If not dieting, now what?

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BACKGROUND
Helping patients to achieve and maintain their most healthy weight is a common challenge. Giving a 'one size fits all' set of instructions to patients who are over their most healthy weight does not help.

OBJECTIVE
This article discusses approaches to assist weight loss in patients while treating each patient as an individual.

DISCUSSION
By using less emotive, more supportive and accepting language, we can still talk about reality (for example 'a patient being above their most healthy weight') while minimising the risk of negatively impacting on the patient's self esteem. It is important to spend time learning from the patient, factors that have influenced their relationship with their body and weight, and the reasons why that person's weight has become above their most healthy weight range. We need to help patients focus on changes to their thinking, attitude and behaviour with weight loss to come as a result of that. Motivational interviewing is a useful counselling approach. It is also helpful to have a range of options to offer patients. This may include reading resources; a team of health professionals to refer to such as dieticians, counsellors, physiotherapists, and exercise specialists; or appropriate community group programs.

We know that helping our patients reach and maintain a healthy weight is neither straightforward nor simple. It is an enormously challenging issue for patients, and not surprisingly, for the health professionals who are doing their best to help them. For patients who are above their most healthy weight, the way we offer support can profoundly affect how they manage in this complex area of health. Behaviour change is complex, and the motivation to make changes has to come from within that person. Making some changes to the way we work with our patients can profoundly assist this process.

A person, not a disease

As obvious as this might seem, it is important to remember that we need to treat our patients as people – not as a diseases, not by a number on the scales, nor a body mass index (BMI) value.

Jess (patient): 'Imagine my grateful relief when I saw someone who didn't talk in kilograms. They didn't whip out any charts, or look at me like some sort of chemical spill muddying the carpet. They didn't attribute every ailment to weight, or automatically assume I spent most of my time with my head buried in a chocolate box. Instead I was told (among other things) that food had no moral value, weight loss diets didn't work, and that small gradual lifestyle changes were real achievements. It was like I'd been working in a coal mine all my life and suddenly I was out in the sun in a paddock full of wildflowers. I was still uncomfortable and unwell but I was no longer a weak, distasteful problem to society in need of punishment. There was suddenly scope for change. There was hope without the shadow of inevitable failure.'

The words we use

While we have been taught to deal in medical language with words such as 'obese' and 'morbidly obese', using these words with our patients can hinder any chance of change. These words have a significantly negative meaning, with patients feeling judged and blamed when they are labeled 'obese'. By using less emotive, more supportive and accepting language (eg. 'above their most healthy weight' rather than being 'obese', or 'a long way above their most healthy weight' rather than 'morbidly obese'), we can still talk about reality without making the person feel worse about themselves and without hope. As Wilson says: '...no conflict need exist between greater self acceptance and efforts to make... necessary changes. There is no evidence that the former will undermine the latter'.[1]

Taking time to listen

Listening is consistently included among key consulting skills in both medical texts and results of patient surveys.[2] If we take the position of merely telling people what to do (eg. the simplistic instruction of 'just eat less and exercise more'), we risk disempowering our patients and preventing them from finding solutions that actually work. Arranging longer specific consultations is vital and can make a big difference in acknowledging the importance of weight issues. Doing this also creates the capacity for both the medical practitioner and the patient to learn more about the factors that have influenced the person's relationship with their body and their weight, and many of the reasons why that person has become above their most healthy weight.

> **Karen (patient):** 'After years of doctors, weight loss centres, fad diets, pills, injections, potions – finally someone who listened – I think it was impossible to fully convey the extent of the emotion I felt. To finally find someone who recognises that you deserve and need time to discuss this problem – not the usual rush, rush. Someone who does not give you a diet sheet, an exercise plan, and a prescription, and then pats you on the head and sends you on your way.'

Measuring progress and success in different ways

As most coaches of elite sporting teams will say, 'If we get our processes right, the wins take care of themselves.' Similarly, in helping our patients to lose weight we need to help them focus on changes to their thinking, attitude and behaviour (process goals), and allow weight loss (endpoint goal) to come as a result of that. By broadening the definition of progress and success, we not only give our patients the best chance of making change, we give them the best chance of making those changes sustainable. However, if we focus on progress and success primarily by a change in weight, waist circumference or BMI, we take the focus away from the behaviours we are encouraging our patients to change. And importantly, we risk the consequence that the scales end up weighing our patient's self esteem more often than their health behaviours and their health.

