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Managing Lifestyle Risks in Practice - Brief Intervention Tools - Main Session

Sunday, 23 June 2013 Start 11:50am Duration: 25mins Baytrust

Lifestyle: The greatest health challenge of our times. How General Practice will save the day

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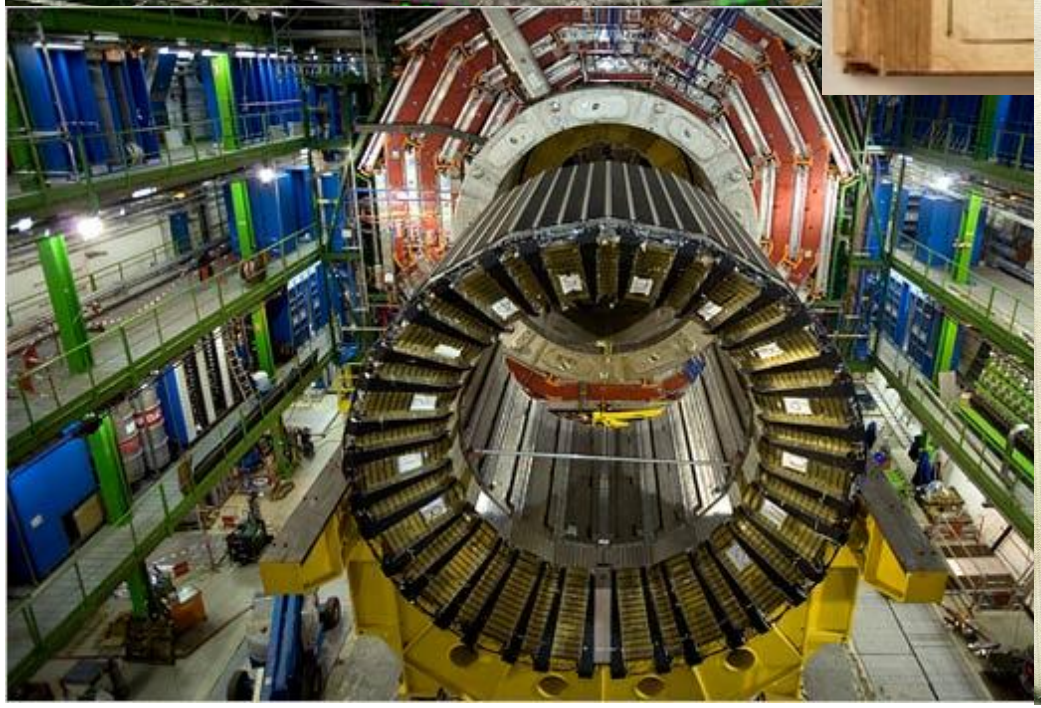
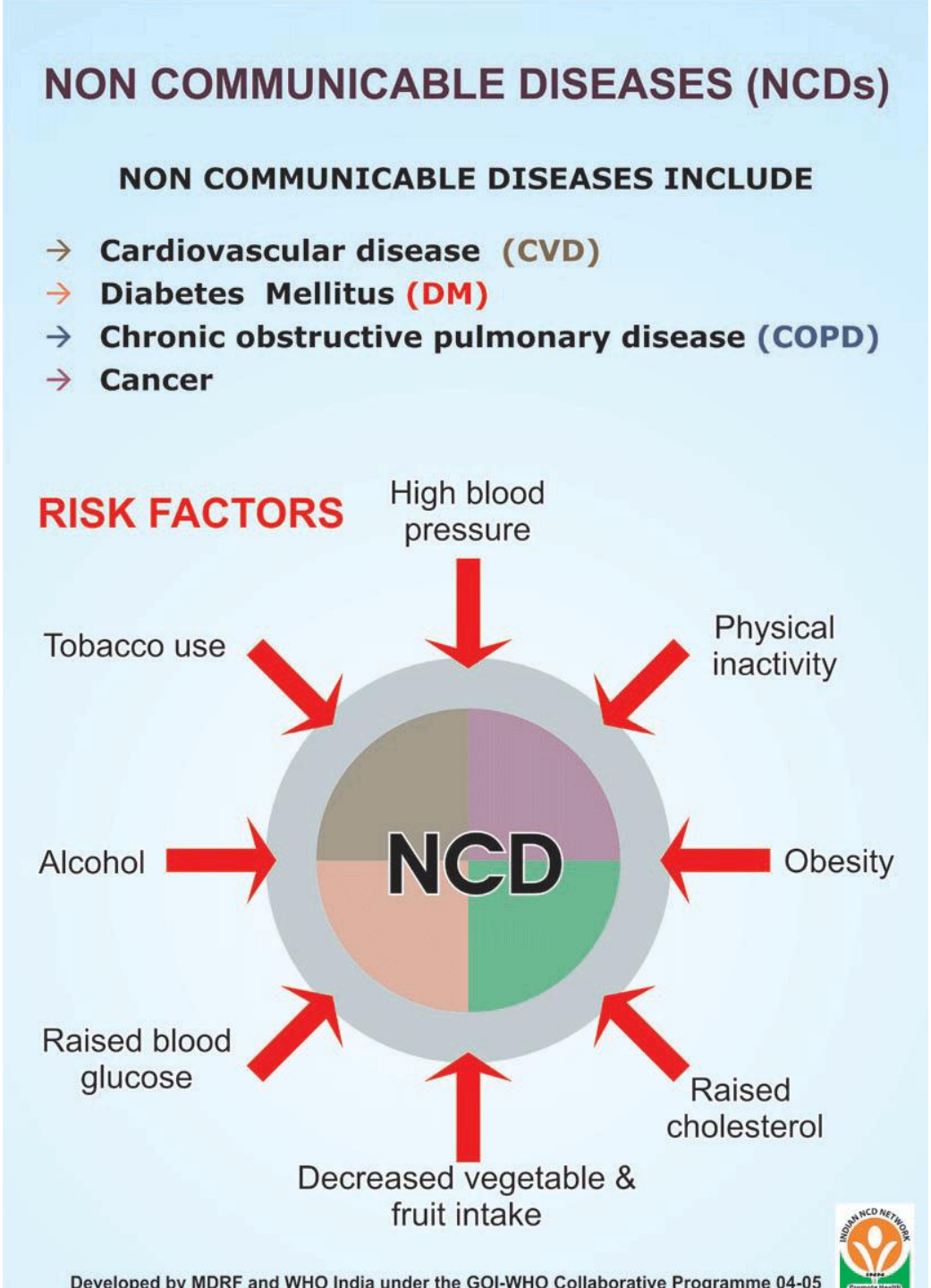
UNIVERSITY of OTAGO
Te Whare Wānanga o Otāgo

What we can do.



But –
The Challenge

- We eat too much
  - Of the wrong stuff
- We don’t eat enough
  - Of the right stuff
- We drink too much
- We smoke too much
- We don’t exercise enough
- Lives out of balance

