

Scottish Section Meeting, 5–6 April 2011, 70th Anniversary: Nutrition and health: from conception to adolescence

Carers' perspectives on a weight loss intervention for obese adults with intellectual disabilities: a qualitative study

D. Spanos¹, C. Hankey¹, S. Boyle², R. Koshy¹, S. Macmillan¹, L. Mathews¹, S. Miller³, V. Penpraze⁴, C. Pert³, N. Robinson³ and C. Melville¹

¹Centre for Population and Health Sciences, University of Glasgow, G12 8QQ, ²Glasgow and Clyde Weight Management Service, NHS Greater Glasgow and Clyde, ³Mental Health Partnership, NHS Greater Glasgow and Clyde and ⁴Institute of Diet Exercise and Lifestyle, University of Glasgow

The prevalence of obesity rates has been reported to be higher in adults with Intellectual Disabilities (ID) than in the general population⁽¹⁾. It is likely that multi-component weight management interventions that involve carers could have considerable impact on process and potentially on actual weight loss for adults with ID⁽²⁾. To date no studies have explored the role of carers in supporting adults with ID and obesity during a weight loss programme. The aims of the present study were (i) to explore perceptions of carers supporting adults with ID as they participated in a 6-month multi-component weight loss intervention (TAKE 5), (ii) to identify strategies that carers and participants adopt to overcome barriers to changes in lifestyle, and (iii) to record carers' perceptions of the acceptability and utility of the multi-component weight loss intervention.

TAKE 5 is a multi-component weight loss intervention that is consistent with recommendations included in current clinical guidelines⁽³⁾. TAKE 5 comprised nine individual sessions delivered to fifty-four adults (≥ 18 years) with ID and obesity ($\text{BMI} \geq 30 \text{ kg/m}^2$), involving carers (paid carers or family carers) to support the participants where appropriate. The TAKE 5 intervention aimed for a 5% weight loss from initial body weight after 6 months. A purposive sampling method was used to incorporate the experiences of twenty-four carers who were paid ($n = 16$) or family carers ($n = 8$) and who supported participants who successfully achieved a 5% weight loss ($n = 12$) or did not ($n = 12$). One to one semi-structured interviews were conducted and later transcribed verbatim at week 24. The transcripts were analysed using ATLAS.ti 5.2 software, alongside a 'thematic analysis'⁽⁴⁾ as a qualitative analytical method.

The main themes that emerged on analysis were carers' perceptions on participants' health; barriers and facilitators in weight loss and carers' perceptions of the multi-component weight loss intervention. Carers described the weight loss as being beneficial to participants' health. Furthermore, they discussed their efforts to encourage and aid participants to improve their diet and physical activity. However, lack of sufficient support and poor communication among carer colleagues were identified as being inhibitory. The need for resources tailored to aid weight loss among adults with ID was also highlighted.

This study identified specific facilitators and barriers experienced by carers during the process of supporting obese adults with ID to lose weight. Future research should utilise these findings to develop appropriate and effective weight management interventions for this group.

This work was supported by the Chief Scientist Office, Scottish Executive Health Department (Reference CZG/2/362).

1. Melville CA, Cooper S-A, Morrison J *et al.* (2008) The prevalence and determinants of obesity in adults with intellectual disabilities. *J Appl Res Intell Disabil* **21**, 425–437.
2. Hamilton S, Hankey CA, Miller S *et al.* (2007) A review of weight loss interventions for adults with intellectual disabilities. *Obes Rev* **8**, 339–345.
3. Melville CA, Boyle S, Miller S *et al.* (2011) An open study of the effectiveness of a multi-component weight loss intervention for adults with intellectual disabilities and obesity. *B J Nutr* **105**, 1553–1562.
4. Braun V & Clarke V (2006) Using thematic analysis in psychology. *Qual Res Psych* **3**, 77–110.