

test for mean differences in ratings of the unhealthy and healthy food sponsor products by condition.

**Conclusion:** This timely study will yield practical evidence on the utility of alternative, pro-health sport sponsorship options. Such evidence could help inform population-based strategies to modify the community junior sport sponsorship environment so as to foster healthy eating by children.

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**“The Change Program” – An Australian general practitioner delivered weight management program, results of a six month pilot implementation trial**



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**Introduction:** General practitioners (GPs) need support and structured tools to assist them in managing patients with obesity. This six month implementation pilot based on Normalisation Process Theory aimed to assess the feasibility and acceptability of a weight management program (The Change Program) delivered by GPs within primary care.

**Methods:** The pilot study consisted of a single arm trial based on Normalisation Process Theory. GPs ( $n=12$ ) across five practices (four urban, one rural) were recruited via email and then recruited their own patients ( $n=23$ ). GPs were interviewed at time zero and 6 months and patients were interviewed at the end of the pilot. In addition, patients completed online surveys at time zero, 3 months and 6 months. Anthropometric data was collected using a file-based template.

**Findings:** Qualitative data analysis identified that GPs appreciated the structure of The Change Program and found it differed significantly from their usual consultation practices. They reported a significant increase in their confidence in managing obesity. Integration within daily practice would require activation of practice management systems to make the program sustainable. Patients found that establishing a constructive, collaborative working relationship with their GP was fundamental to their ongoing involvement in the

program as well as meeting their weight loss and lifestyle change goals. Intention-to-treat analysis demonstrated that patients lost an average of 3.2% (SD 3.7, median 1.8%) of their body weight at 6 months with a range from  $-3.2\%$  to  $10.5\%$ . Patients also provided feedback for improving The Change Program patient handbook.

**Conclusion:** This pilot study demonstrated that a GP-led weight management program is feasible and acceptable to GPs and their patients and suggested that a key determinant of success was to build on the values of person-centred primary healthcare. The positive results of this pilot confirm that a trial to assess overall effectiveness is needed.

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**Does eating more at night influence weight?**



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**Background:** Although a belief commonly held by society, it is unclear whether eating a greater proportion of energy in the evening contributes to the development of obesity.

**Aim:** This systematic review investigates the association between the proportion of daily energy intake consumed in the evening and weight outcomes in adults.

**Methods:** A search of seven major databases yielded 6975 results published from 1928 to 2016. Of these, 94 full texts were reviewed and 13 studies were eligible for inclusion in the review. Studies were included if the primary outcomes were weight and BMI. Eligible studies needed to specify the proportion of daily energy intake consumed during the evening. As there is no consensus regarding the definition of ‘evening’ intake, we used broad definitions including; energy consumed after 19:00, energy consumed during and after the evening/main meal or the definition used by the authors. Eligible studies were cross sectional, cohort longitudinal and randomised controlled trials.

**Results:** Complete results for this review will be available by the conference dates.

**Discussion:** Understanding the relationship between the distribution of daily energy intake and weight may help to shape dietary recommendations for obesity prevention and treatment for