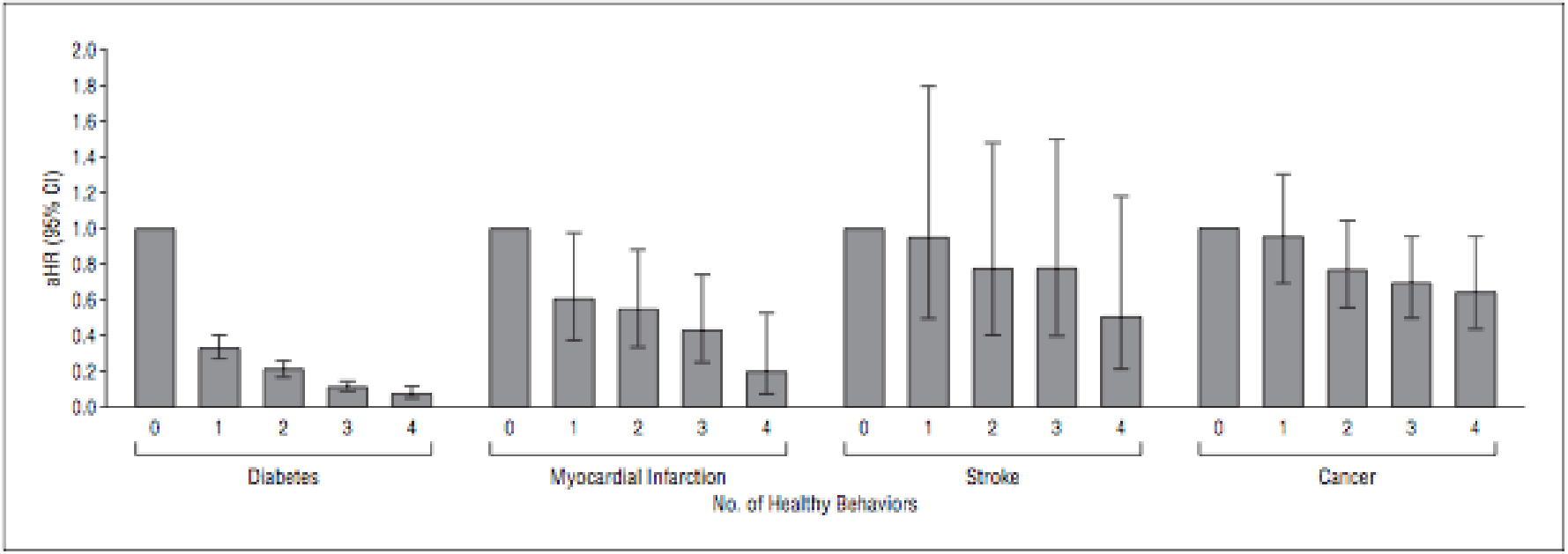


Morbidity burden due to lifestyle

- NZ and OECD = 75% +
- And rising

Healthy Living

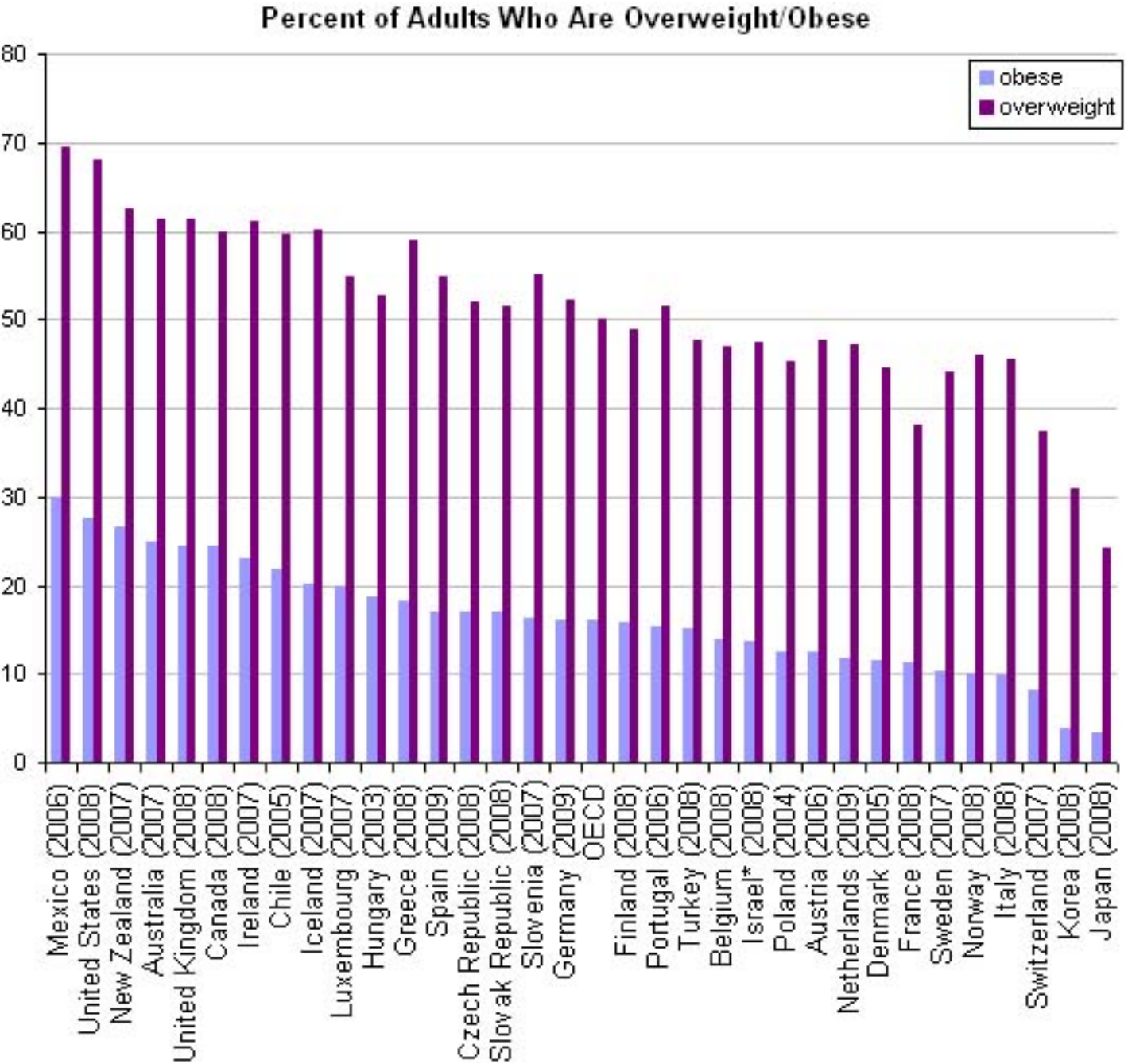
23,000 people – 6 year study



1. Never smoked
2. BMI < 30
3. > 3.5 hours / week physical activity
4. Healthy diet (Fruit veg and all that stuff)

- 4 factors = risk reduced - 2 to 5 fold

The example of obesity

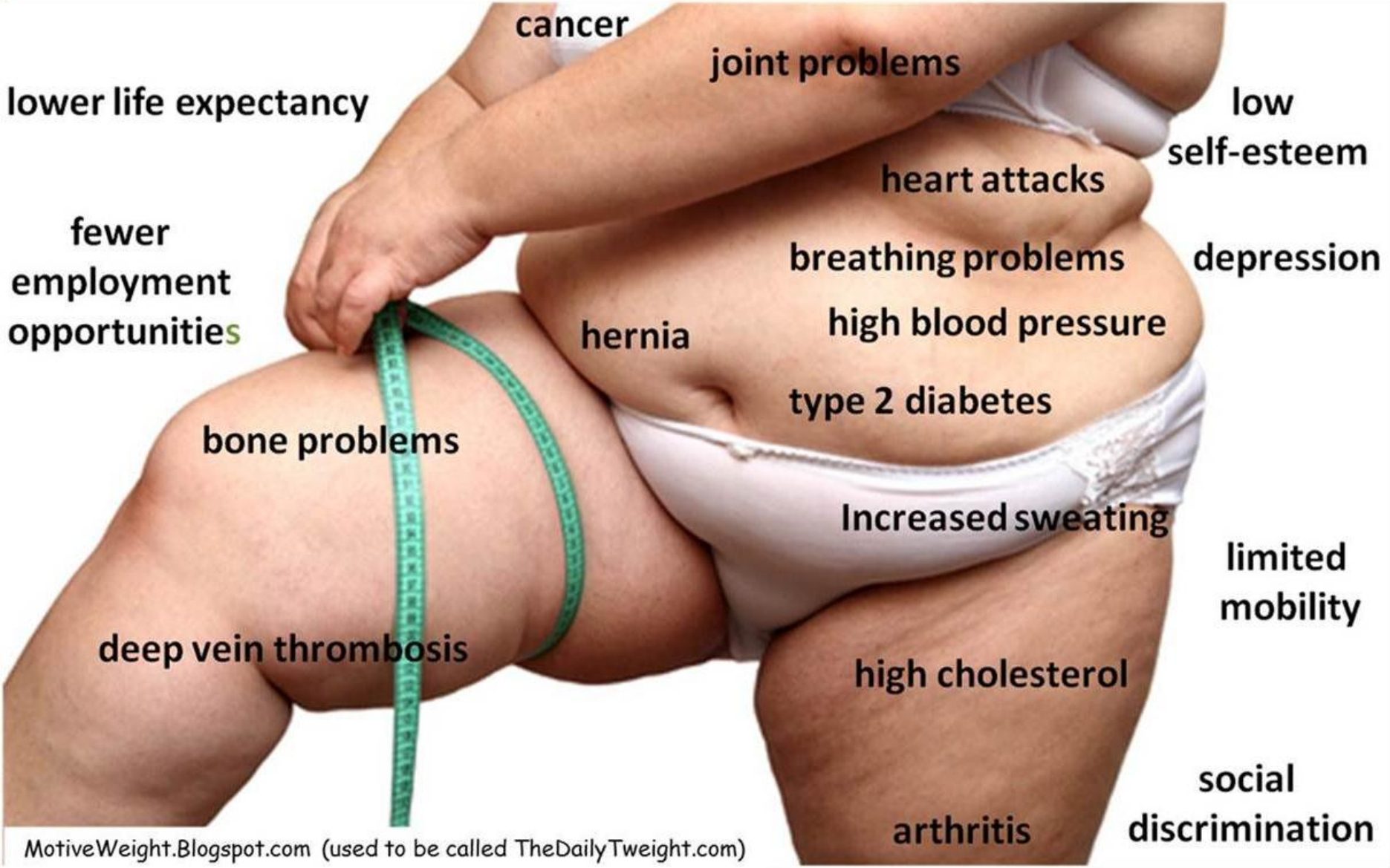


Obesity as a global health issue

New Zealand

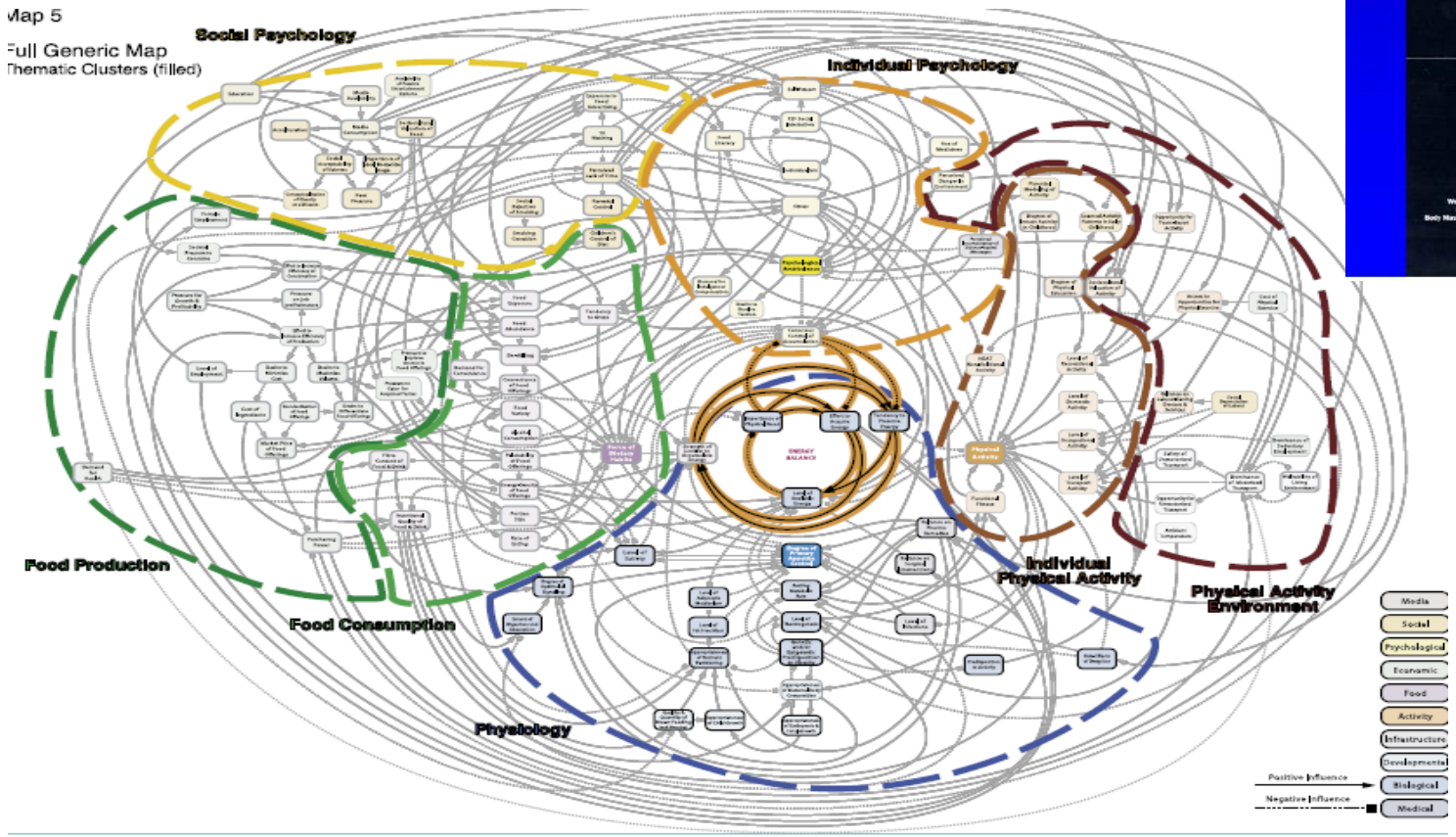
- One in four adults (aged 15 years and over) were obese (27.8%)
- 44.7% of Maori adults were obese
- 57.9% of Pacific adults were obese
- There has been an increase in obesity in males from 17.0% in 1997 to 27.7% in 2008/09
- There has been an increase in obesity in females from 20.6% in 1997 to 27.8% in 2008/09.

The Negative Effects of Obesity on Your Health and Your life



MotiveWeight.Blogspot.com (used to be called TheDailyTweight.com)

