



# **A qualitative evidence synthesis on the management of male obesity: the ROMEO Project**

**Association for the Study of Obesity (ASO)  
UK Congress on Obesity, University of Birmingham, 16<sup>th</sup>  
September 2014**

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# The Problem

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- **More men than women are overweight or obese in the UK**
- **Men:**
  - **Tend to misperceive their weight**
  - **Are less likely to consider their weight a health risk**
  - **Are less likely to attempt weight loss**

# **Aim of the ROMEEO study**

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- **To identify effective interventions, and how effective interventions work, by describing key intervention ingredients, processes, environmental and contextual factors that contribute to effectiveness.**

# What we did

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## Systematic review and realist synthesis:

- 1. 11 RCTs of long-term lifestyle or drug (orlistat) interventions**
  - 2. 20 RCTs of long-term lifestyle or drug (orlistat) interventions for men compared to women**
  - 3. 26 reports of interventions for men, or men compared to women from the UK**
  - 4. Systematically reviewed qualitative research with men:**
    - i. Taking part in weight loss programmes**
    - ii. Who weren't taking part in weight loss programmes**
  - 5. Economic evaluations of interventions for men, or men compared to women**
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# QES Methods

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- **Search strategy:** Eight bibliographic databases were searched to identify qualitative research with obese men, or obese men in contrast to obese women.
  - **Inclusion criteria:** Studies published from 1990 onwards in any language. The studies included men 16 years or over, with no upper age limit, with a mean or median BMI of 30kg/m<sup>2</sup>.
  - **Quality assessment:** A quality appraisal tool was applied during the process of data extraction but no exclusions were made on quality grounds.
  - **Data analysis:** An analysis cycle began with data coding. Initial descriptive themes were identified. Finally, higher order interpretive themes and concepts were developed through research team discussion.
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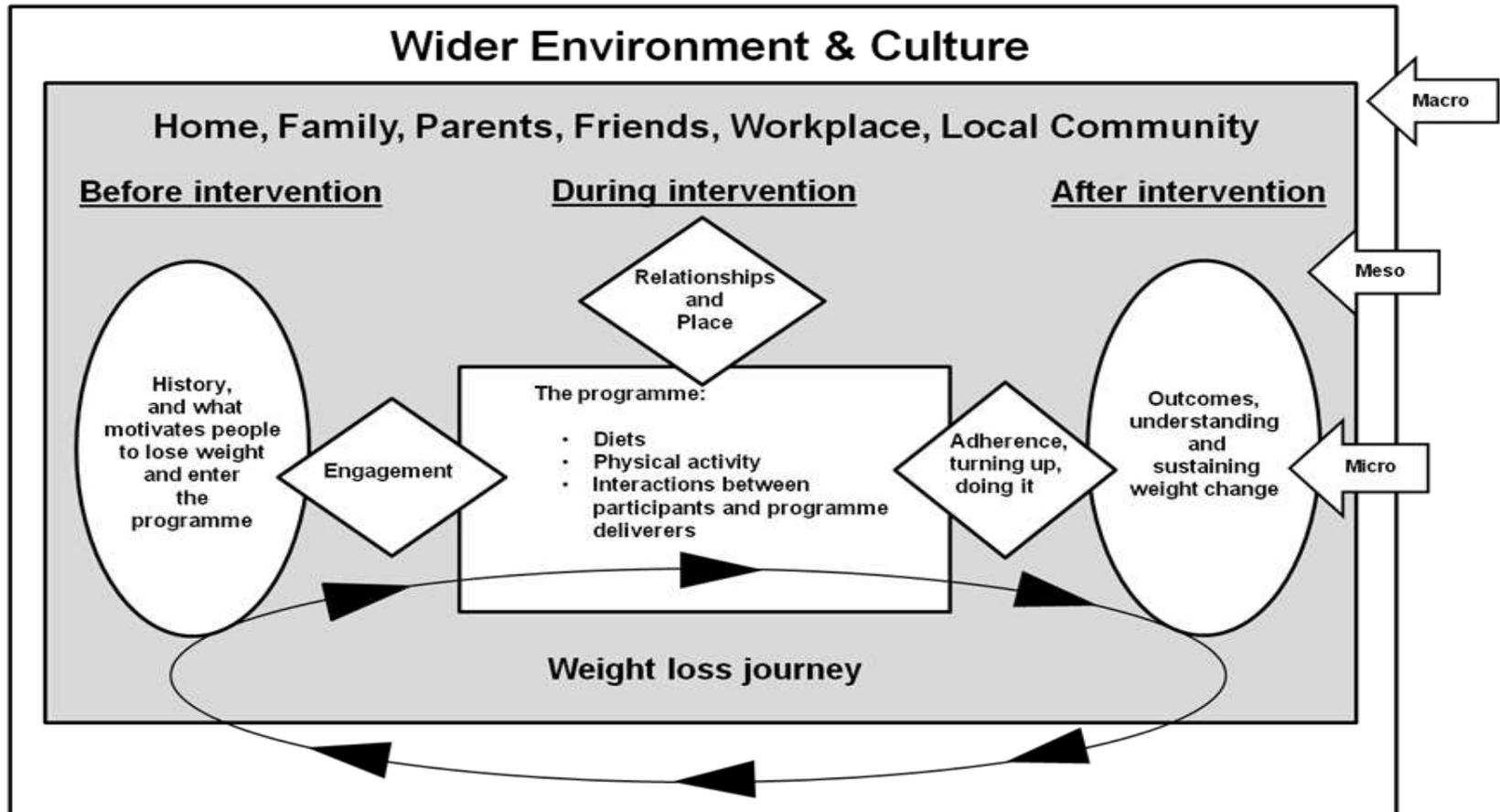
# Included Studies

