Motivating Healthy Diet & Physical Activity
Introduction

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- Professor of Medicine, Psychiatry and Psychology at University of Rochester (URMC)
- Researcher on health related motivation, tobacco dependence treatment and other difficult to change health behaviors
- Received George Engel Award for outstanding Research Contribution to the Theory, Practice and Teaching of Effective Health Care Communication in 2002
- Book author:
- Co-author of 2 books:
  - Self-Determination Theory in the Clinic: Motivating Physical and Mental Health (2003)
Situation

• Over 300,000 premature US deaths per year are attributable to unhealthy diet and physical inactivity
• Fewer than 30% of patients receive lifestyle counseling from physicians
Just the Facts...

- Balancing energy intake against expenditure would lower rates of diabetes, cardiovascular disease (CVD), arthritis, obesity and cancer
  - A 150 lb person walking about 60 minutes expends ~250 calories— a typical candy bar
  - Without change in habits, more than one third of people born in the U.S. in 2000 will get Type 2 diabetes
- American adults gain an average of about 2 lbs per year
- 60% of Americans are overweight or obese, 40% are sedentary and only 15% get enough physical activity to maintain health
- American jobs are increasingly sedentary, and few people expend enough energy at work to maintain physical fitness or a healthy body weight
- Obese adults underestimated their daily caloric intake by 47%, and overestimated daily energy expenditure by 51%.
Counseling Principles: Relationship

- Patients solicit and respect clinician advice about diet and activity
- Patients seldom follow advice unless clinicians employ communication strategies that strengthen relationships and enhance motivation
- Spend 6-9 minutes on counseling for diet and activity & repeat over time
- People usually hear advice about behavior change several times before they make an effort to change
- Most people fail at change until they have made several attempts
- Office counseling is more effective if health care systems assure that clinician advice is backed up by the involvement of a second type of health care provider.
Motivation Has 2 Components

• Energy
  – Derives from empathic relationships that support patients unconditionally
  – High levels of patient autonomy
  – High levels of perceived efficacy (or competence).

• Direction
  – Health goal to be achieved
  – Successful change is more likely if patients & clinicians agree on specific goals

To be effective, counseling must include enhancement of both components
Psychological Needs & Intrinsic Motivation

• Needs are defined as:
  “psychological nutriments that are essential for ongoing psychological growth, integrity, and well-being”

Intrinsic Motivation:
  The inherent propensity to take interest, deeply learn about, gain mastery of our inner and outer worlds. These are things that we do out of interest, enjoyment and curiosity.
Psychological Needs: Supporting Optimal Motivation

• Autonomy
  – The need to self-regulate one’s experiences and actions (to feel choiceful and volitional in one’s behavior)

• Competence
  – The need to feel effectance and mastery (to feel optimally challenged and capable of achieving outcomes)

• Relatedness
  – the need to feel connected to and cared for by others—this includes experiencing oneself as giving to others

Ryan and Deci 2017
Autonomy Support
Willingness to Engage in a Behavior

• Elicit patient perspectives before making recommendations
• Acknowledge patient affect by making empathic verbal statements or making non-verbal gestures
• Discuss the disorders and illnesses caused by poor diet and inactivity
• Discuss risks and benefits of no treatment, and risks and benefits of treatment
• Identify and agree on health goals the patient is willing to pursue
• Identify and discuss effective options for behavior change
  – Discuss effective lifestyle change options
  – Discuss bariatric surgery or medications for obesity
  – Elicit patients’ understanding of options and perspectives about options
  – Provide recommendations clearly, with a rationale for change
• Support patients’ initiatives for change (most people initiate behavior change several times before succeeding)
  – Agree on a specific plan, including a time line to assess whether the plan was effective
  – Resist impulses to “persuade” patients or to control their decisions and plans.
5 A’s & Autonomy Support*

- **Assess**: background information regarding risk, behaviors and patients’ knowledge related to Physical Activity and Diet.
- **Advise**: provide advice that is personalized to patients’ situation
- **Agree**: establish whether patients are willing to change and help them agree on specific behavior change goals regarding diet and activity.
- **Assist**: establish a change date and a specific change plan, resolve problems and build patients’ skills, support motivation and address barriers using motivational interviewing skills, offer or change medications when needed, and encourage patients to obtain additional support from other community resources
- **Arrange**: establish a time for a follow-up visit to assess the effectiveness of current plans, refer to other specialists (e.g. dietitians, mental health providers) and community resources such as comprehensive, intensive programs (12-26 sessions in a year).

Assess Nutrition & Activity
Use WAVE & REAP

• WAVE Assessment
  – **Weight** - is the patient under or overweight?
  – **Activity** - does the patient get enough physical activity to optimize health? To manage weight?
  – **Variety** - is the patient eating an acceptable variety of foods?
  – **Excess** – is the patient eating too much?