Causes of obesity



A burning platform thing

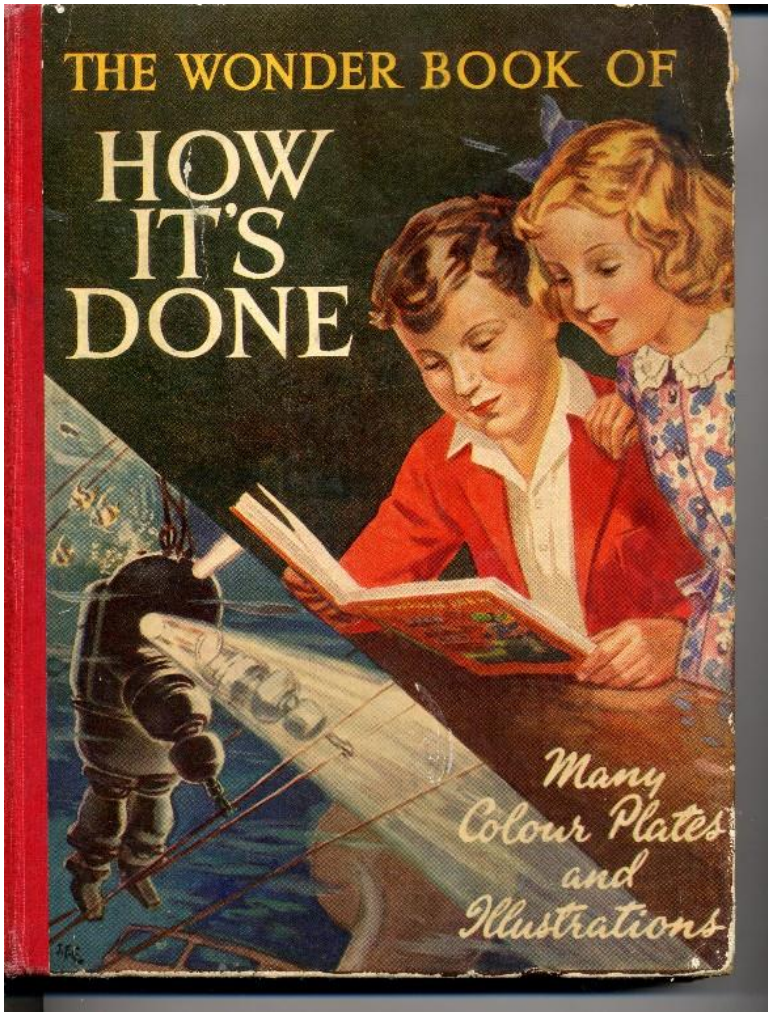
- *" Yeah – look I just don't think that getting people to lose weight is part of my job " - GP*

- GPs consider obesity a disease.
- Characteristics of obese patients
  - Lacking in self discipline
  - Lazy
  - Ugly
  - Non-compliant
  - Unmotivated

Solutions

Brief Intervention Tools

1. Recognising core skills and values
2. Communication intervention tools
3. Life course tools
4. Consultation structure tools
5. On reflection tools. Who is in control?
6. Information Technology



1. Using core skills and values

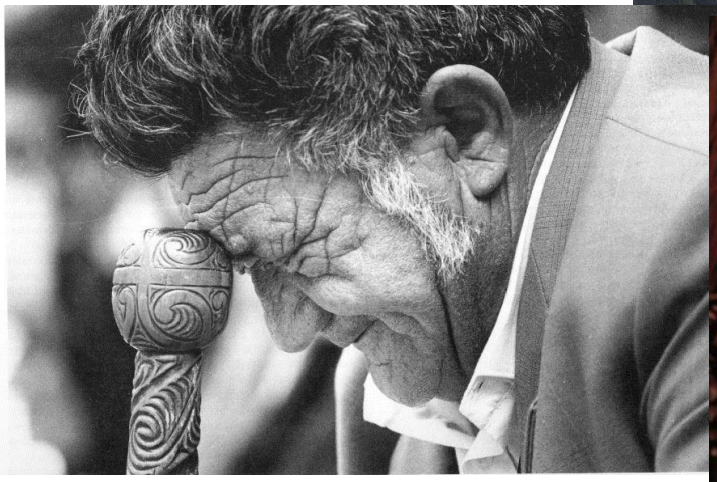
The whole person

Time and history

Place

The world and its uncertainty

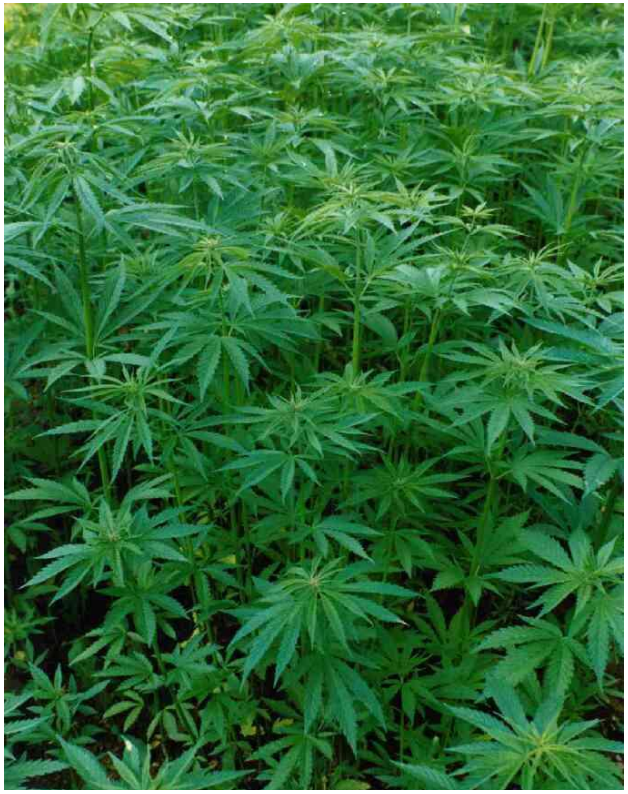
Partnership



2. Communication Intervention Tools

Asking about stuff

Talking about drugs – we don't



Alcohol use

Compare:

have you stopped smoking yet?