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**Twenty-two studies were included.**

- **Five qualitative studies linked to RCTs of weight loss or weight maintenance interventions.**
- **Eight qualitative studies linked to non-RCT studies.**
- **Nine qualitative studies not linked to any intervention.**

# Logic model



# Motivation for joining

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- **Men were motivated to engage with weight management programmes because of:**
  - **health concerns**
  - **obesity diagnosis**
  - **'jolts' from a partner**
  - **perceptions that certain programmes had 'worked' for other men**
  - **humour in promotional materials**
  - **settings that were convenient, non-threatening and congruent with masculine identities**
  - **potential to improve physical fitness**
  - **offers of health screening**

# Motivation for joining: illustrative quotes

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- **Health Scares:**

*"Having a heart attack really scared me. I just wanted to feel better, see my kids grow up, and be more in control. I had tried so many things, but being in hospital really brought me to my senses."* John, age 38 (Gallagher et al. 2012:21).

- **Diagnosis of Obesity:**

*"It really hit me like a ton of bricks, I mean I knew I had been putting on weight over the years and thought the tests would show that I was a bit fat, but finding out I was obese really knocked me for six."* John, age 42 (Leishman 2007:49).

# **What makes the programme more effective for men? (1)**

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- **Avoiding strict or extreme diets or dieting terms**
- **Provision of factual information about energy balance**
- **Provision of individual tailoring**
- **Using self-monitoring and feedback**
- **Follow-up after end of programme**
- **Family and friends important influences, and they may change behaviour too**

# What makes the programme more effective for men?

## Illustrative quotes

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- **Avoiding strict or extreme diets or dieting terms:**

*"I was pleasantly surprised to find out that this was not a diet I was on but actually a course to educate us men on eating healthier, the need to be more active and to control our portions. At first I didn't think it would work for me because I felt I was eating the same amount of food I always had, just more fruit and veg."* No individual characteristics provided (Leishman 2007:85).

- **Provision of factual information about energy balance:**

*'Once I'd actually lost some weight by staying under my energy count and then put on some weight by going over, I went this really works, it's really clear. . .that motivated me from then on. . .Definitely the success kept me going.'* Age 43 (Morgan et al. 2011b:e245).

# **What makes the programme more effective for men? (2)**

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## **Groups:**

- **Some men wanted men-only groups**
- **Peer social support appreciated, even for men who did not initially want to take part in a group**
- **Humour and banter amongst group members**

# What makes the programme more effective for men? (2)

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- **Men only groups:**

*"thought I'll go along 'cos it was all blokes anyway, 'cos I wasn't going to go, with all due respect, with the women."* No individual characteristics provided (Gray et al. (2009:77).

- **Humour and banter amongst group members:**

*"There was quite a good crack going on all the time, so the following week you kinda felt you wanted to come back and hear how the guys were getting on."* No individual characteristics provided (Gray and colleagues 2009:77).

# Recommendations for practice (1)

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- **Men appear to prefer more factual information on how to lose weight and more emphasis on providing physical activity programmes.**
- **For some men, but not all, the opportunity to attend men-only groups may enhance effectiveness.**

# Recommendations for practice (2)

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- **Weight-loss programmes for men may be better provided in social settings, such as sports clubs and workplaces, which may be more successful at engaging men than health service settings.**

# Recommendations for practice (3)

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- **Individual tailoring and feedback may also be features of more effective services.**
- **Innovative means of delivering services are needed for hard to reach groups, such as those men who do not see their weight status as a problem, younger men, unemployed men and those living in remote and rural locations.**

# Recommendations for practice (4)

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- **Health service staff can be encouraged to recognise 'teachable moments', when a health issue could become a motivator for a man to lose weight.**
- **Health service staff should initiate discussion and provide opportunities to access weight loss services, particularly for men from disadvantaged groups.**
- **Policies and services to prevent and treat obesity should take account of sex and gender-related differences, and consult men in the development and evaluation of services.**

# Thanks for your attention

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## Acknowledgements:

- **This project was funded by the National Institute for Health Research Health Technology Assessment (NIHR HTA) programme (09/127/01) and has been published as a Health Technology Assessment monograph.**
- **The views and opinions expressed therein are those of the authors and do not necessarily reflect those of the HTA programme, NIHR, NHS or the Department of Health.**
- **Final report published May 2014**  
**<http://www.journalslibrary.nihr.ac.uk/hta/volume-18/issue-35>**



*National Institute for  
Health Research*



# UK Congress on Obesity 2014



**University of Birmingham, Edgbaston Campus**

**Tuesday 16th September and Wednesday 17th September 2014**