**Table 4. Description of interventions in studies among adults in the general population**

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| **Author, year****Study name\*****Duration of Intervention** | **Primary Aim** | **Group 1** | **Group 2** |
| **Diet Interventions** |  |  |  |
| Bhargava 20021Women’s Health Trial Feasibility Study in Minority Populations (WHTFSMP)Duration 1 year† | Reduce energy intake from fat, especially saturated fat, to 20% of caloric intake. Increase consumption of fruits, vegetables and grains. | Maintained usual diet. Received information on nutrition guidelines. | 18 group sessions with a dietician over 1 year. During the sessions, the participants performed role playing activities, provided support and reinforcement and solved problems.  |
| Howard 20062 3Women’s Health Initiative (WHI)Duration 8 – 12 years† | Study the effect of a low-fat, high fruit, vegetable and grain diet on breast cancer, colorectal cancer and heart disease. | Received information on nutrition guidelines. | 18 group sessions with a dietician during the first year. Four group sessions per year for remaining years. Sessions promoted dietary and behavioral changes to reduce total dietary fat to 20% of caloric intake, increase fruit and vegetable intake to 5 or more servings per day, increase grains, preferably whole grains, to 6 or more servings daily. Encouraged to maintain usual energy intake by replacing calories from fat with other sources, like carbohydrates. |
| **Physical Activity Interventions** |  |  |  |
| Lamb 2002 4Duration 1 year | Study walking program on physical activity levels, physiological and behavioral consequences. | Single 30-minute group session with physiotherapist. The session included benefits of exercise, recommended levels of exercise for adults based on published guidelines, tips to start and maintain an exercise program. Participants were encouraged to take at least 120 minutes of moderate intensity activity per week using an activity enjoyable and convenient to them.  | Same 30-minute session as Group 1. Participants were also provided with oral and written information on local walking programs. A local walking coordinator also called each person after the session to further explain the program and invite them to join. Group and individual walking programs were offered over the phone and in the mail. Up to three phone calls were made during year to encourage people to join the program. Family and friends were encouraged to participate in the walks. |
| Muscari 2010 5Pianoro StudyDuration 1 year | Study physical activity and cardiovascular risk. | Educational materials to improve lifestyle including physical activity | Three hourly group sessions per week of endurance exercise training supervised by Exercise and Sports Sciences researchers. |
| Petrella 2003 6Step Test Exercise Prescription (STEP) ProjectDuration1 year | Compare the effect of an exercise prescription intervention on fitness. | Physician-provided exercise counseling at baseline 3, 6 and 12 months including examples and benefits of exercises. | Physician-provided exercise counseling at baseline 3, 6 and 12 months including examples and benefits of exercises.  Physician administered a stepping test and recorded stepping time and heart rate at the visits. Patients received a target exercise heart rate based on the results of the step test. |
| Schmitz 2007 7Strong, Health and Empowered (SHE)Duration 2 years‡ | Assess efficacy of twice weekly strength training to prevent increases in body fat percentage and intra-abdominal fat. | Maintained usual diet. Received information on physical activity guidelines, with a focus on starting a walking program. | Maintained usual diet. Received a 2 year membership to a fitness center. Twice weekly 1-hour group sessions with a fitness professional for the first 4 months. Group sessions every 3 months for the remaining 20 months. During sessions, participants taught how to stretch, warm up, cool down, abdominal and low back strengthening exercises and strength training using machines and free weights. Fitness trainers made reminder calls if participants missed a week of sessions. Fitness trainers were available by phone, email or at the gym. Other components included social gatherings, a study website, a monthly newsletter and free childcare for 2 hours per session. |
|  **Combination interventions** | **Unit of intervention** | **Primary Aim** | **Group 1** | **Group 2** | **Group 3** |