With: *And so in terms of other things at the moment for you with your blood pressure and and so on um [clears throat] has the alcohol side of things is that still drinking regularly and*

Other recreational drugs

After smoking and alcohol

“ Do you take (do) any other recreational drugs”

Not uncommon replies

No – Never have

Do a bit of Dak

Used to do a lot of stuff ……

- Never had refusal or concern over the question

Talking about ‘you know’ Diabetes consultation

- NS: /m\\m at eight percent (inhales) and of course it goes up with age which is probably why um eight percent + (quietly) *eight* um + (tut) (inhales) and the other the other thing too is um (tut) (inhales) **– you know**

You know

- sexual health as well (inhales) so i mean it can affect it can affect the **you know** it can affect y- **you know** (inhales) um sexuality as well so that's just something to (inhales) to bear in mind um (inhales) and so **you know** if you've got any issues that you want to discuss with your your doctor */um* mm no mhm / d- er=
- PT:/no not really mm\\
- NS: just something to be aware of that's all , yep ((inhales)) ((tut)) h-um so
- PT: yep

Talking about Overweight and Obesity (TabOO)

Language - What do we say now? Mixed messages ?

- GP: =the most important thing is getting that good sleep and having some energy the next day //have you\ lost some weight
- PT: /yes\\ - no i put it on
- GP: oh have you=
- PT: =hah hah hah
- GP: i thought oh i thought you looked trimmer ((to NS)) has she really put it on=
- PT: i've put it on
- GP: *oh yeah well it's over christmas* isn't it
- PT: yes hah hah=

Raising the topic – some intervention options

"Weight wise where do you think you're at?"

"Do you think you eat fairly healthily or do you think you eat stuff that you shouldn't a lot?"

"Are you happy with your current weight?"

"Your weight may be affecting this condition, does it worry you?"

"Any amount of weight loss is good for your health"

Talking about overweight and obesity - TabOO

- e.g. The 87Kg – 14 year old BMI 29
- Interactional delicacy
- "Do you think you all eat fairly healthily in the family or do you think you eat stuff that you shouldn't a lot?"

" So- I'm just trying to work out what the dose of your tablets might be – can we pop you on the scales- what weight do you think you might be"

Gray L, Stubbe M, Tester R , Macdonald L, Dowell A

ARCH
Applied Research on Communication in Health

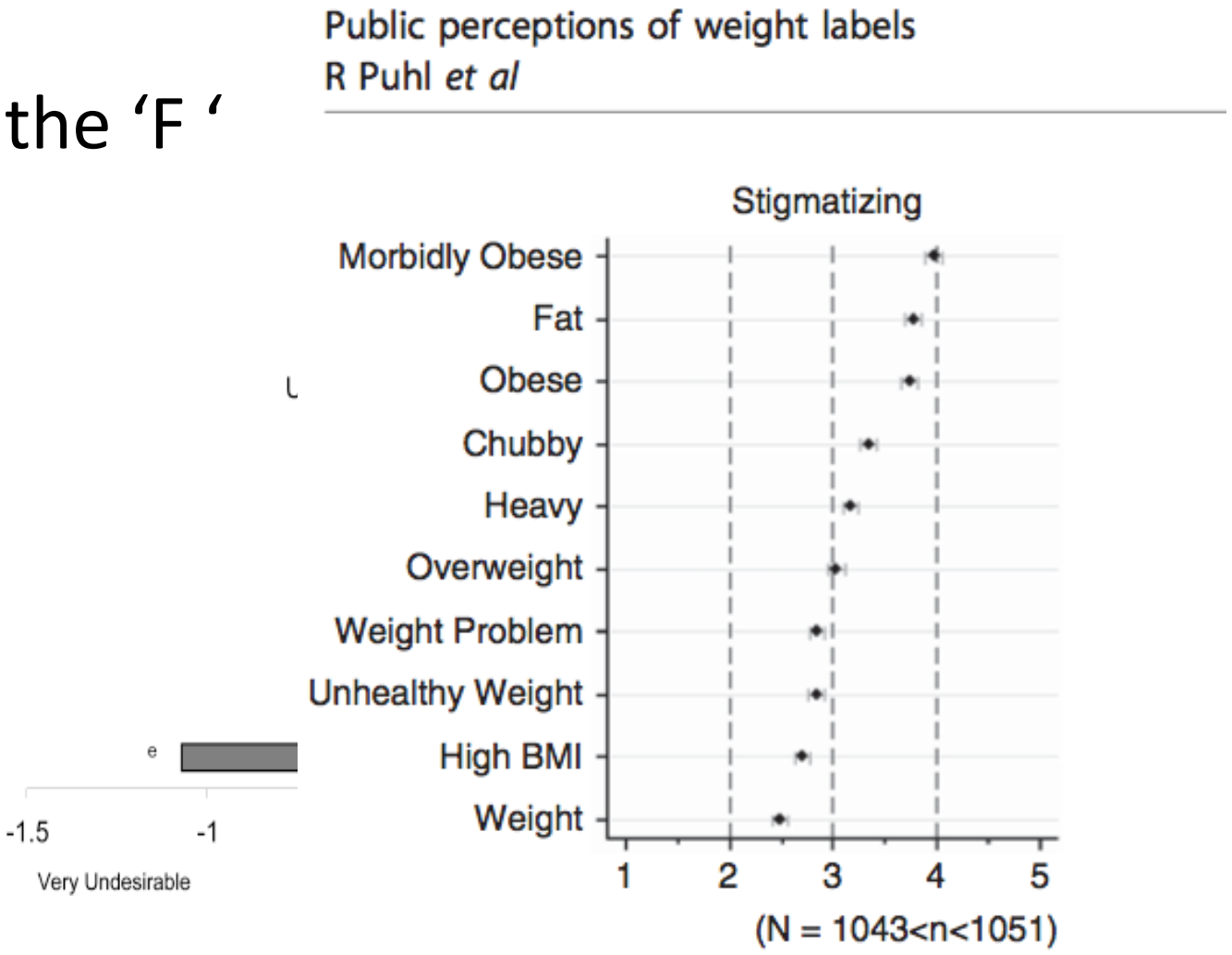
TabOO

Overweight 17 year old with Mum

- “GP – So do you get any exercise then ?”
- “Nah – Only when I go over and stay all night at my boyfriends (giggles). – Except they won’t let me – ‘cos they don’t like me getting pissed”.
- GP “ er – mmmm – Ok then”

So what words do you use?

