Dr Jennifer Crowley

Nutritional Scientist
Goodfellow Unit
University of Auckland
Auckland

Friday, June 9, 2017 (Room 4)

14:00 - 14:55 WS #47: How to Converse About Weight and Popular Diets

15:05 - 16:00 WS #59: How to Converse About Weight and Popular Diets (Repeated)

Thursday, 8 June 2017

Lets talk about your weight!

Clare Wall

Acknowledgements
RCGP and WHO
Dr Rachel Pryke MBBS MRCGP FRCP

THE UNIVERSITY OF AUCKLAND
Te Whare Wānanga o Tāmaki Makaurau
NEW ZEALAND

MEDICAL AND HEALTH SCIENCES

Purpose

- Skills to start the conversation
- Skills to sustain the conversation

What are New Zealand adults doing?

In 2013/14, in New Zealand:

34 %

of adults[24] were a healthy body weight.

A further

35 %

were overweight.

A further

30 %

were obese.

Rates of obesity vary considerably between different ethnic and socioeconomic groups:

- Pacific (67%) and Māori (46%) adults were more likely to be obese
- Adults living in the most socioeconomically deprived neighbourhoods (44%) were more likely to be obese than adults living in the least deprived areas (21%).

x 3

Obesity rates in New Zealand adults have tripled in the last three decades to 30 percent in 2013/14.

(Ministry of Health 2014b)

BMI

High body mass index (BMI) has overtaken smoking as one of the leading risk factor for health loss.

(IHME 2013)

24 The 2013/14 New Zealand Health Survey (Ministry of Health 2014a) provides data for adults from 15+ years of age. The Eating and Activity Guidelines define adults as 19–64 years.