| Burke 2003 8Duration 4 months║ | Couples | Encourage adoption or maintenance of physical activity and a healthy diet. | None | One group sessions and five mailed modules aimed to increase moderate physical activity to at least 30 minutes most days, increase incidental activities (*i.e.,* taking stairs instead of elevator, walking instead of driving), eat low fat (no more than 10% of energy as saturated fat), high fiber (30g daily from grains, fruits and vegetables), low sat foods and increase fruit and vegetable intake. Modules included information on benefits of exercise and nutrition, how to start an exercise program, injury prevention, types and sources of dietary fat, budgeting for healthy foods, choosing meals when eating out, overcoming barriers to change, costs and benefits of a healthy lifestyle, goat setting, time management, stress management, and exercise and diet information relevant to pregnancy. Alcohol consumption and cigarette smoking were mentioned but not focus of intervention. | Three group sessions and three mailed modules aimed to increase moderate physical activity to at least 30 minutes most days, increase incidental activities (*i.e.,* taking stairs instead of elevator, walking instead of driving), eat low fat (no more than 10% of energy as saturated fat), high fiber (30g daily from grains, fruits and vegetables), low sat foods and increase fruit and vegetable intake. |
| Fortmann, 19819Duration 2 years | Communities near Stanford, California | Prevent cardiovascular disease. | No intervention | Mass media campaign on CVD risk factors that used TV, radio, newspaper, and billboardsDirect mailing of dietary educational information including pamphlets and cookbooks focused on reducing saturated fat, cholesterol, salt, sugar, and alcohol intake, and calorie restrictionDirect mailing of exercise educational information focused on increasing physical activity | Mass media campaign on CVD risk factors that used TV, radio, newspaper, and billboardsDirect mailing of dietary educational information including pamphlets and cookbooks focused on reducing saturated fat, cholesterol, salt, sugar, and alcohol intake, and calorie restrictionDirect mailing of exercise educational information focused on increasing physical activity10-week counseling program for participant +/- spouse delivered in small groups and individual home sessions focused on personal analysis of behavior, modeling new healthy behaviors, and skills building (high risk of cardiovascular disease group only). |
| French 2011 10Take ActionDuration 1 year | Household | Prevent weight gain over 1 year. | None | Household and individual interventions to decrease television viewing, increase physical activity to at least 30 minutes daily, decrease high calorie snacks and meals, limit sweetened beverages, increase availability of fruits and vegetables, serve smaller portions, limit fast food, and make healthy choices when eating out. Intervention was delivered by trained staff during a home visit, 6 group sessions, home activities and monthly newsletters. The group sessions included behavioral strategies (goal setting, self-monitoring, positive reinforcement), interactive activities 20-30 minutes of physical activity and a healthy snack.  A scale for home weighing, a TV limiting device and telephone support calls were also used. Gift cards to a grocery store were provided for attending group sessions or completing home activities.  |  |
| Levine 2007 11Duration 2 years§ | Individual | Efficacy of a clinic-based treatment and correspondence course to prevent weight gain. | Information session to describe control, clinic-based and correspondence interventions. Received a booklet with information about benefits of weight maintenance, low-fat eating and regular physical activity. | Information session to describe control, clinic-based and correspondence interventions. 15 group sessions with a nutritionist or behavioral interventionist over 2 years. Sessions focused on making dietary and activity changes and monitoring those changes.  Lessons during sessions provided on cognitive change strategies, stimulus control techniques, problem solving, goal setting, stress, time management and relapse preventions. Directed to set activity and intake goals to decrease sedentary behavior and increase activity.Written materials on nutrition and physical activity were provided. Homework assignment to practice weight control strategies assigned at each sessions and due at next session. If weight gain of more than 2 pounds occurred over 2 consecutive weeks, given activity and calorie goals to help them return to their baseline weight. | Information session to describe control, clinic-based and correspondence interventions. Same information and homework assignments as group 2 except delivered by mail instead of group sessions.  |
| Lombard 201012Duration 1 year | School attended by participant’s child | Prevent weight gain over 1 year. | Thirty minute information session and brochure on diet and physical activity guidelines for Australia. | Four one-hour group sessions over 1 month on goal-setting, self-monitoring, social support, problem solving, training to prevent weight relapse, diet and physical activity. Pedometers distributed with goal of 10,000 steps per day. Individuals set their own goals. Text messages were sent by mobile phone once a month during months 2 through 11. |  |

STEP = Step Test Exercise Prescription; SHE = Strong, Health and Empowered; CVD = Cardiovascular Disease

1. Study name listed only if applicable

†Neither study included additional followup after the intervention period.

‡ Duration of followup after the intervention = 1 year

§ Duration of followup after the intervention = 1 year

 ║ Duration of followup after the intervention = 8 months

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