- How to say the ‘F ‘ word
- And when



Current strategies - 2012

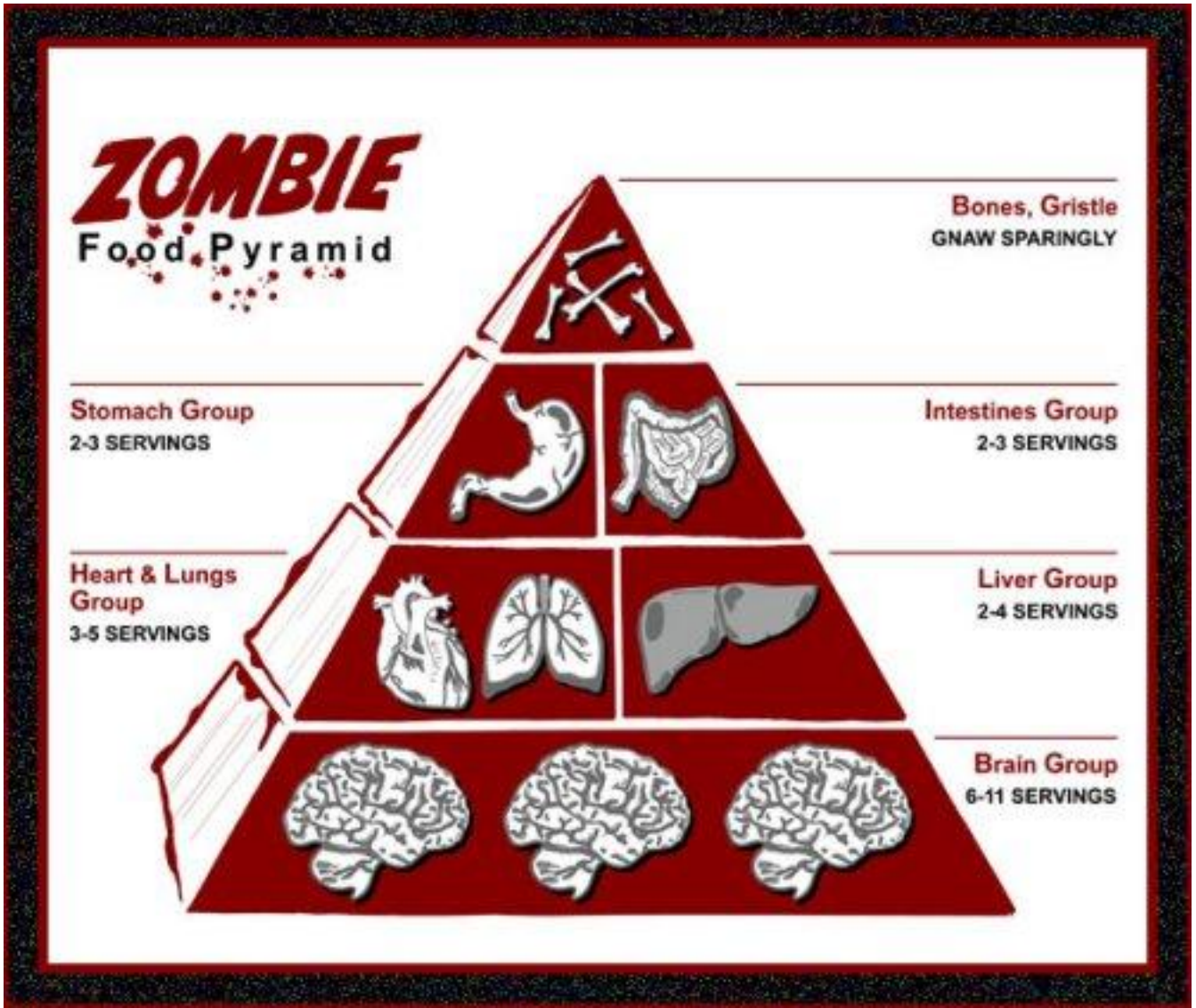
First Australian Experiences With an Oral Volume Restriction Device to Change Eating Behaviors and Assist With Weight Loss

Toni L. McGee[1], Mariee T. Grima[1], Ian D. Hewson[2], Kay M. Jones[3], Ellen B. Duke[4] and John B. Dixon[1,3]

Eating behaviors impact satiety and caloric intake so should be considered in any weight-loss program. A novel custom-made oral device has been designed to be worn in the upper palate while eating in order to slow eating-rate and aid weight loss. The aim of this study was to assess the device's potential impact on weight-loss and

- There were no significant adverse events (AEs), but 65% of participants required device adjustment by the dentist.
- For most, speech difficulties discouraged device use in social settings.

Current dietary advice too complicated



Consultation intervention tool

"Eat less and exercise more? That's the most ridiculous fad diet I've heard of yet!"

TAbOO- Key messages

4

1. **Eat less**
2. **Breakfast is the most important meal of the day**
   - limit snacking
3. **Green flag / Red flag**
   - opportunity/ problem solving &self-monitoring
   - Culturally appropriate
   - **Exercise** – doesn't make people lose weight , but is brilliant for all sorts of other reasons
4. **How are you feeling ?**
   - think psychological impact
   - And support
   - Family/Whanau/Colleagues – support

Talking About Overweight & Obesity in Practice

Excess weight generally creeps up over a long period. Weight loss should be slow and steady, with small lifestyle changes over time.

A 5-10% weight loss is associated with improvement in health and quality of life [1-3]

Research shows there are some simple changes that can assist people to lose weight:

1. Portion Distortion: we are eating too much

Review and reduce portion sizes (including alcohol). Try a smaller plate, cup, or glass. Reducing portion size is simple and doesn't need complicated calorie counting or diet restrictions.

2. Importance of breakfast

Start the day with a healthy breakfast. Most people have probably heard this one before, yet many of us don't eat breakfast.

3. Problem-solving and self-monitoring

Review, reflect and move forward: ask your patient to think about any 'green flags' that may help achieve weight loss goals, or 'red flags' which may limit or prevent those goals. Consider which of these (if any) can be influenced or changed to support weight loss.

4. Social support - family/whānau/colleagues

Strong systems of social support are helpful in weight loss. Family involvement has been shown to increase weight loss [3].

The red herring of exercise

- Exercise is amazingfantsaticbriliant
- But not for weight loss
- Lose ½ kilogram of body fat /week = 25 kg / year

  - 10 hours of walking at 5kph (3mph) = 90 minutes per day.
  - 4 hours of jogging at 10kph (6mph) per week
  - 4½ hours of cycling at around 20kph (12mph) per week - or 40 minutes per day.

Portion distortion

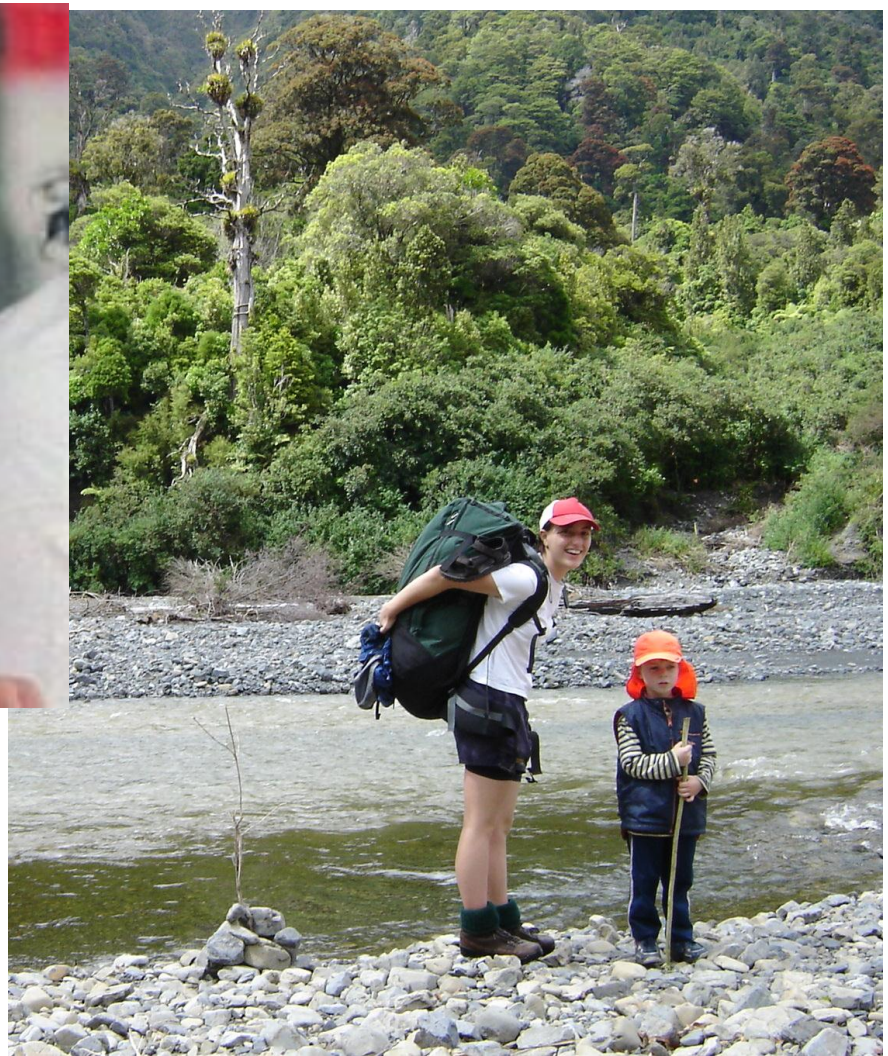
Nurse And I would like you to think about is there something that you might be able to change every now and then in how you're eating that might just help in terms of a bit of weight loss…you don't have to give things up, but maybe just have a look at the portion size

Patient my wife cooks…….and she just puts it in the middle of the table and I just help myself……ha ha…..

