ISRCTN55250275 https://doi.org/10.1186/ISRCTN55250275

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

Submission date	Recruitment status	[ ] Prospectively registered
22/11/2006	No longer recruiting	[ ] Protocol
Registration date	**Overall study status**	[ ] Statistical analysis plan
22/11/2006	Completed	[ ] Results
Last Edited	**Condition category**	[ ] Individual participant data
08/08/2008	Nutritional, Metabolic, Endocrine	[ ] Record updated in last year

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

Contact name
Dr Anke Oenema

Contact details
Erasmus MC, University Medical Center
Department of Public Health
Room AE124
P.O. Box 2040
Rotterdam
Netherlands
3000 CA
+31 (0)10 4087718/4038475
a.oenema@erasmusmc.nl

Additional identifiers

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 II 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 II 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).

Primary study design
Interventional

Study design
Randomised controlled trial

Study type(s)
Quality of life

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(s)
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.

Key secondary outcome(s)
Psychosocial variables.

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

Healthy volunteers allowed
No

Age group
Adult

Lower age limit
18 Years

Sex
All

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
Netherlands
3000 CA

Sponsor information

Organisation
Erasmus Medical Center (Netherlands)

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

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not provided at time of registration