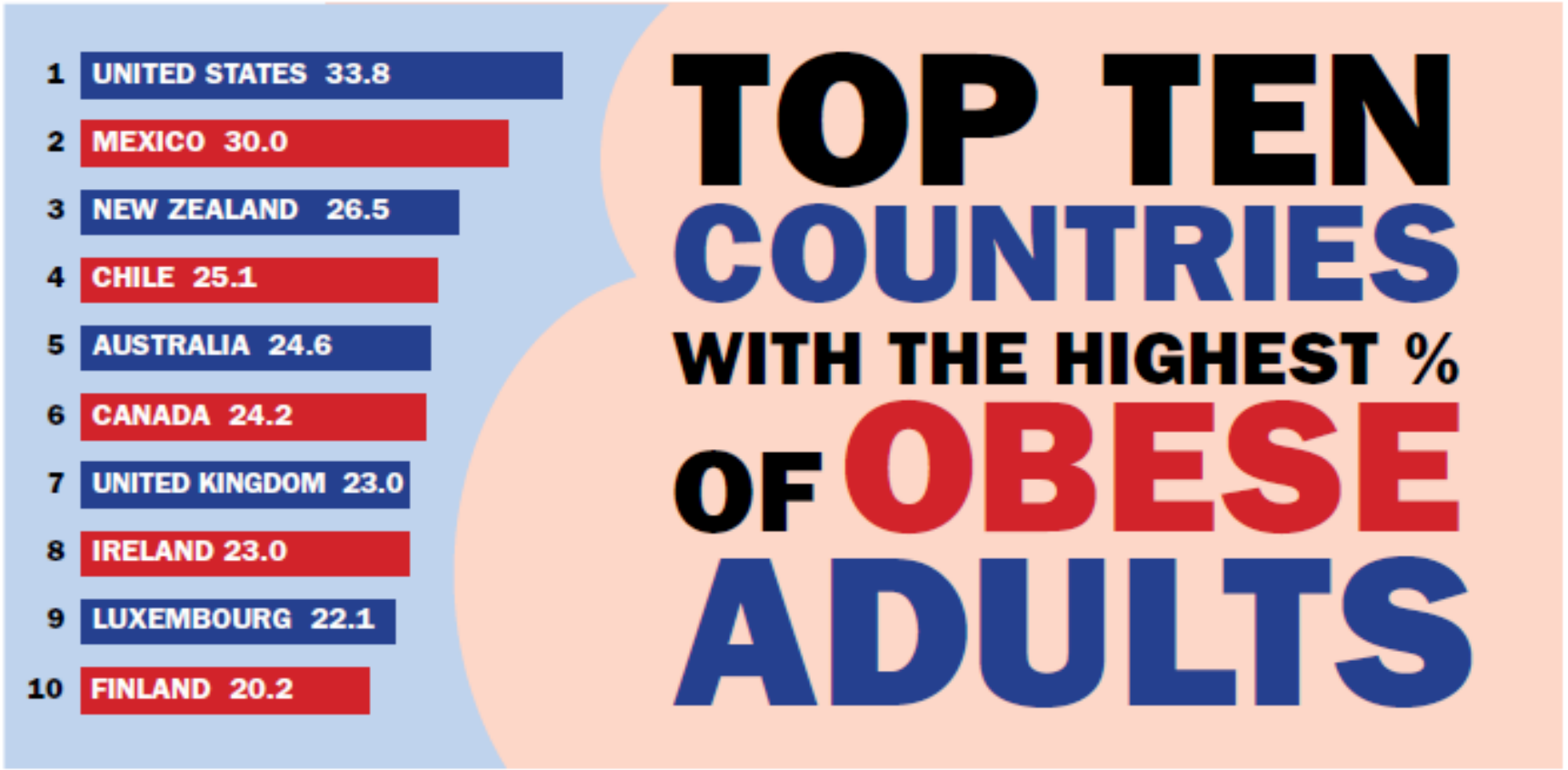