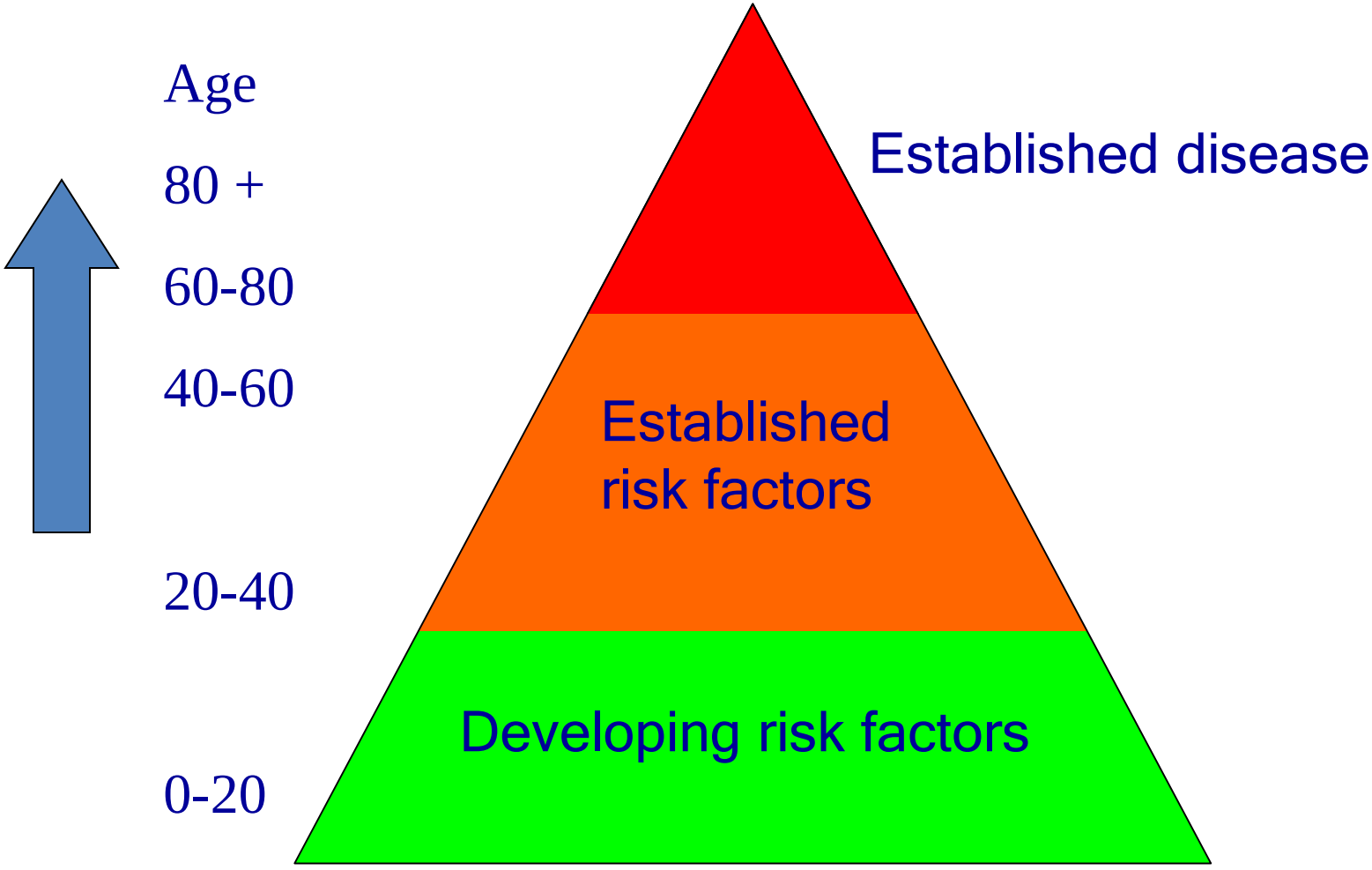
Nurse [silent]

Patient aah point taken

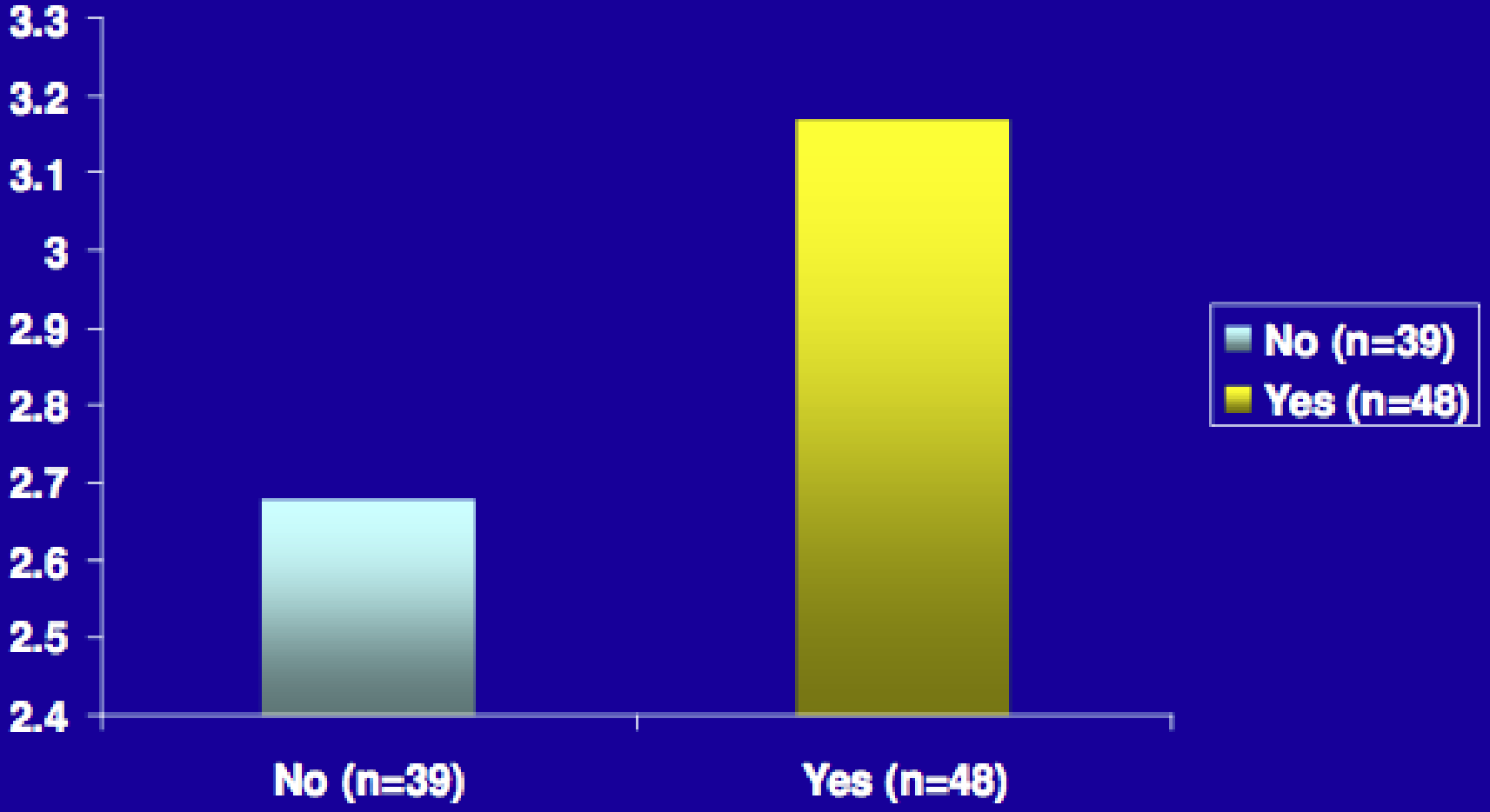
3. Thinking about the life - course



Chronic illness: The intervention potential



Post-natal Depression And Mean Cortisol 08.00hrs At 13 Years



Halligan S et al (2004) Biol. Psych 55, 376-81

Assessing young children - HEARTS

- **H**ome: conduct, general behaviour, ‘manageability’
- **E**ducation : behaviour / progress
- **A**ctivities : attention span, ability to finish tasks, friendships.
- **R**elationships with peers / parents: any changes in the family
- **T**emper : mood
- **S**ize: weight gain , appetite
- Get information from both child and adult