Important process goals can be: helping our patients to decrease their nonhungry eating (the eating people do that they are not physically hungry for), helping them to practice eating more slowly, encouraging them to speak about food in terms of 'every day' food (rather than 'good' food) and 'sometimes' food (rather than 'bad' food), to look for opportunities to enjoy moving their bodies, and helping them to fine tune the fat and kilojoule content in their food and drink in a nondeprivational way.[3]

Motivation to make achievable, sustainable behavioural goals

Having the right goals and setting them in the right way is often the key to success with behaviour change. One useful counselling approach is motivational interviewing, based on Prochaska and DiClemente's 'Stages of change' model developed initially for drug and alcohol treatment.[4,5] It aims to help the person self motivate to make changes and resolve the ambivalence about change that keeps the person stuck (*Table 1*). Change occurs when treatment interventions match the stage of change, but resistance occurs when there is a mismatch between the therapist's expectations and the stage of change the person is at.

Motivational interviewing can be useful, but because someone's weight is the product of many behaviours, it is important to spend time finding the right areas to focus on. For example, someone may be ready and able to go for a walk with a friend, but not ready nor able to decrease their emotional eating. Listen for the part of life someone is ready to change and set small, practical goals. Then provide support, conversation and information for the other parts of life until they are ready to be changed as well. In this way, better solutions are slowly created together.

Weight management as a lifelong skill

Research indicates that long term support is essential to the success of weight management.[6] Circumstances in people's lives change all the time, and with this, motivation to maintain healthy behaviours can vary significantly. Lapses

are normal, so rather than seeing off focus periods as 'failure' it needs to be seen as a normal part of the process. It is an opportunity for re-evaluation which can provide 'getting back on track' tactics or some new ideas to try.

It is helpful to have a range of options to offer at different times. This may include reading resources, a team of health professionals to refer to such as dieticians, counsellors, physiotherapists, and exercise specialists, or it may be having a good awareness of local resources and community programs. Knowing the approach taken by the people you refer to also helps to maintain more positive supportive relationships.

Table 1. The motivational interviewing approach

Precontemplation The person is not aware of the problem or has no intention of making changes at the present. Others may be worried and encouraging the person to seek help 'My wife says I have to lose weight – she doesn't know what she is talking about!' 'I'm a failure – every time I lose weight I just end up putting it back on again. I give up'	**Possible options** Seek permission to talk more about the problem when they are ready, aiming for emotional acceptance Continue to establish a supportive relationship Provide information, but avoid specific advice to change behaviour at this time – they are not ready for it Leave the door open for future discussion Avoid guilt, blame, simplistic solutions they have tried before (eg. just eat less and exercise more)
Contemplation The person is aware there is a problem but is not yet necessarily ready to change their behaviour They are ambivalent or lack confidence about behaviour change but may be unaware of this This is often where people become 'stuck' and need to spend time learning more about the issues involved 'Yes, but...'	Make longer appointments specifically to discuss weight and health Continue to establish and provide a supportive relationship Look at the 'pros' and 'cons' of change, explore supports and barriers, gather further information, and talk about ambivalence Strengthen self confidence and confidence that they want to and can change Keep a lifestyle or eating awareness diary to find out more about particular concerns Refer to relevant health professionals as the issues become clearer
Preparation and decision making A commitment to change is made, and plans to do the best they can are set 'What can I do about...?'	Help the person consider the best course of action Encourage small, specific, achievable goals in thinking, attitude and/or behaviour change Teach any needed skills and try some behavioural 'experiments' (eg. do your best to practise eating more slowly, or over the next week look for as many opportunities as you can to build in some incidental activity) Minimise problems
Action The person is ready and is making changes 'I have been able to...'	Reflect on how changes are helping and whether they would like to continue these changes into the future Reinforce self confidence Set further small goals
Maintenance and lapses	Provide active support to maintain and practise new behaviours until they become normal, every day habits Identify changes that have worked and use these as strategies for future lapses Understand that motivation comes and goes as a normal part of life If there is lapse, minimise disappointment, look for what has been learnt and renew the process of change again

Conclusion

The general practitioner is in the unique position of being able to provide ongoing understanding and support for the individual patient. Providing an environment that inspires motivation for healthier behaviour is an essential way to assist with weight management.

Summary of important points

- Treat each person as an individual.
- Create an environment where the patient does not feel judged.
- Take the time to really listen.
- To help patients make sustainable changes, look for the reasons as to why they, as individuals, have become above their most healthy weight.
- Do your best to support the patient with where they are at in their readiness to change.

Resources

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