Facilitators and barriers of lifestyle counseling in overweight truck and bus drivers

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Purpose

We developed a structured monthly counseling program to reduce weight in long-distance drivers. Here we report the goals, facilitators and barriers for lifestyle change and adverse effects due to physical activity (PA).

Methods

Male drivers with waist circumference >100 cm were randomized to a lifestyle counseling group (LIFE, N=55) and a reference group. LIFE participated in individual dietary and PA counseling for 12 months. Main dietary goals were to balance meal frequency and to increase use of vegetables and fruit. PA goal was to gradually increase walking by 4000 steps on 5 days a week. Assessment of monthly goals, facilitators, barriers, and adverse effects due to PA were based on counselors' records.

The contents of counseling session by session.

Number and type of session	Contents
1st Face-to-face	**Diet:** 3-day food diary, checklist for eating habits, meal frequency (goals for 4 weeks) **PA:** instructions to measure daily step count with a pedometer on 7 days
2nd Face-to-face	**Diet:** meal frequency (compliance, revision of goals); plate model (new goals) **PA:** establishing the first step goal
3rd Phone	**Diet:** meal frequency and plate model (compliance, revision of goals), food quality (new goals) **PA:** compliance, adverse effects, revision of goals, stretching exercises
4–12th 5 phone 3 face-to-face	**Diet:** meal frequency, plate model and food quality **PA:** compliance, adverse effects, revision of goals
13th Face-to-face	**Diet:** 3-day food diary, checklist for eating habits, maintenance **PA:** adverse effects, maintenance

Results

Forty-seven LIFE participants attended 12-month measurements. They reduced weight by 3.4 (SD 6.6) kg, and their dietary and PA patterns improved (see Puhkala et al. 2015).

The most common monthly dietary and PA goals.

Monthly goals	Number of mentions	(% of all mentions)
Dietary		
Meal frequency	176	(45)
Plate model	131	(34)
Use of fruit and vegetables	52	(13)
Use of sweets and fast food	15	(4)
Use of alcohol	13	(3)
PA		
Walking	208	(86)
Biking	33	(14)

Perceived facilitators and barriers to reach dietary and PA goals.

Facilitators and barriers	Number of mentions	(% of all mentions)
Facilitators		
Support from family and friends	10	(24)
Ailment prevention	10	(24)
Own attitudes and habits	7	(17)
Good quality roadside resting places	5	(12)
Good opportunities to perform PA	5	(12)
Improved alertness	4	(10)
Barriers		
Work schedules	44	(46)
Ailments, injuries (PA)	21	(22)
Own or family attitudes and habits	19	(20)
Bad weather condition, darkness (PA)	6	(6)
Lack of company (PA)	3	(3)
Fatigue	3	(3)

Thirty-nine (83%) men reported adverse effects due to PA. The most common ones were hip, knee or ankle pain (17 mentions), muscle pain (17), and sprains, twists, falls and other such injuries (12).

Conclusions

The most common dietary and PA goals set by the drivers were in line with our counseling goals. On the other side, repetitive mentioning of certain goals may reflect participants' challenges in improving them. Working schedules as the most common barrier emphasize tailored goal setting to be progressed gradually. Support from family and friends, and ailment prevention were the most common facilitators. Musculoskeletal pain was common, implicating the importance of a slow start to increase PA.

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