

Dr Richard G KYLE <sup>1</sup> | Stephen M JONES <sup>2</sup> | Sandra ROYCROFT-DAVIS <sup>3</sup>

<sup>1</sup> School of Health & Social Care, Edinburgh Napier University | <sup>2</sup> Independent Statistical Consultant | <sup>3</sup> ThinkingSlimmer Ltd

## Using breakthrough research in 'nudge' thinking to retrain habitual and emotional responses to foodstuffs

Obesity is a global pandemic that threatens the health of the population and the sustainability of publicly funded healthcare. This RCT addresses the gap in the literature surrounding unconscious persuasion and its use in weight loss and weight management. The Slimpod tool – a nine-minute audio recording listened to once a day for a minimum of 12 weeks – is unlike any of those currently available on the market.

It is not a conscious diet and does not require willpower. Using breakthrough research in "nudge" thinking, it is designed to retrain an adult's habitual and emotional response to foodstuffs. This therapeutic model allows unconscious thought to be shaped into a manner more consistent with a healthy lifestyle. Participants can then take control of their eating behaviours to induce an holistic state of wellbeing.

"I'm now automatically eating smaller portions and I understand when I am full"

*RCT participant A*

"I can walk around the supermarket and not buy sweets and cakes"

*RCT participant D*

"I'm instinctively eating more healthily and I have less desire for junk food"

*RCT participant B*

"I have started to exercise now almost daily for at least 20 minutes"

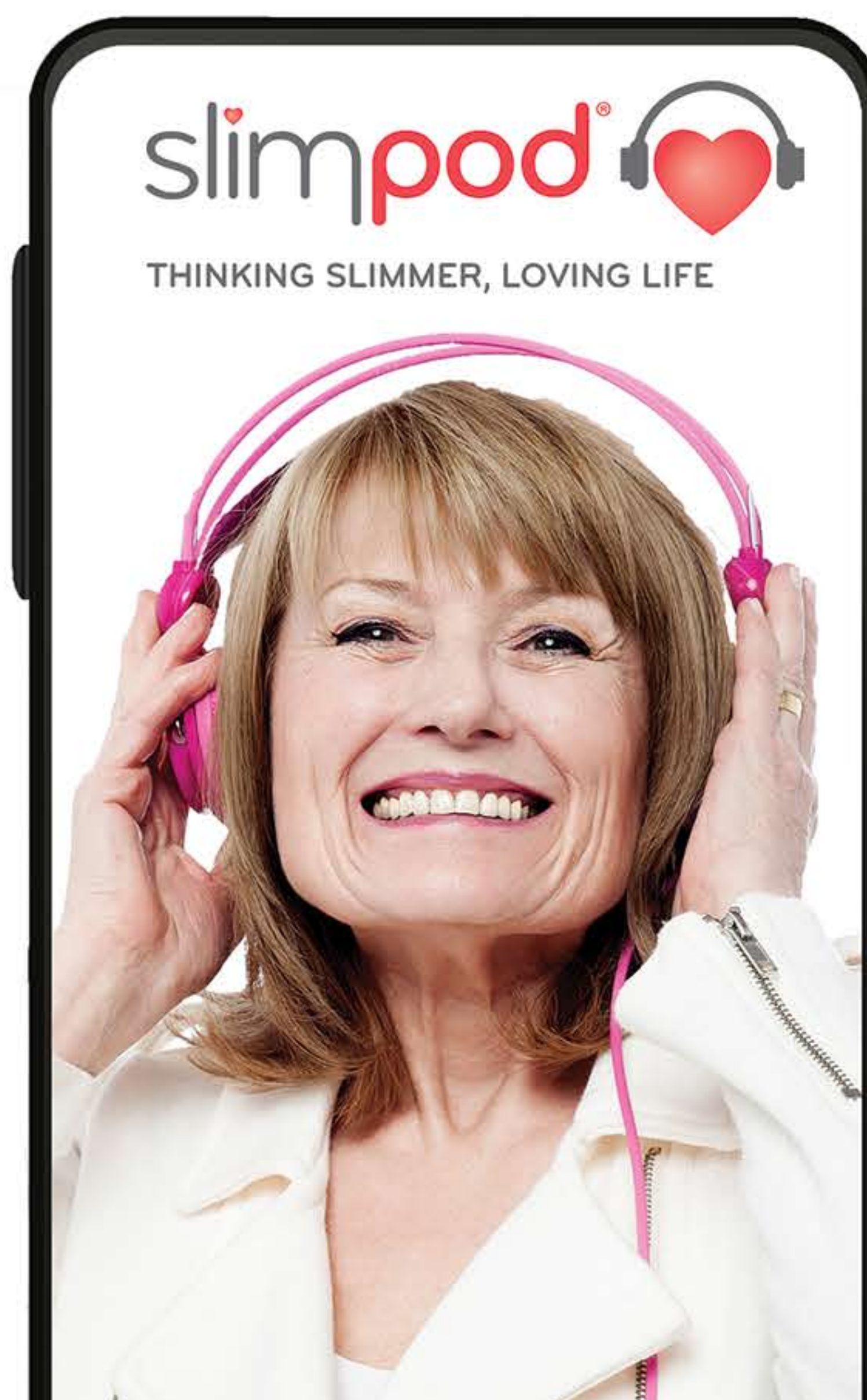
*RCT participant E*

"I feel that I am able to make better choices about what I eat"

*RCT participant C*

"I've found new ways to relax instead of snacking on biscuits when stressed!"

*RCT participant F*



### Aim & method of the RCT

To assess the effectiveness of an audio unconscious persuasion weight loss/weight management intervention (Sлимпod) compared to an audio relaxation recording (control).

82 overweight adults were randomised to intervention (n=41) and control groups (n=41). Weight was assessed at trial commencement, mid-trial (12 weeks) and trial end (24 weeks). Secondary outcomes were assessed using the Eating Self-Efficacy Scale (ESES), Exercise Confidence Scale (ECS) and Quality of Life Index Generic Version III (QLI-G3) at the start and end of the trial.

### The results

A statistically significant difference in mean weight loss was found between intervention group (1.7kg at 12 weeks and 4.3kg at 24 weeks) versus control (0.6kg and 1.2kg respectively) at  $p < 0.001$ . ESES scores showed greater self-efficacy ( $p = 0.008$ ) in intervention at 24 weeks. No significant differences in ESES negative affect sub-scale score or ECS were observed.

### The conclusion

Sлимпod was effective at reducing weight and increasing eating self-efficacy in overweight adults.

Weight loss - zero is the start point