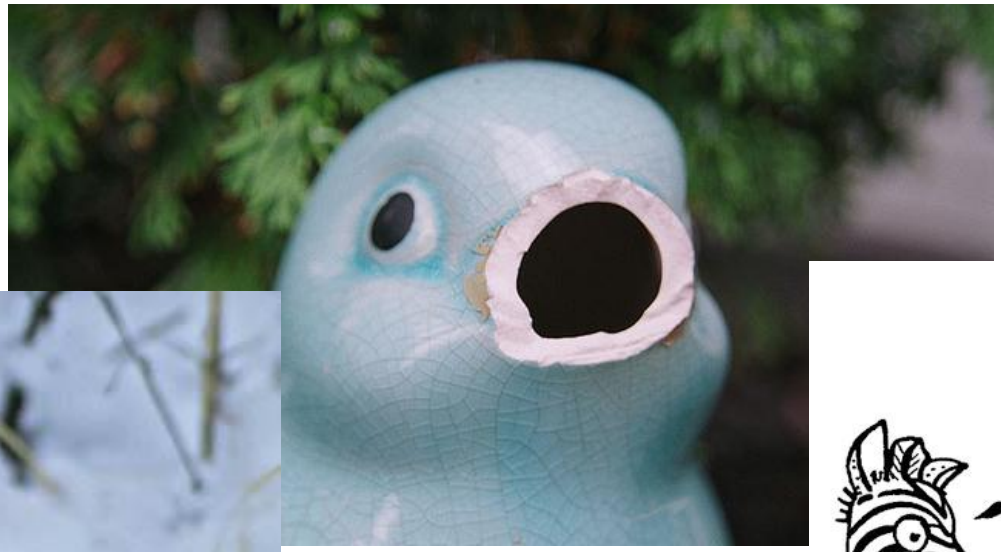
4. Consultation structure tools

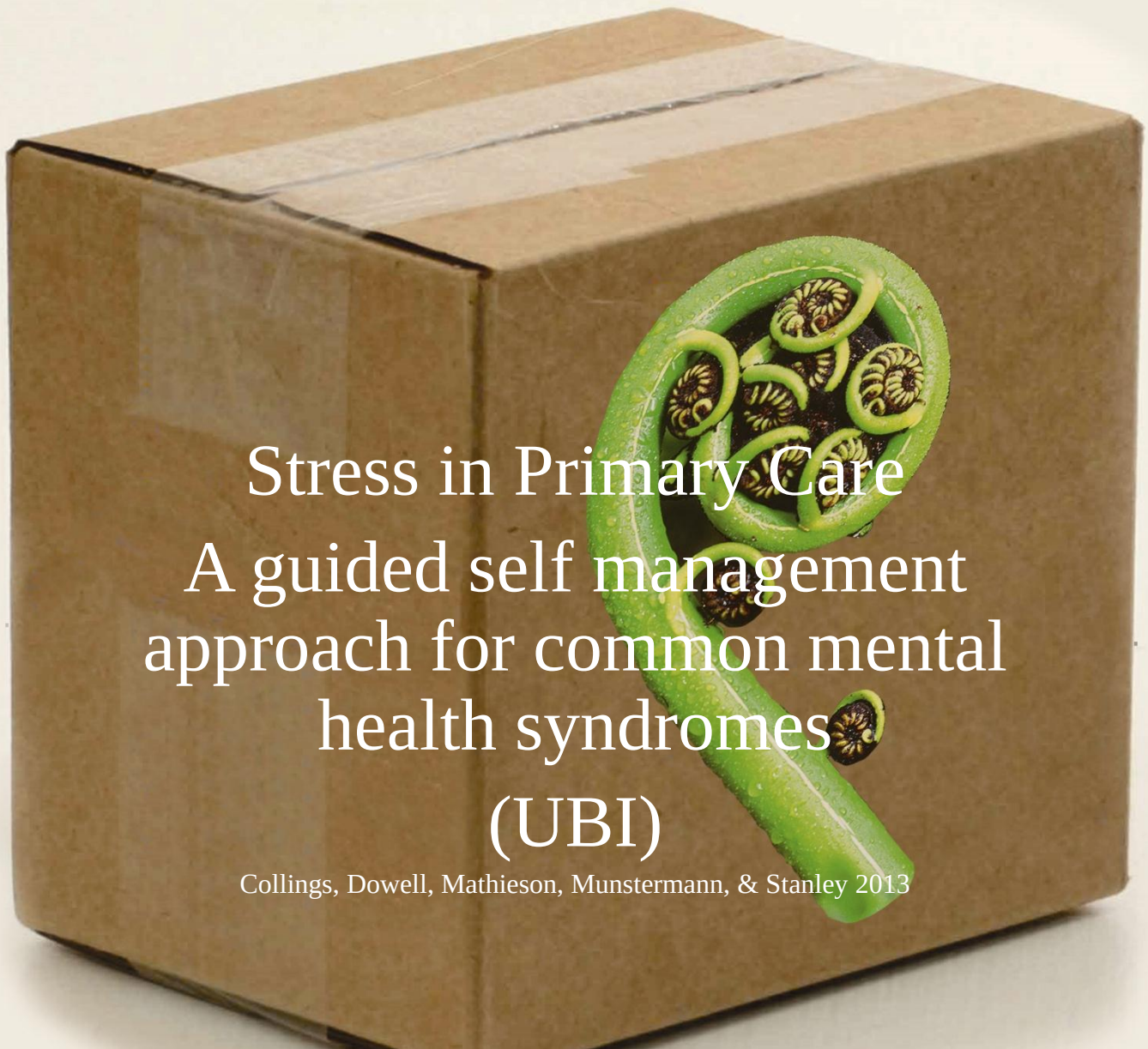
- Consultation style
- Consultation length and structure

Balancing telling and listening

- *for this i don't know how much you know or don't know about diabetes but it's ((inhales))=*
- GP: =something which at the moment we're + er quite interested and focused on i mean not just in new zealand many other countries as well but ((inhales)) the amount of diabetes is rising and rising and rising

Consultation structure : Stress and the bluebird of unhappiness





Stress in Primary Care

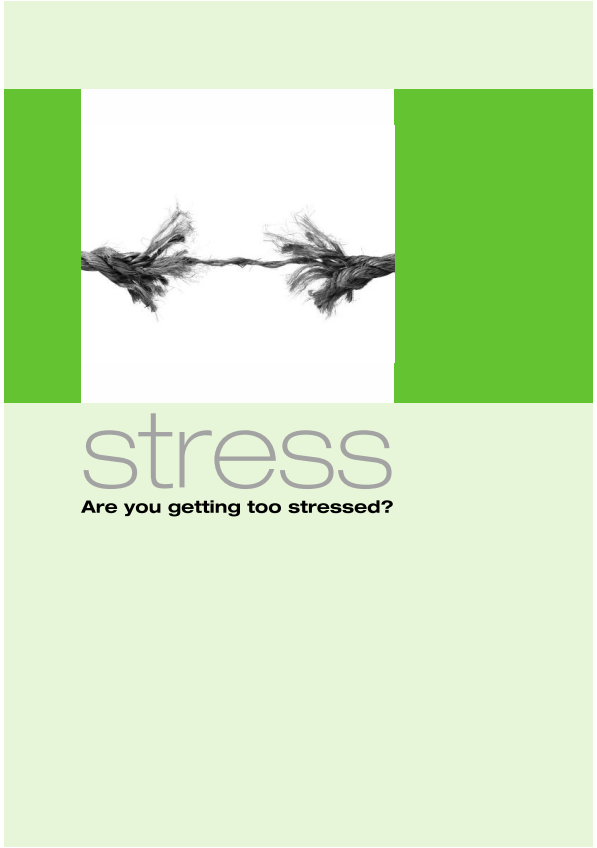
A guided self management approach for common mental health syndromes

(UBI)

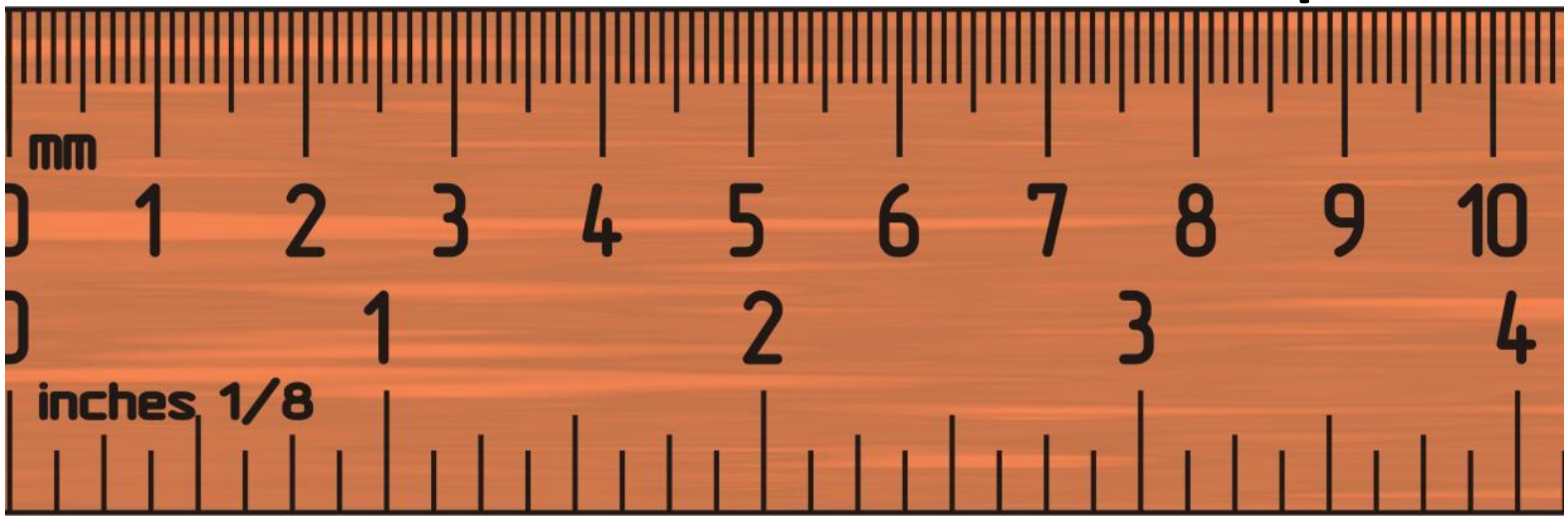
Collings, Dowell, Mathieson, Munstermann, & Stanley 2013

Ultra Brief interventions

- A more structured approach to mental health consultations.
- Setting goals at the end
- Homework
- Guided coaching



