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A survey to inform the design of a weight loss programme for overweight and obese women treated for breast cancer

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Overweight or obesity is an established negative prognostic factor for a poorer outcome in patients treated for breast cancer⁽¹⁾. The average weight gains during treatment usually range from 2.5–6.2 kg⁽²⁾. As part of a programme of work to design a weight loss intervention for women treated for breast cancer, a survey was conducted targeting this population of interest, to determine their attitudes, beliefs and future preferences for a programme for its successful design and implementation.

The questionnaire was developed following on from focus group discussions and re-drafted following pre-testing with seven women using the 'think-aloud' technique. The survey was conducted (April–June 2011) with women attending follow-up appointments in the outpatient breast clinic at the Aberdeen Royal Infirmary (ARI). An invitation letter was posted out two weeks prior to their clinic appointments, along with a consent form and a study information sheet. The women were then approached in the clinic by the researchers who discussed the study, measured height and weight and gave out the questionnaire with a stamped addressed envelope for return. A reminder was sent to all non-responders after 2 weeks. A subsample of the women who returned the questionnaires were also interviewed (telephone or face-to-face) to explore their views in further depth. The interview sample was selected depending on their responses to the questionnaire and their socio-demographic characteristics to provide a broad range of views and sample size was determined by reaching saturation in the responses.

The survey achieved a good response rate (128/138, 93%). Most of the respondents were either overweight ($n = 50$, 38.8%) or obese ($n = 34$, 26.4%). The majority ($n = 110$, 85%) had never received any information from any health professionals on 'how to maintain a healthy weight' since diagnosis but they would have liked to receive it ($n = 58$, 45%) either straight away (48%) or within 3 months (26%) of their initial treatment (surgery, chemotherapy and radiotherapy). The preference for receiving any information varied by BMI category (69% obese vs 47% overweight, $p = 0.006$). Those who wanted information would have preferred to receive it in a hospital setting (41%), at a cancer support centre (38%) or GP surgery (38%) either one-to-one (63.8%) and/or in a group setting (48.3%). Among women who would have liked to do more physical activity ($n = 52$, 40.3%) following their initial treatment, 48% would have preferred to do this in a group of other women with breast cancer, 42% in a group of any women and 58% preferred on their own. Moreover, 50% and 37% would have liked to attend a group session once a week or twice a week respectively. The most popular physical activities were walking (85%), swimming (39%), yoga (37%) and pilates (37%). The interview data revealed a preference for a supervised weight loss programme (incorporating both diet and physical activities) for at least three months in a group setting, preferably delivered by a dietitian, with different learning and interactive sessions, and some encouragement and guidance for physical activity specific to their needs. There were mixed feelings about being regularly weighed and whether this should be done in the group or in private. Some women would have liked to involve their partners in the programme.

These findings will be used in the design of a weight loss programme suitable for women treated for breast cancer.

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1. Vance VM, Mourtzakis L (2010) *Int Assoc for the stud of Obesity* **805**, 1467–789.
2. Rock CL, Demark-Wahnefried W (2002) *Journal of Clinl Oncol* **20**, 3302–3316.