**REAP – Rapid Eating Assessment for Patients**
Counseling Principles: Information

• Continue to support patients’ autonomy
• Use motivational language as you offer Advice and new information and begin the Assist process
• As you move into an Assist and then Arrange mode, the starting place and emphasis you choose during any encounter depends on what your Assessment reveals, and what Advice the patient finds most compelling among various options
• Consider “calibrating” the patient’s motivation and confidence
  – Supports patient autonomy
  – Clarifies that you are working together, not giving patients “orders” or persuading them to follow your suggestions
  – Ask patients to rate their “conviction” about the importance of making changes in diet and activity, and their “confidence” about the likelihood that they can succeed
• Share information.
Patients with Stable BMI

• **Ask** patients if they would like to discuss current nutrition and activity guidelines
• If they indicate an interest, appreciate their past success at maintaining BMI and make a basic **Advice** statement
• **Assess** patients’ perspective
• **Assess** whether they would like **Advice** about some specific strategies
• Review their **WAVE** or **REAP** responses with them
  – Balance calories with physical activity to manage weight
  – Consume more of certain foods and nutrients such as fruits, vegetables, whole grains, nuts, fat-free and low-fat dairy products and seafood.
  – Consume fewer foods with sodium, saturated fats, trans fats, cholesterol, added sugars, and refined grains.
### Dietary Recommendations

#### Clinical Recommendations for Specific Dietary Patterns, Foods, and Nutrients

<table>
<thead>
<tr>
<th>Dietary pattern with added fats, fried food, eggs, organ and processed meats, and sugar-sweetened beverages (Southern diet pattern)</th>
<th>Level of Evidence Available and Included in This Paper</th>
<th>Recommendations for Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Prospective studies</td>
<td>Avoid</td>
</tr>
</tbody>
</table>

| Dietary cholesterol | RCTs and prospective studies along with meta-analyses | Limit |
| Canola oil | RCT meta-analyses show improvement in lipids but no prospective studies or RCTs for CVD outcomes | In moderation |

| Coconut oil | RCT meta-analyses and observational studies on adverse lipid effects. No prospective studies or RCTs for CVD outcomes | Avoid |

| Sunflower oil | No prospective studies or RCTs for CVD outcomes | In moderation |
| Olive oil | RCTs supporting improved CVD outcomes | In moderation |
| Palm oil | RCTs and observation studies showing worsened CVD outcomes | Avoid |
| Antioxidant-rich fruits and vegetables | RCTs and observational studies showing improved CVD outcomes and improvements in blood lipids | Frequent |

| Antioxidant supplements | RCTs and prospective and observational studies show potential harm | Avoid |
| Nuts | RCT and large prospective and meta-analysis studies showing improved CVD outcomes | In moderation |

| Green leafy vegetables | Large meta-analyses and variably sized observational studies as well as a large prospective study | Frequent |

| Protein from plant sources | Large observational and prospective studies | Frequent |
| Gluten-containing foods | Observational studies and RCTs | Avoid if sensitive or allergic |

CVD = cardiovascular disease; RCT = randomized controlled trial.

Types of Diet Patterns

- Healthy US-style Eating Pattern (DASH)
- Healthy Mediterranean Style Eating pattern
- Healthy Vegetarian Eating pattern

Dietary Guidelines for Americans (2015)
ChooseMyPlate.gov
ChoseMyPlate Strategies

• Build a healthy plate, so that you enjoy your food, and avoid oversized portions
• Eat these foods more often: vegetables, fruits, whole grains, fat free or 1% milk -- make half your plate fruits and vegetables, and use fat-free or 1% milk
• Make half your grains whole grains-like whole wheat bread and brown rice
• Eat these foods less often: cakes and cookies, sweetened drinks, pizza, fatty meats
• Compare and choose lower sodium foods
• Drink water instead of sugary drinks.
Let’s Move Strategies

• An 8-week goal cycle for anyone 18 and older:
  – Physical activity: be active 30 minutes a day, at least 5 days a week, for 6 out of 8 weeks. Or count your daily steps using a pedometer (goal: 8,500)
  – Healthy eating: choose one of the 8 healthy eating goals, and add a new goal each week. By the end of six weeks, you'll be giving your body more of the good stuff it needs
Overweight & Obese Patients

• **Ask** permission to discuss weight (**Assess** willingness)

• **Advise** that this may represent a big change

• Propose activity recommendation

• Propose nutrition recommendation

• **Assist** patients by reviewing quality foods and portion sizes and by arranging consultation with a nutritionist.
Cardio-metabolic Problems

- Patients with high blood pressure or other cardio-metabolic problems can sustain lifestyle changes
- **Dietary Approaches to Stop Hypertension (DASH)**
- **Look Ahead study**
  - Intensive dietary and physical activity counseling results in sustained weight loss and improved cardio-metabolic health that were sustained between groups over 12 years.
Calibration Technique

• Importance is what patients believe about the value or importance of changes in nutrition or activity

• Confidence, also known as self-efficacy, is what patients believe about their ability to change despite obstacles

• Gathering information about importance and confidence helps to define patients’ readiness for change, and allows you to tailor the “advise” and “assist” steps

Assessing Conviction
Use the rating scale to ask the patient: “On a scale of 0 to 10, how convinced are you that it is important to…..”

<table>
<thead>
<tr>
<th>Not at all convinced</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>Totally convinced</th>
</tr>
</thead>
</table>

Assessing Confidence
Use the rating scale to ask the patient: “On a scale of 0 to 10, how confident are you that you can…..”

<table>
<thead>
<tr>
<th>Not at all confident</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
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For More Information

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Dietary Guidelines for Americans (2015)
ChooseMyPlate.gov
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