



Training primary care professionals in multiple behaviour change counselling

A randomised controlled trial in Wales shows that training GPs and practice nurses to deliver counselling on lifestyle change does not affect whether patients alter their smoking, alcohol use, exercise and diet behaviours.

Overview: In 2006-07, ill health related to poor diet cost the NHS £5.8bn, physical inactivity cost £0.9bn, and smoking and alcohol consumption each cost £3.3bn ([Scarborough et al. 2011](#)). The [World Health Organization estimates](#) that eliminating shared risk factors for these 4 unhealthy behaviours could prevent up to 80% of heart disease, stroke and type 2 diabetes, and more than one-third of cancers.



The NHS Constitution has [recently been updated](#) to include a new responsibility for healthcare professionals to take every appropriate opportunity to talk to patients and carers about how to improve their health – making ‘every contact count’. General practices are an area of the healthcare system that is well placed to deliver opportunistic behaviour change interventions to target unhealthy behaviours.

Current advice: NICE public health guidance on the [principles for effective interventions for behaviour change](#) provides a set of generic principles that can be used as the basis for planning, delivering and evaluating public health activities aimed at changing health-related behaviours.

Guidance on [individual approaches to behaviour change](#) further suggests that health, wellbeing and social care staff in direct contact with the general public should be encouraged to use a brief intervention to motivate people to change behaviours that may damage their health. Staff in contact with the public should receive training to provide them with the knowledge and skills (or competencies) needed to assess behaviours and individual needs and to deliver the intervention.

Behaviour change is also referred to in several individual pieces of NICE guidance: [tobacco use](#), [alcohol use](#), [obesity](#) (currently being [partially updated](#)) and physical activity (for [children and young people](#) and for [adults in primary care](#)). The NICE Pathways on [smoking](#) and [diet](#) bring together all related NICE guidance and associated products on each of the areas in a set of interactive topic-based diagrams.

New evidence: [Butler et al. \(2013\)](#) did a randomised controlled trial to test if training GPs and practice nurses in multiple behaviour change counselling affected whether patients made beneficial changes in unhealthy behaviours. General practices in Wales were randomised by practice to the intervention group (15 practices, 25 primary care professionals) or the control group (14 practices, 28 primary care professionals). GPs and practice nurses in the intervention group received training in multiple behaviour change counselling (‘Talking Lifestyles’), which is based on motivational interviewing techniques. English speaking patients visiting the practices filled in questionnaires on diet, physical activity, smoking and drinking at baseline, after their consultation with a study GP or nurse, and at 3 and 12 months after recruitment.

A total of 1827 patients with at least 1 risky behaviour were recruited to the study (831 in the intervention group and 996 in the control group). No difference was observed between the 2 groups in the composite primary outcome (beneficial changes in 1 or more of diet, physical activity, smoking and drinking) at 3 months (odds ratio [OR]=1.12, 95% confidence interval [CI] 0.90 to 1.39) or at 12 months (OR=1.03, 95% CI 0.83 to 1.28). However, patients who saw a GP or nurse in an intervention practice were more likely than those visiting a control practice to report having discussed behaviour change in their consultation (OR=12.44, 95% CI 5.85 to 26.46) and a post-consultation commitment to change (OR=2.88, 95% CI 2.05 to 4.05). Participants in the intervention group were more likely to report having tried to change 1 or more behaviour (OR=1.40, 95% CI 1.15 to 1.70), although this difference was not significant for drinking or smoking. Delivering training in the behaviour change counselling to practices cost £1597 per practice.

The authors conclude that training primary care professionals in counselling techniques to support patients in changing multiple risky health behaviours had only small effects on these behaviours. They note that healthcare professionals who agreed to participate in the study may have been more interested in behaviour change consultation skills and thus more skilful than the general population primary care professionals. In addition, the number of patients recalling a discussion about behaviour change and intending to change after the consultation was high in both groups, suggesting that the research process itself may have affected these outcomes.

Commentary: “With the UK facing a growing health challenge from conditions associated with human behaviour, assisting clinicians to enable their patients to make positive changes in lifestyle is increasingly important. For most of the population, primary care is the main location where they have contact with healthcare professionals. Hence this study by Butler et al. examining the benefits of training primary care professionals to facilitate behavioural change is worthy of consideration.

“The study findings do not show significant differences in behavioural change between the intervention and control groups. The results do, however, appear to indicate the potential benefit of building on opportunistic counselling of patients who have ill health related to lifestyle such as smoking, being overweight, physical inactivity and high levels of alcohol consumption. Such patients are likely to benefit from a combination of advice from primary care professionals and support from programmes of care provided by other agencies. Structured interventions for smoking cessation provide a good example of what can be achieved.” – **Professor Rod Thomson, Director of Public Health for Shropshire**

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