

Abstract:

Unhealthful lifestyles contribute substantially to mortality from chronic disease. Tobacco and other substance use, poor quality diet and physical inactivity head up the list of behavioral risk factors. Moreover, behavioral pathogens tend to co-occur, and the average American adult exhibits several of them. Smoking cessation, improved diet and more active lifestyle can reduce risk, but the best prescription to promote healthy change in several behaviors simultaneously remains unknown. Interdependencies among health behaviors represent both the major promise and the major challenge of intervention aimed at multiple health behavior change. Relationships between targeted and collateral behaviors can be disadvantageous, as when quitting smoking leads to overeating and weight gain, or advantageous, as when increasing exercise promotes smoking cessation. To optimize clinical intervention, we need to harness collateral effects to advantage. First, though, we need to understand them. For example, Behavioral Economic Theory predicts that an optimal behavior change prescription will surpass alternatives by maximizing substitution of healthful for unhealthful behavior, increasing healthy complementary behaviors, and decreasing unhealthy complements. Conversely, Self-Control Theory, predicts that the most successful prescription will be the one that places fewest demands on the personal resources needed to inhibit rewarding behaviors. Dr. Spring will discuss research that tests competing predictions about how to optimize simultaneous health behavior change.