, where and when to perform a particular action. There were four different versions of the second part of the program; participants were randomly allocated by a computer to one of the conditions:

1. IIs to reduce the intake of high calorie products
2. IIs to replace high calorie products by low calorie products
3. IIs to increase intake of low calorie products
4. Control group, no II

Respondents were exposed to the intervention in a laboratory setting. All the intervention materials were provided once.

**Intervention Type**

Other

**Phase**

Not Specified

**Primary outcome measure**

Height, weight and waist circumference measured by a trained research assistant. Energy intake (total and of specific food groups) measured by a self-administered validated food frequency questionnaire developed by Wageningen University.

**Secondary outcome measures**

Psychosocial variables.

**Overall study start date**

01/09/2005

**Completion date**

24/05/2006

**Eligibility****Key inclusion criteria**

1. 18 to 65 years
2. Motivated to work on weight (prevention of weight gain and/or losing weight)

- 3. Body Mass Index (BMI) more than 25
- 4. Sufficient understanding of the Dutch language

**Participant type(s)**

Patient

**Age group**

Adult

**Lower age limit**

18 Years

**Sex**

Both

**Target number of participants**

487

**Key exclusion criteria**

Prescribed diet from dietician or physician

**Date of first enrolment**

01/09/2005

**Date of final enrolment**

24/05/2006

**Locations****Countries of recruitment**

Netherlands

**Study participating centre**

Erasmus MC, University Medical Center

Rotterdam

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3000 CA

**Sponsor information****Organisation**

Erasmus Medical Center (Netherlands)

**Sponsor details**

Department of Public Health  
P.O. Box 2040  
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**Sponsor type**

Hospital/treatment centre

**ROR**

<https://ror.org/018906e22>

## **Funder(s)**

**Funder type**

Research organisation

**Funder Name**

The Netherlands Organization for Health Research and Development (ZonMw) (Netherlands)

## **Results and Publications**

**Publication and dissemination plan**

Not provided at time of registration

**Intention to publish date**

**Individual participant data (IPD) sharing plan**

**IPD sharing plan summary**

Not provided at time of registration