

# Slimming World in Stop Smoking Services

<b>Submission date</b> 25/07/2012	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered
<b>Registration date</b> 26/07/2012	<b>Overall study status</b> Completed	<input checked="" type="checkbox"/> Protocol
<b>Last Edited</b> 04/03/2021	<b>Condition category</b> Mental and Behavioural Disorders	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data

**Plain English summary of protocol**  
Not provided at time of registration

## Contact information

**Type(s)**  
Scientific

**Contact name**  
Dr Deborah Lycett

**Contact details**  
Primary Care Clinical Sciences School of Health and Population Sciences, Edgbaston  
Birmingham  
United Kingdom  
B15 2TT

## Additional identifiers

**Protocol serial number**  
12683

## Study information

**Scientific Title**  
Slimming World in Stop Smoking Services (SWISS)

**Acronym**  
SWISS

**Study objectives**  
Quitting smokers gain weight which puts some off attempting to quit, and seems to increase the risk of developing type 2 diabetes. Dieting is the main way to control weight but may worsen

cigarette cravings and undermine cessation. A review of trials showed general healthy eating education does not reduce weight gain in quitting smokers and may hamper smoking cessation. However, planning diets to meet individual requirements, setting and reviewing weight targets does reduce weight gain; but whether this reduces the chance of successfully quitting is uncertain.

Commercial weight management programmes (CWMPs) provide this type of individual dietary support and are available on prescription in most primary care trusts. Clinical trials show CWMPs lead to greater weight loss than other primary care interventions or dieting without support. The aim of this trial is to assess whether referral to a CWMP reduces weight gain on smoking cessation. If so, this would lead to a necessary much larger trial to see whether it did so at the expense of successfully quitting smoking.

We will recruit patients from NHS stop smoking services, they must be smokers over 18 without any condition in which weight loss would be harmful. They will be randomised to either a CWMP during their quit attempt or usual care. All will receive usual stop smoking support and be weighed at the start, end of treatment and at six month follow-up.

### **Ethics approval required**

Old ethics approval format

### **Ethics approval(s)**

First MREC, 29 June 2012 ref:12/SW/0159

### **Study design**

Randomised interventional phase II trial

### **Primary study design**

Interventional

### **Study type(s)**

Prevention

### **Health condition(s) or problem(s) studied**

Smoking and weight loss

### **Interventions**

This will be the withdrawal orientated behavioural support provided by NHS stop smoking services which increase the chance of a successful quit attempt four-fold (West, 2010). This consists of weekly behavioural support typically for two weeks before and until four weeks after quit day focusing on key behavioural change techniques and nicotine replacement, varenicline, or bupropion are given to relieve withdrawal symptoms. Participants are encouraged to quit smoking first, before tackling weight; Usual care plus Slimming World, In addition to usual care, participants will be given a referral voucher for Slimming World when they attend their pre-quit visit. They will be booked in to attend weight management sessions from their quit day (or as near to that date as possible). They will attend SW for 12 weeks receiving support to lose or prevent weight gain. The choice of modest weight loss or weight gain prevention will depend upon whether an individual wants to lose weight or not and whether or not s/he is overweight or ; Follow Up Length: 5 month(s); Study Entry : Single Randomisation only

### **Intervention Type**

Other

**Phase**

Phase II

**Primary outcome(s)**

Change in weight from baseline (one week before quit date) to twelve weeks

**Key secondary outcome(s)**

No secondary outcome measures

**Completion date**

06/05/2013

**Eligibility**

**Key inclusion criteria**

1. Daily smokers with expired CO >10ppm
2. Aged 18 or over
3. Willing to be randomised to either the control or intervention arm and willing and able to comply with the intervention and all study procedures
4. Male & female participants

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Lower age limit**

18 years

**Sex**

All

**Total final enrolment**

76

**Key exclusion criteria**

1. Pregnant smokers
2. BMI < 23 kg/m<sup>2</sup>. Mortality has been shown to be lowest in those with a 22 > BMI < 25 (Prospective studies collaboration, 2009) so preventing weight gain in those with lower BMIs is may not lead to health gain
3. Any medical condition in which weight loss would be contraindicated e.g. current course of chemotherapy

**Date of first enrolment**

24/09/2012

**Date of final enrolment**

06/05/2013

## **Locations**

**Countries of recruitment**

United Kingdom

England

**Study participating centre**

Primary Care Clinical Sciences School of Health and Population Sciences, Edgbaston

Birmingham

United Kingdom

B15 2TT

## **Sponsor information**

**Organisation**

University of Birmingham (UK)

**ROR**

<https://ror.org/03angcq70>

## **Funder(s)**

**Funder type**

Government

**Funder Name**

National Institute of Health Research [NIHR] - National School for Primary Care Research (UK)

## **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?
<a href="#">Results article</a>	results	26/01/2020	04/03/2021	Yes	No
<a href="#">Protocol article</a>	protocol	19/06/2013		Yes	No