Changing perspectives
How Committed / How Capable



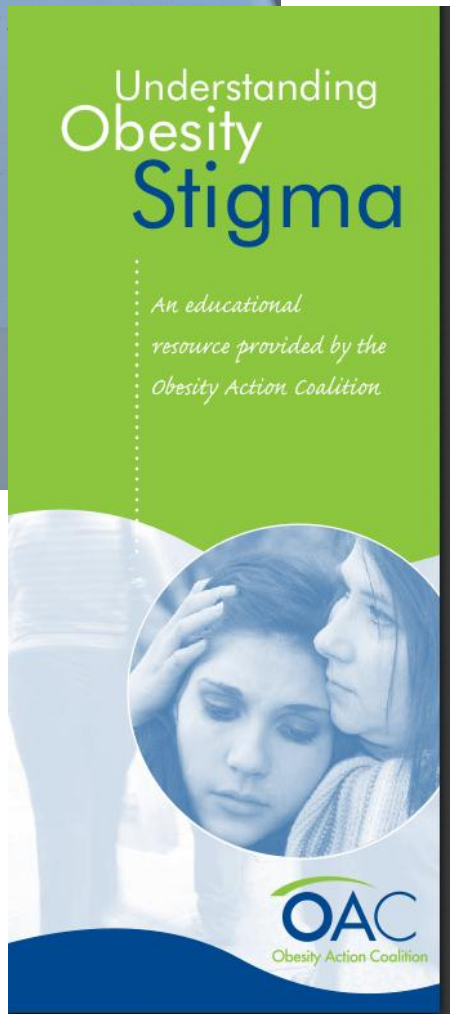
- How committed are you to making those changes
- X …..
- Why isn’t it zero

5. On reflection tools – Whose lifestyle is it anyway ?

- Listening to ourselves
- Listening to the story

Listening to ourselves
Stigmatisation and discrimination

- The ‘racism’ of the decade
- Affects the stigmated and the stigmatisers




In memory of Leonard Ball,
who hated fat people

FAT PEOPLE

Go be fat somewhere else

Listening to stories tools – patient experience

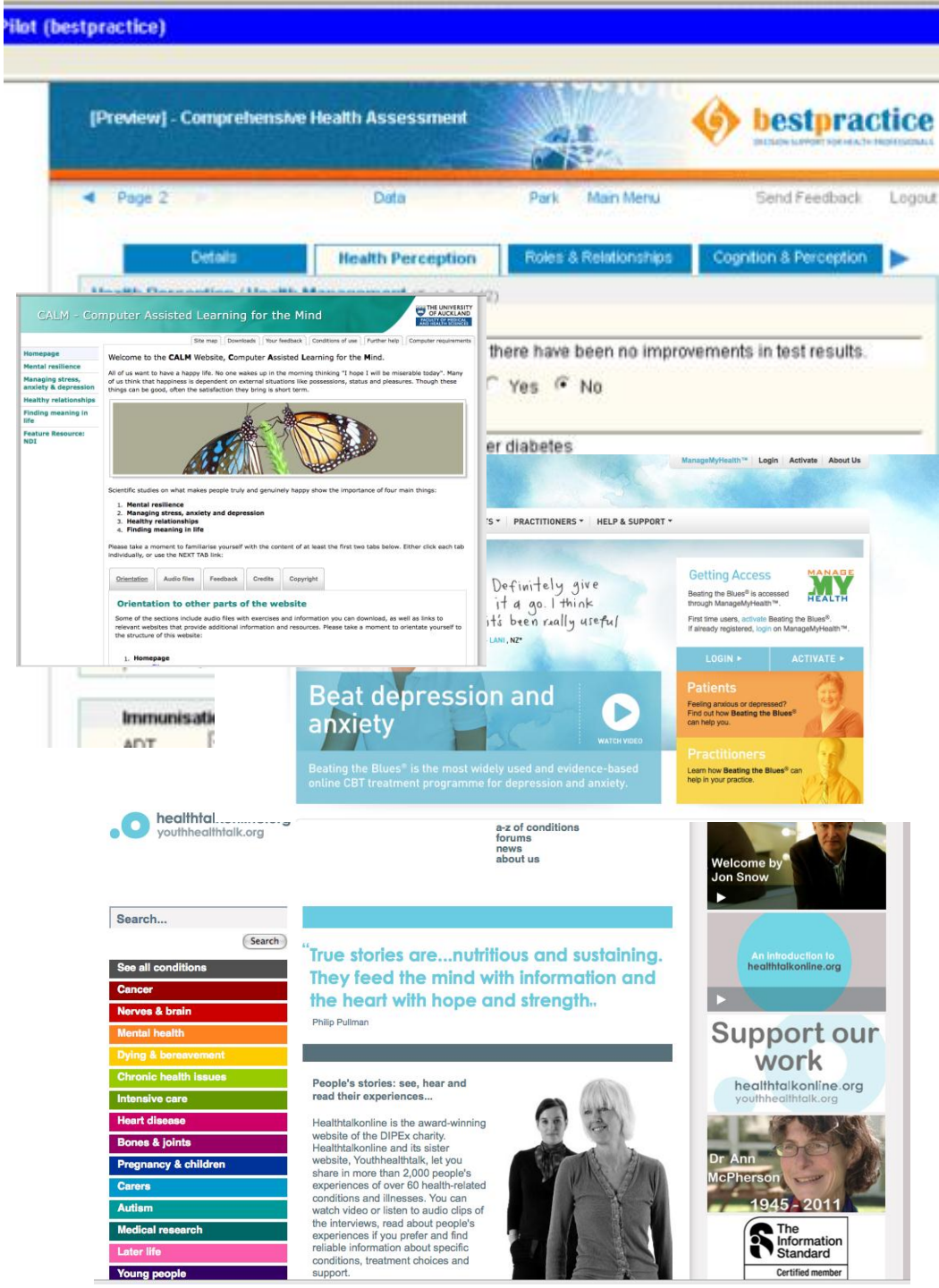
GP consultation. – Encouraging exercise ???

PT: um me I've got an older sister to look after that's had a stroke
GP: so you take her for a walk twice a week?
PT: so ((inhales)) you know
PT: I work with preschoolers I'm walking around all day
GP: it's not good enough
PT: it's not good enough? oh cripes
GP: you need to be working up a sweat
PT: oh oh
GP: every day
PT: oh crikeys

6. Using Information Technology

- www.calm.auckland.ac.nz/
- www.beyondblue.org.au/index.aspx?
- www.depression.org.nz

Patient experience
E.g. Dipex
http://www.healthtalkonline.org/



We can’t wait

Historical traditions

Physician weight loss advice and patient weight loss behaviour

- Literature review and meta – analysis 2013
- 12 study results combined
- Effect size for patient weight loss effort was odds ratio (OR) 3.85

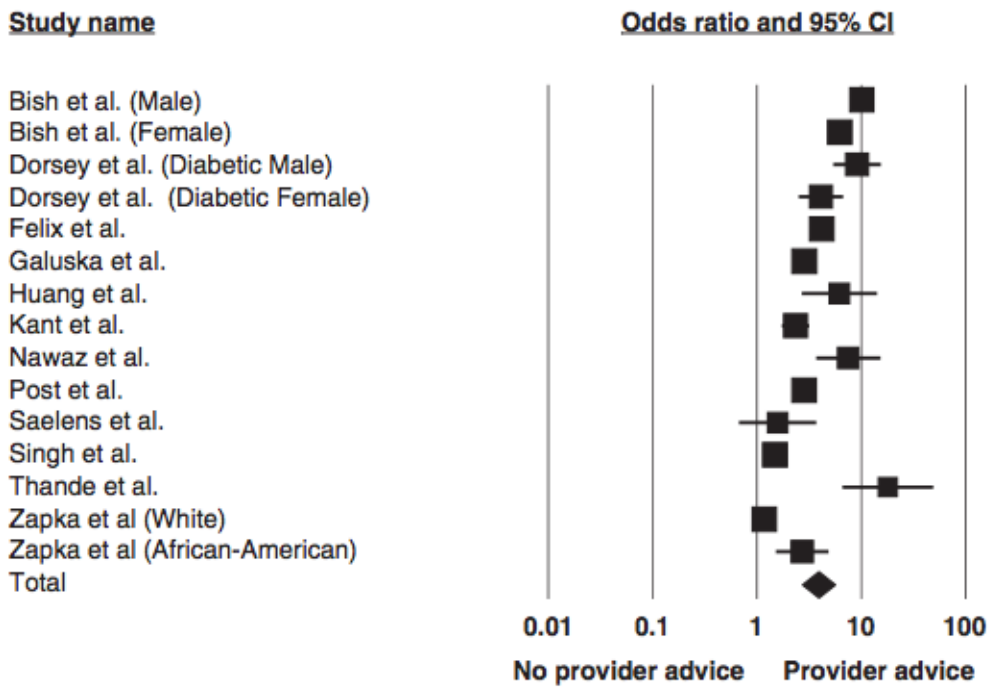


Figure 2. Odds ratios for the effect of provider advice on patient weight loss attempt for each study and overall in the meta-analysis.

Rose, Poynter, Anderson, Noar and Conigliaro Physician weight loss advice and patient weight loss behavior change: a literature review and meta-analysis of survey data International Journal of Obesity (2013) 37, 118-128

Everybody's problem


Thank you