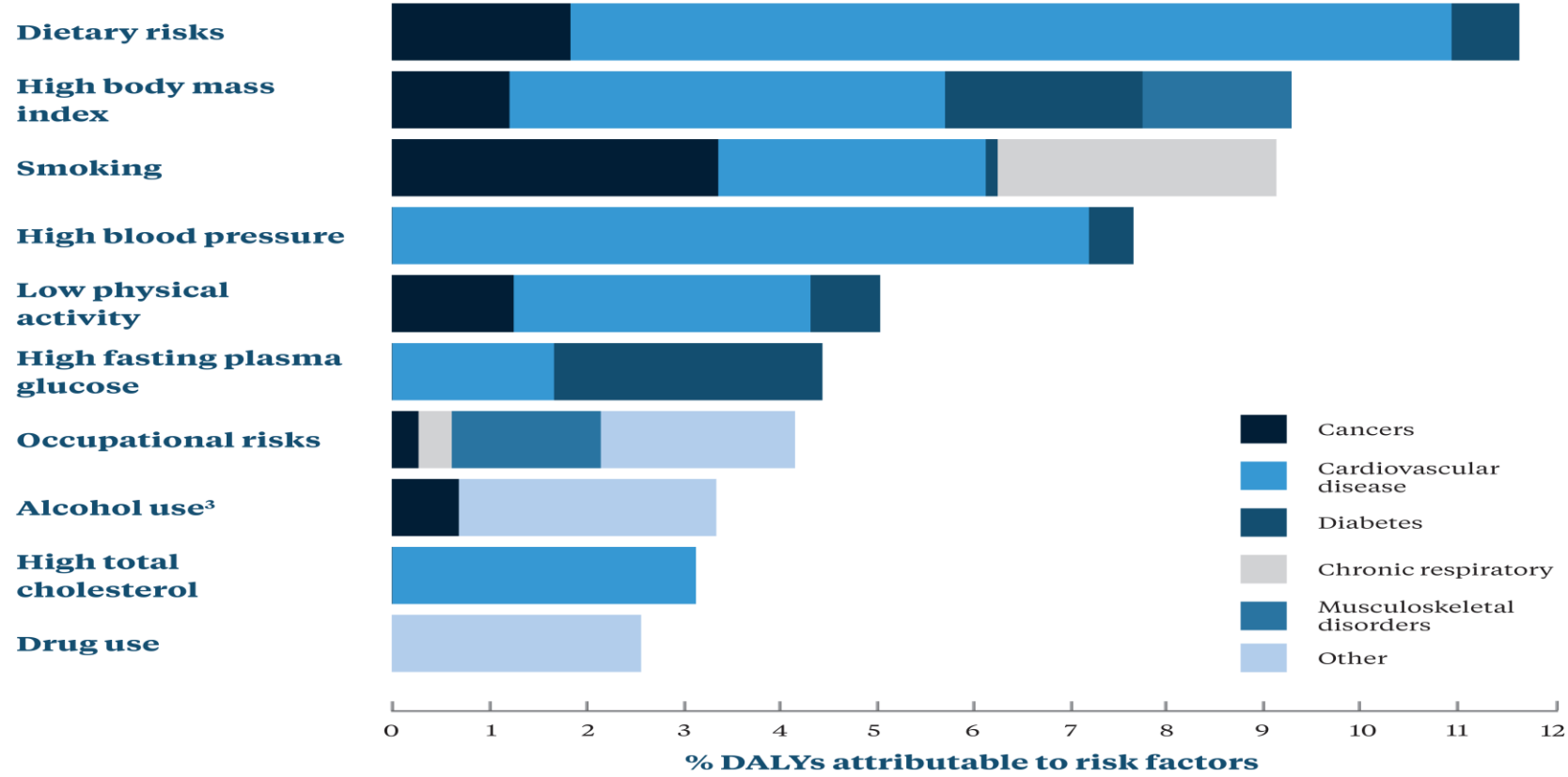

