

Effect of ‘Beyond the Fork’ program on chronic disease self-management: a pilot RCT

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Background 1

- Dietary management is key for many chronic diseases.
- Participating Family Health Teams (FHTs) offer programs to patients which address mindful food choices.
- A currently used program was used in this study. We added information specifically tailored to chronic disease management and called the program “Beyond the Fork”.

Research Question 2

In a high risk population, does “Beyond the Fork” lead to decreased emotional reactivity in food choices when compared to usual care?

Objectives 3

1. To evaluate the effectiveness of the “Beyond the Fork” program, targeted at individuals with higher cardio-metabolic risk
2. To evaluate the feasibility of this pilot study for a larger RCT study

“Beyond the Fork” 4

- The core content of this program is based on Craving Change™ material with added information on chronic disease self management.
- The program consists of 6 weekly sessions of 2 hours each, provided by a trained dietitian and social worker.
- “Beyond the Fork” addresses impact of emotional eating behaviours and provides affect regulation strategies.

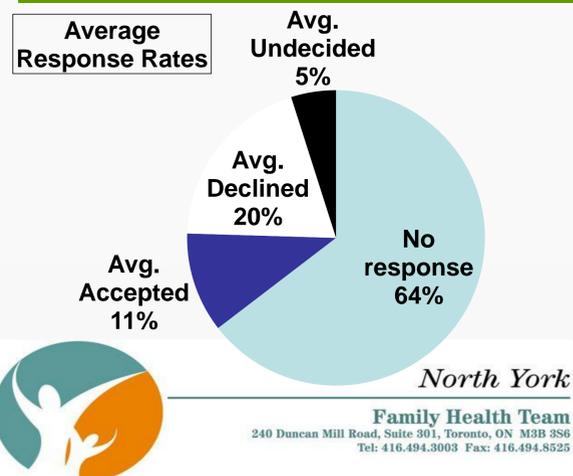
Methods 5

- Pilot RCT; Pts randomized to immediate participation in program or to wait list control.
- Pts identified in EMRs as meeting criteria randomly selected and invited by mail, EEQ was sent; pts who sent back completed EEQ invited to intake at which blood pressure (BP), height/weight/waist circumference (ht/wt/wc) was measured and patients were randomized to intervention or control. At intake, summary of program was also provided.
- After 6 weeks EEQ re-administered, BP, ht/wt/wc measured again.

Participants and Selection Criteria 6

- Participants: 20 patients of physicians who are members of a FHT in the GTA, for a total of 60 patients in the 3 participating FHTs.
- Selection Criteria:
 - Between 40 and 70 years old;
 - Never participated in programs using Craving Change™ material;
 - Living with Diabetes Type II and/or Hypertension;
 - Meet at least 2 out of 3 of the following criteria:
 1. A1C (last) >7.5%,
 2. Systolic BP (last) > 140
 3. LDL (last) > 4 (in non-diabetics) or >2 (for diabetics).

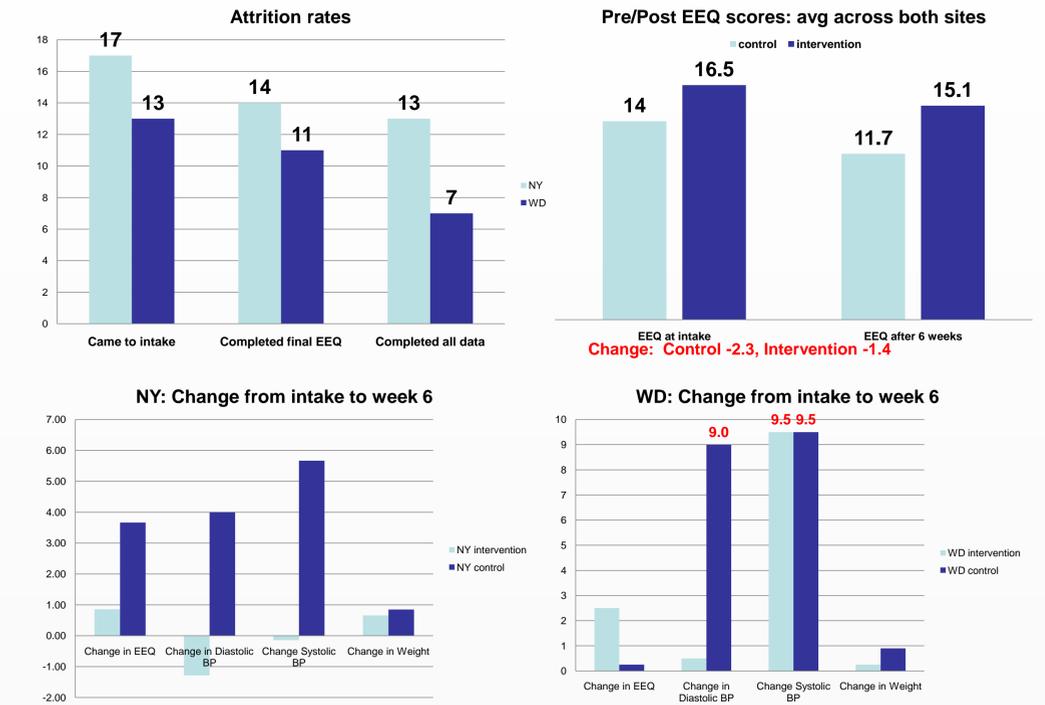
Feasibility Issues 7



Recruitment in primary care is difficult. We selectively targeted a higher risk population which may have increased this challenge.

- Most common reason for declining: lack of time
- Season issue: groups ran into summer months which impacted both patient and facilitator availability
- One FHT unable to proceed due to REB delays

Preliminary Results 8



Conclusions 9

- **No difference in EEQ** between Control and Intervention. Limitations:
 - Did not pre-screen EEQ scores; only 30% “high” EEQ score at intake
 - Small number of participants; difficult to determine statistical significance
 - Groups were properly randomized but due to small number, not equal with respect to age and BMI
- Length of intervention may not be sufficient for behaviour change; further qualitative study needed to explore reasons for no change