



FOCUS ON RESEARCH

COLONOSCOPY AS A CATALYST FOR CHANGE? PREDICTORS OF CHANGES IN DIET, ALCOHOL, PHYSICAL ACTIVITY AND TOBACCO USE AFTER COLONOSCOPY AMONG PATIENTS AND THEIR PARTNERS

Researchers

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Aim

1. To determine if health behaviours change after a major health threat (e.g., colonoscopy).
2. If health behaviours do change, to determine the predictors of change.

Project Outline/Methodology

This is the first study to report health behaviours of colonoscopy patients and their partners. We conducted a national prospective cohort study of 565 patients referred for colonoscopy and 460 partners. Participants were recruited at colonoscopy clinics in 3 Health Boards. Participants self-reported health behaviours (diet, physical activity, alcohol, smoking) when they attended colonoscopy and then 10 months later. Only a small proportion of patients undergoing colonoscopy are diagnosed with colorectal cancer. We therefore widened our initial focus from cancer patients to all colonoscopy patients.

Key Results

At the time of the colonoscopy 27%, 20% and 50% of patients were not meeting government recommendations for fruit/vegetable consumption, alcohol intake and physical activity respectively and 21% were obese, suggesting potential for health improvement. A higher proportion of colonoscopy patients with an abnormal test result were not meeting recommendations. Only 11% of patients smoked, which is much lower than the general population.

A significantly higher proportion of patients reported a low level of physical activity 10 months after colonoscopy. However, a significantly higher proportion of patients were now meeting government health recommendations for weekly alcohol consumption. The proportions of patients meeting recommendations for fruit/vegetable and bread consumption did not significantly change following colonoscopy. A low level of physical activity at the time of colonoscopy and old age predicted low levels

of physical activity 10 months after colonoscopy. A high alcohol intake at the time of colonoscopy and low self-efficacy were predictive of high alcohol intake after colonoscopy.

Conclusions

Colonoscopy appears to trigger changes in some health behaviours but not others. Change can be for the better (in the case of alcohol consumption) or for the worse (in the case of physical activity). The study suggests that patients' partners do not change their health behaviour.

What does this study add to the field?

Previous studies about the impact of a major health event on health behaviours have focused on one specific health behaviour, for example, smoking. This study shows that colonoscopy is a major health event that can trigger changes in several health behaviours in different ways.

Implications for Practice or Policy

In a Health Promoting Health Service 'every healthcare contact is a health improvement opportunity.' Colonoscopy is an opportunity to improve the health behaviours of patients. Where patients would make improvements anyway, such as in lowering their alcohol consumption, brief interventions (e.g. improving a person's confidence in being able to change how much alcohol they drink) may increase the benefits; longer interventions may be required for health behaviours that do not change (e.g. diet) or change for the worse (e.g. physical activity).

Where to, next?

More research is needed to understand why some behaviours change for the worse and some for the better following a major health event. Future studies should investigate colonoscopy clinics as a setting for the delivery of health behaviour change interventions.

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