1 UNITED STATES 33.8
2 MEXICO 30.0
3 NEW ZEALAND 26.5
4 CHILE 25.1
5 AUSTRALIA 24.6
6 CANADA 24.2
7 UNITED KINGDOM 23.0
8 IRELAND 23.0
9 LUXEMBOURG 22.1
10 FINLAND 20.2
TOP TEN
COUNTRIES
WITH THE HIGHEST %
OF OBESE
ADULTS

Figure 1: Major causes[2] of health loss in New Zealand 2010 (as % total DALYs)



Source: IHME 2013. DALY = disability adjusted life year
Notes: The percentage of health loss is correct for each cause separately, but the separate percentages cannot be added across causes.


HO'S
FRESH FARM
EGGS AND


BURGERS
PIZZA
OPEN 24 HOURS

This 450g breakfast delivers 2000kJ

80g CHO, 15g Fat

Vitamins A, B,C, E

Iron, Zinc……

This 144g breakfast also delivers 2000kJ

54g CHO, 28g Fat

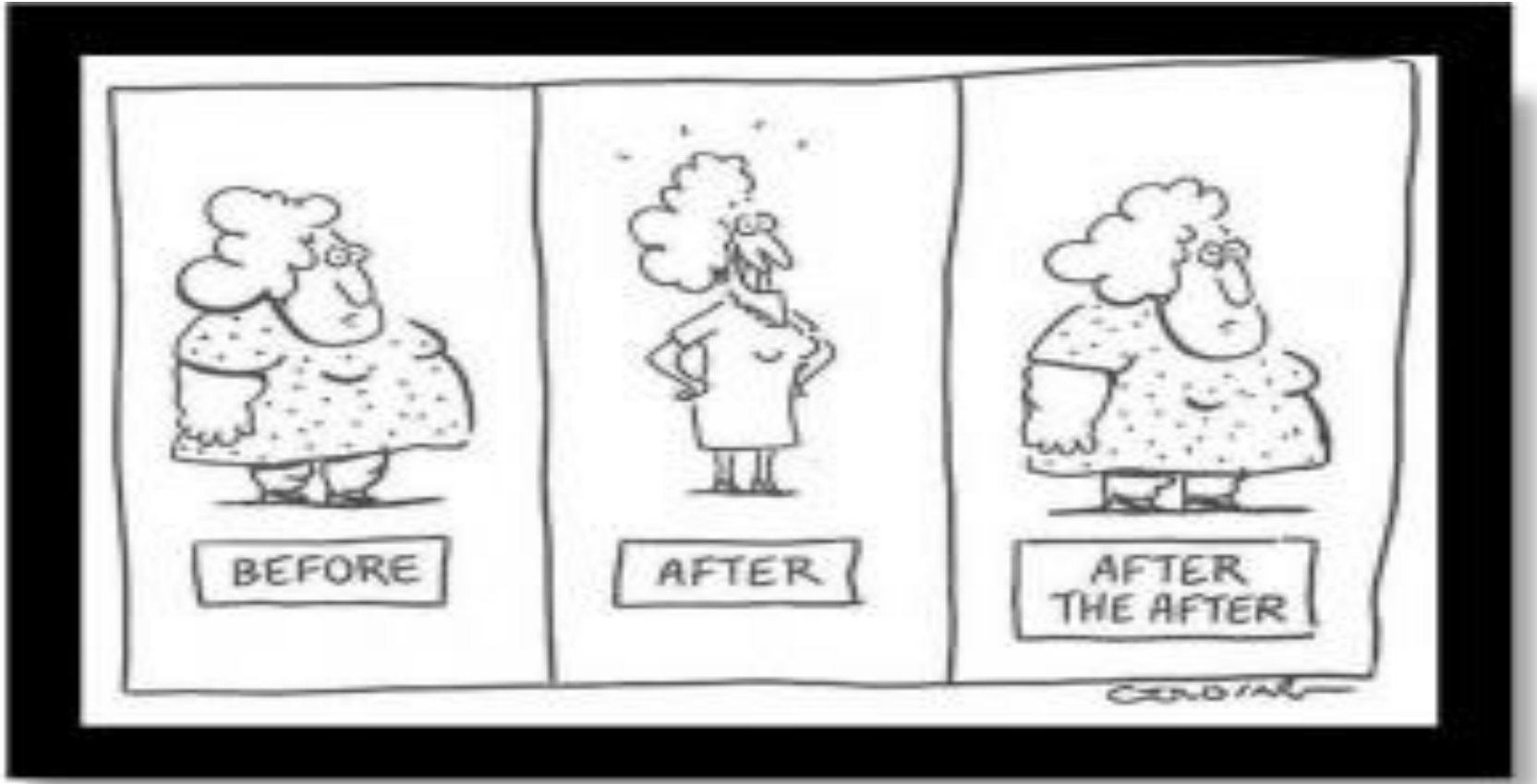
Vitamins B

Research has shown that patients who were counseled in a primary care setting about the benefits of healthy eating and physical activity often took positive action. They lost weight and exercised more than patients who did not receive counseling

What diet works?

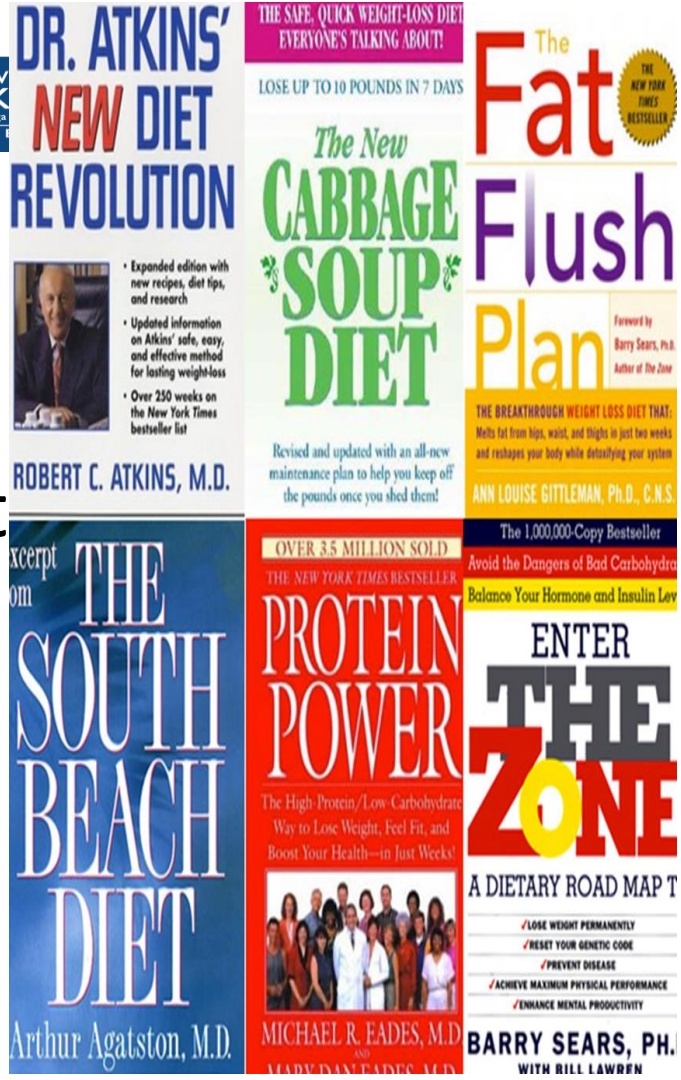
THE UNIVERSITY OF AUCKLAND
Te Whare Wānanga o Tāmaki Makaurau
NEW ZEALAND

