



## Using telehealth makes it possible to reinvent lifestyle program models to improve patient access.

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### Purpose

- Face-to-face lifestyle programs may be inaccessible due to residence, illness or mobility limitations.
- Telehealth offers potential to remove these barriers.<sup>1</sup>
- **Aim: effectiveness of telehealth delivered multidisciplinary behaviour change Healthy Eating and Lifestyle Program (HELP).**

### Methods

- Prospective cohort study comparing telehealth, face to face individual and face to face group 2017-2019.
- Inclusion for telehealth: Spinal/Orthopaedic. Physiotherapy Screening Clinic referral, initial HELP session; Inclusion for face to face: BMI  $\geq$  25kg/m<sup>2</sup>. Data used from a historical cohort.
- Compared changes from pre to post intervention between groups for weight, Quality of Life (SF12), Intuitive Eating Scale (IES) and Pain using ANOVA with Bonferroni corrections for multiple comparisons.

### Results

- Baseline demographics (table 1) reveal lower mental QOL scores in the telehealth and F2F group compared with F2F individual.
- For the telehealth cohort (N=44), 95.5% were from regional/rural locations.
- In all three cohorts (table 2), there were improvements in weight, intuitive eating and pain.
- Mental Health domain QOL improved in the telehealth group only.

**Table 1 Baseline participant characteristics (mean  $\pm$  SD)**

	Telehealth	Face to Face Individual	Face to Face Group
Age (years) Mean $\pm$ SD	N=103 53 $\pm$ 13	N=201 51 $\pm$ 15	N=370 58 $\pm$ 13
Weight (kg) Mean $\pm$ SD	N=94 107.6 $\pm$ 21.8	N=196 101.7 $\pm$ 21.1	N=312 108.8 $\pm$ 24.9
BMI (kg/m <sup>2</sup> ) Mean $\pm$ SD	N=94 38 $\pm$ 8.5	N=196 36.1 $\pm$ 6.7	N=312 39.6 $\pm$ 8.2
QOL-Mental Mean $\pm$ SD	N=75 42.6 $\pm$ 12.9	N=51 46.7 $\pm$ 12.6	N=120 40.1 $\pm$ 12.2
Pain Mean $\pm$ SD	N=74 25.8 $\pm$ 13.3	N=60 33.4 $\pm$ 13.6	N=53 32 $\pm$ 14.9

**Table 2 Change pre to post intervention for weight, quality of Life, intuitive eating and pain**

	Telehealth	Face to Face Individual	Face to Face Group	P
Weight (kg) Mean change (95%CI)	N=44 -2.21 (-3.39, -1.03)	N=114 -2.13 (-2.98, -1.29)	N=94179 -1.52 (1.95, -1.10)	0.283
QOL-Mental Mean change (95%CI)	N=23 5.44 (-1.87, 12.76)	N=26 -8.95 (-15.11, -2.78)	N=61 -8.16 (-11.94, -4.38)	<b>0.001</b>
IES total Mean change (95%CI)	N=21 0.37 (0.16, 0.59)	N=57 0.20 (0.11, 0.3)	N=124 0.25 (0.18, 0.33)	0.258
Pain Mean change (95%CI)	N=25 3.4 (-1.81, 8.61)	N=31 7.26 (3.42, 11.1)	N=21 3.43 (-1.97, 8.83)	0.365

### Conclusion

Telehealth is as effective as face to face delivery models in providing patient self management lifestyle intervention programs and may be superior in relation to mental health. Telehealth enables equitable access for more patients who choose to receive treatment from their home.