**A BEHAVIOUR CHANGE INTERVENTION DESIGNED TO REDUCE THE RISK OF ABNORMAL GLUCOSE METABOLISM AFTER RENAL TRANSPLANTATION: METHODOLOGY FROM THE CAVIAR STUDY**

**Background.** Lifestyle modification is recommended to all kidney transplant recipients due to cardio-metabolic risks associated with immunosuppression including new-onset diabetes, weight gain and cardiovascular events. However, there is limited evidence that lifestyle modification interventions can protect the individual from adverse outcomes post-transplantation. Therefore, the Comparing glycaemic benefits of Active Versus passive lifestyle Intervention in kidney Allograft Recipients (CAVIAR) study was designed to compare an active dietitian-led intervention with a treatment as usual (leaflet) condition, with a primary goal of attenuating the risk of abnormal glucose metabolism [1].

**Developing the intervention.** Interventions to change health-related behaviours such as diet and exercise are usually complex, consisting of many interacting components [2]. Furthermore, they are often poorly reported in research literature, limiting the possibility of identifying their effective ingredients. Therefore attention has recently been paid to the standardised reporting of intervention content and the component behaviour change techniques (BCTs) [3, 4]. The development of a taxonomy of BCTs has allowed the use of meta-analysis and meta-regression to assess the effectiveness of behaviour change interventions designed to promote physical activity and healthy eating [5, 6]. Effective BCTs chosen for the CAVIAR trial included encouraging the individual to decide to act (intention formation), prompting specific goal setting, providing feedback on performance and self-monitoring of behaviour, and reviewing previously set goals or intentions. These techniques were combined with two other effective strategies. Firstly, ‘Node-link mapping’ (NLM) is a simple visual representation system for presenting behaviour change interventions, supported by a body of educational psychology and treatment research showing that its use is more effective than standard consultation techniques for improving the therapeutic alliance, increasing focus on key issues during the session, and improving outcomes [7]. Secondly, Social Behaviour and Network Therapy (SBNT) focusses on building social network support for behavior change by assessing the patient’s level of support from family and friends and inviting key supportive others to assist with goal setting and monitoring. Evidence supporting the validity of this intervention has been published in the liver transplant population [8].

**Discussion.** This presentation will describe the theoretical underpinning of the active intervention, including the choice of specific BCTs, its initial piloting and iterative development, and the practical barriers to implementation experienced by the dieticians that delivered it. Provisional results from the CAVIAR study will be presented alongside a practical description of the behaviour change intervention in practice, to demonstrate the usability and translatability BCT-embedded intervention for our patients.

**References**

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