MEDICAL AND HEALTH SCIENCES



What diet works?

- Little differences.
- Better outcomes with a physical activity component
- Weight regain over time
- **Aim for 'Long term Lifestyle Change'**



(1) N Engl J Med. 2009 Feb 26; 360(9): 859–873.


KICK STARTER
STAFF PICK
PALEOFUL
GLUTEN FREE!
VEGAN
PALEOFUL
BROWNIE -MIX-
NO PRESERVATIVES
CHOCOLATE IS THE ANSWER!
PALEOFUL
GRAIN FREE
PALEOFUL
VEGAN
GRAIN FREE
PALEO
GLUTEN FREE COOKIES!
CHOCOLATE CHIP


PALEO BROWNIES, PALEO CUPCAKES, PALEO FUDGE...
PLEASE TELL ME MORE ABOUT YOUR HUNTER-GATHERER DIET.
imgflip.com

Discussions about weight can go horribly wrong…

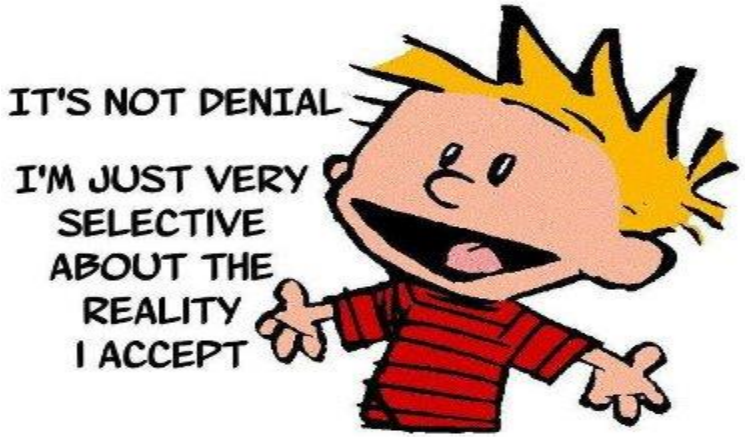
Comments may convey something quite different to the patient...

I think you ought to lose some weight	The doctor thinks I'm fat, despite my diet attempts
Your weight is making your joints worse	My pain is my fault
Do you realise your weight is causing your illness?	To rescue my dignity I shall have to become either defensive or aggressive – or simply not come back to this doctor
You can't have your operation until you lose weight	My actual needs don't count. They are rationing care for obese people
You just need to eat less	This doctor has no idea what it is like fighting obesity

Watch out for pitfalls:

