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LETTER TO EDITOR

Comment On "The Hockey Fans in Training Intervention for Men with Overweight or Obesity: A Pragmatic Cluster Randomised Trial"

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We have thoroughly reviewed the article titled "The Hockey Fans in Training Intervention for Men with Overweight or Obesity: a Pragmatic Cluster Randomised Trial" authored by Patrella.[1] We applaud the author's efforts to address the rising obesity pandemic and their awareness of the potentially fatal conditions that people who are overweight confront. It's an innovative idea to leverage sports fandom to encourage healthy living and fight this issue. Improvements in secondary outcomes, such as decreased waist circumference and systolic blood pressure, as well as improved dietary practices and cardiorespiratory fitness, further enhanced the program's efficacy. The deliberate steps used to reduce bias, such as the intent-to-treat analysis, which guarantees that the results take into consideration every participant, and the blinded outcome assessment utilizing the digital scale photos, provide credibility to the study's methodology and conclusions. However, there are a few elements that may have improved the program's results even further.

Firstly, at the end of a 12-month period, the intervention group in the Hockey Fans in Training program had lost an average of 2.02 kg of weight. On the other hand, as the same study mentioned, individuals who took part in the Football Fans in Training program lost 4.9 kg on average during the same time period.[2] This implies that the framework of the FFIT program might have been more rigorous and interesting. Furthermore, fewer sessions attended during the Hockey FIT program due to COVID-19 disruptions may have contributed to the program's lower weight reduction and impacted its overall efficacy.

Additionally, this study's 12-month retention rate of 60% is comparatively lower than the >80% retention rates found in other FFIT program studies.[3] Given that improved program adherence and success rates are typically linked to higher retention, this disparity would have had an even greater effect on the results.

Although, the study noted the difficulties in recruiting and limited access to in-person sessions because to COVID-19 restrictions, the author did not highlight the physical and physiological effects of the pandemic on this study because of instructions to stay at home. A study found that stress and a lack of fresh food led consumers to eat more calorie-dense foods, and that less possibilities for physical activity were provided by gym closures and restrictions on outdoor activities.[4] These characteristics may have made it more difficult for the participants to follow the program's dietary and exercise guidelines.

The method used to measure physical activity significantly influences the observed outcomes. In the given study the Reporting model for PA Was self-reported, while studies suggest self-reported measures often yield inconsistent results, with levels of physical activity being either overestimated or underestimated compared to direct measurement methods. This discrepancy underscores the challenges associated with relying solely on self-reported data or attempting to adjust for differences between self-reported and objective measures. Therefore, it is crucial to employ valid, accurate, and reliable tools for assessing physical activity when evaluating interventions, tracking changes in activity levels, and examining the relationship between physical activity and health outcomes.[5]

The follow up duration of trial was up to 12 months, while studies suggest that Long-term follow-ups are pivotal to assessing the sustained impact of such interventions, ensuring their effectiveness and scalability in promoting adult health through professional sports platforms.[6]

Incorporating accelerometers or wearable devices would provide precise, objective physical activity data. Similarly, follow-ups extending beyond 12 months would capture long-term behavior changes, crucial for assessing the interventions. Approaches aimed at enhancing retention rates such as hybrid delivery methods and individualized engagement should be given emphasis. Other barriers to compliance can be dealt with by integrating psychological interventions such as stress management These measures would strengthen the program's impact and scalability, promoting sustainable health behaviors among men.

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Conflicts of Interest

The author declares no conflict of interest.

Ethical consideration:

IRB approval was not required because no data was collected for this article.

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