THE UNIVERSITY OF AUCKLAND
Te Whare Wānanga o Tāmaki Makaurau
NEW ZEALAND

MEDICAL AND HEALTH SCIENCES



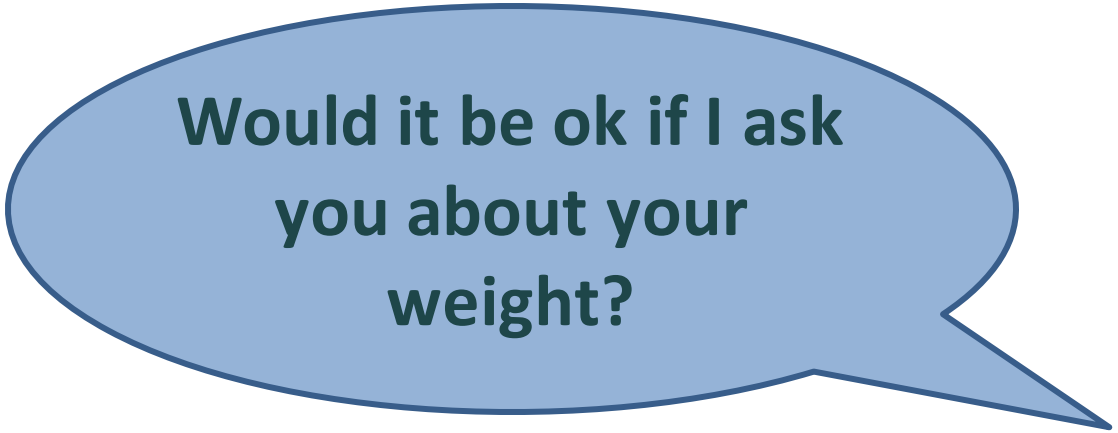
Safe openers: let the patient set the agenda

Question	GP's hidden agenda	Patient perception
How do you feel about your weight?	Is this a touchy subject?	Open invitation to talk about topic that may be of concern
Do you keep an eye on your weight? / When did you last weigh yourself?	Where should I start? Is the patient actively engaged or in denial?	I can explain whether this is important to me or not
What has happened to your weight over the last few years?	Where is the patient on their weight continuum?	I can explain some background to my successes/difficulties

THE UNIVERSITY OF AUCKLAND
Te Whare Wānanga o Tāmaki Makaurau
NEW ZEALAND

MEDICAL AND HEALTH SCIENCES

OR – SIMPLY ASK PERMISSION



Cases – role play
Exercise 1.
‘Getting the conversation started’

Exercise 1: Groups of 2 or 3 – doctor/nurse, patient and optional observer

Assume each person is evidently overweight and the main presenting complaint has been dealt with.

- How might you begin to incorporate the patient's weight into the conversation?
- What sentences work well?
- What element of a phrase causes upset or risks a defensive response?
- **Role play patients**:- How does it feel to be challenged about a topic that is sensitive or difficult?

Case example - Marie

"A chain of events - I started off "normal" weight and BMI. Pregnancy changed my body and my lifestyle. I got married, I had a baby, I stopped commuting (which drastically reduced my walking), I lost my pregnancy weight, I had another baby, I got depressed, I got obese."

Marie's approach

- Lots of different weight loss approaches
- Motivation is hard when depressed but taking control can also be a route out of depression
- Exploring general approaches to meals and snacking may be useful – e.g. frequency of take-away vs home-cooked meals, usual snack patterns, breakfast, sugary drinks
- Asking about dietary 'strengths and weaknesses' may be quicker!

Learning points

- The ‘back story’ - highlights both emotional and organisational issues
- Most people will have tried something already – will already have some nutritional knowledge
- Struggling to lose pregnancy weight is a common factor for many overweight/obese women

What does the patient want or need to know?

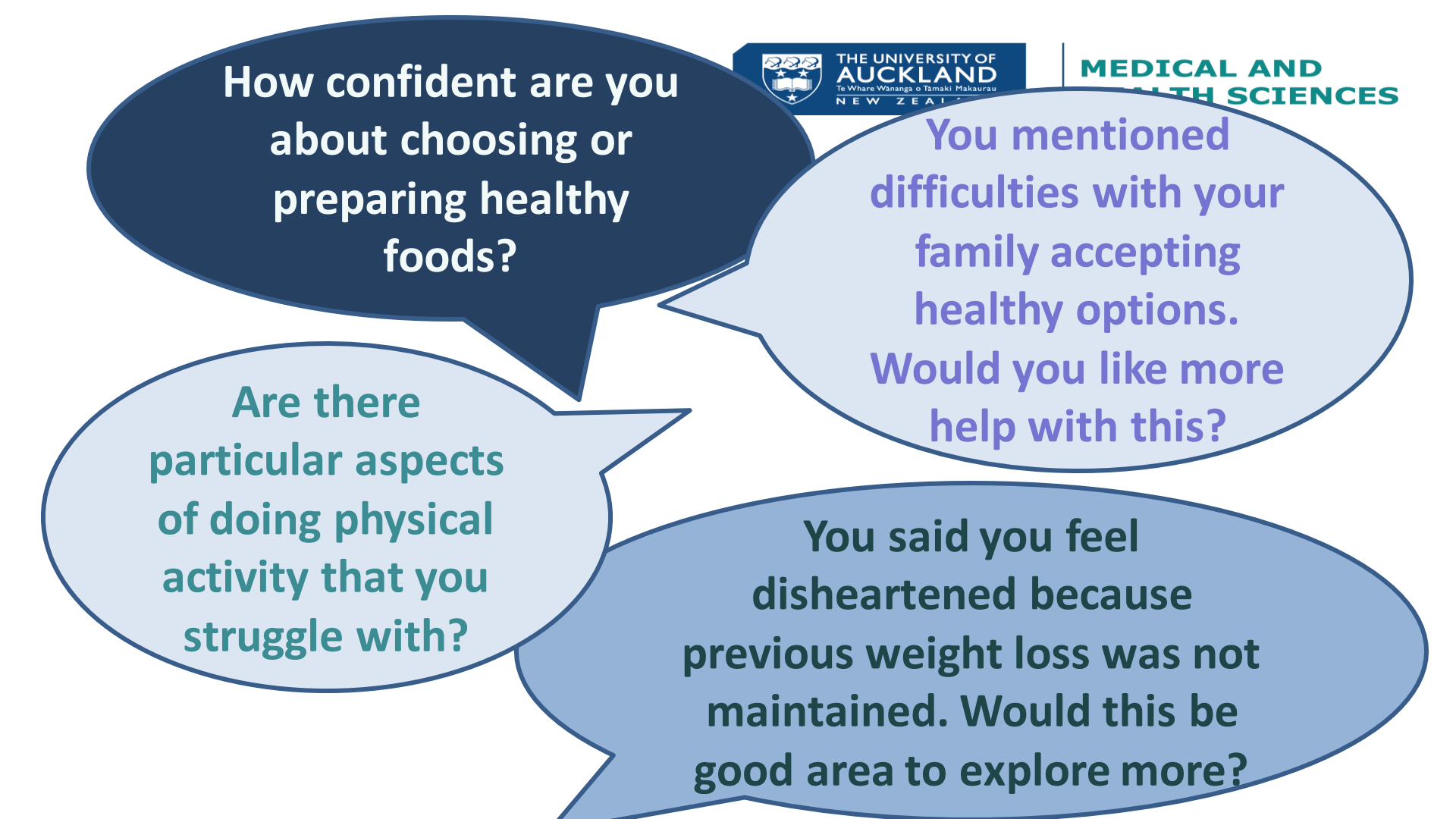
AND
CIENCES

“What’s wrong with eating donuts to cure obesity? Don’t you believe in alternative medicine?”

Explore confidence in how to move forward ES

Does the patient want help with:-

Understanding factual nutritional/ physical activity information	Understanding eating behaviour - to achieve good nutrition in practice	Motivational approaches
'What to do'	'How to do'	Swapping 'I Can't' for 'I Will'
"I get confused with food labels and knowing what is good for me"	"I know what to do but my family doesn't like it…"	"I'd love to lose weight but nothing I try ever works"


How confident are you about choosing or preparing healthy foods?
THE UNIVERSITY OF AUCKLAND
Te Whare Wānanga o Tāmaki Makaurau
MEDICAL AND
You mentioned difficulties with your family accepting healthy options. Would you like more help with this?
Are there particular aspects of doing physical activity that you struggle with?
You said you feel disheartened because previous weight loss was not maintained. Would this be good area to explore more?

Consider the resources you/ your patient can access

- How much time/capacity do you have? ‘
- Ongoing engagement is more important than short-lived bursts of effort
- Who is best placed to continue support?
- Ensure any services and resources you recommend are - accessible, affordable and culturally acceptable to the patient as well as evidence-based
- Encourage a family-based life-course approach

Cases – role play
Exercise 2.
‘Where next with your discussion?’

Reflection Homework

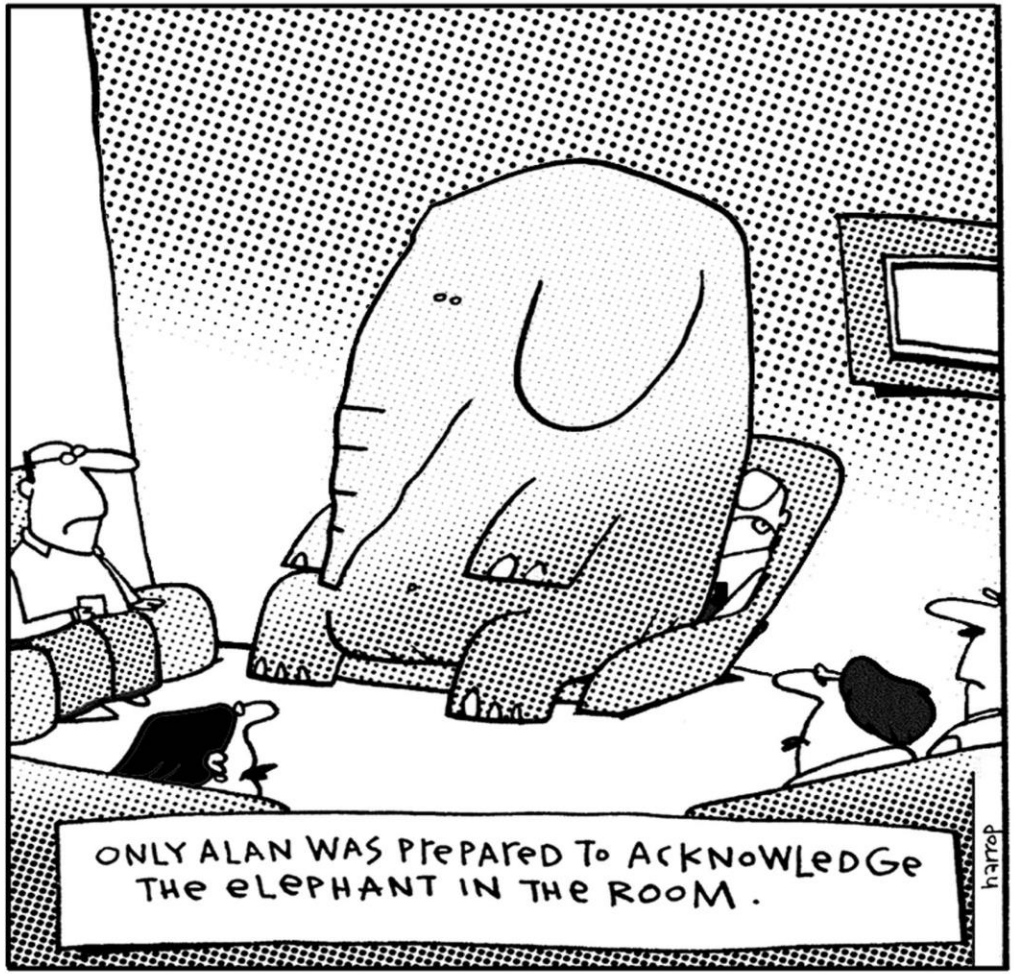
MEDICAL AND HEALTH SCIENCES

- Supporting behaviour change in practice
- What did I learn? How did this alter my previous understanding?
- List three ways that you could sensitively introduce weight into a conversation with an obese patient

Reflection Homework

- Give examples of how you might respond to change talk
- And responses to sustain talk

Good Luck!


ONLY ALAN WAS PREPARED TO ACKNOWLEDGE THE ELEPHANT IN THE ROOM.
harrop