

Nutrition and Weight Management Webinar Q&A

Q: As a PCP, you cannot usually offer the team approach like in Weight Loss Programs. So we should have handy a nutritionist, a psychologist and an exercise physiologist to refer them to, right?

A: It is challenging to offer comprehensive lifestyle interventions in a busy family physician's office, but it is critical to include these types of conversations in every preventive and problem-oriented visit that may be impacted by healthy eating, physical activity, and emotional well-being. Build a team of community resources and think of yourself as the coach.

In addition to a list of experts and specialists, put together a "Local Healthy Lifestyle Resources: A to Z" handout. A fun way to compile your list is to brainstorm ideas during a staff meeting, or have a contest to see which staff member can come up with the most ideas. This will involve your staff in the process and make them more aware of local resources for patients and themselves!

-- Michelle May, MD

Q: What do you say to the desperate patient who feels they have tried everything and feels they have failed at everything?

A: Acknowledge their efforts and empathize with how difficult it is to follow an overly restrictive or rigid diet and exercise plan. Let them know that sustainable, small changes do make a difference and ask if there is ONE small specific change they could work on for the next few weeks. Transcribe their goal onto a prescription, sign it, and arrange for a follow-up to see how they are doing. You'll likely be surprised by the progress and increase in self-efficacy when patients are empowered to take small steps of their own choosing.

-- Michelle May, MD

Q: Do you recommend patients weigh themselves?

A: Weight is only one way to measure progress (and a fairly inaccurate one at that). Instead, I recommend that people measure the behaviors themselves and the real results they are looking for instead. For example, they could: graph the number of minutes of physical activity

or steps taken each day or note the days they meet their goal for the consumption of fruits and vegetables.

-- Michelle May, MD

Q: As a wellness coach I feel that a physician would need many encounters with a patient in order to teach patients eat mindfully. What do you think needs to happen in our present healthcare system to turn the concepts presented today into practice?

A: Admittedly, our present model of treating instead of preventing illness makes it more difficult to share mindful eating and physical activity messages. Hopefully this will change but for now, physicians can integrate small messages into every office visit and provide resources and referrals as needed to support their patients in making the necessary changes.

-- Michelle May, MD

Q: Are the AIM resources in Spanish?

A: Many of the AIM-HI resources are available in Spanish.

Q: I just had a patient in a group visit this afternoon (for diabetics) say that she's always hungry. Is that a protein issue?

A: It could be; some people consume excessive carbohydrates and inadequate protein, which is satiating and does not lead to the drastic swings in glucose and insulin levels. The other issue that must be explored, though, is whether this is true physical hunger or "head hunger." Often, people confuse the desire to eat with the need to eat. Environmental triggers like the time of day, presence of food, and advertising, as well as emotional triggers like boredom, stress, and celebration can cause an urge to eat. It is important to address the underlying causes for overeating or results will be temporary at best.

-- Michelle May, MD

Q: I am concerned that health care providers, who -- in general have poor nutritional awareness -- don't have the time to research the data, learn about behavioral methods and apply

them in their office. Wouldn't it be easier to advocate for a vegan diet?

A: A vegan diet, while safe for an informed, motivated individual, is not a practical or realistic prescription for the majority of patients who would benefit from lifestyle changes. Providers and their patients who are already struggling with the awareness, knowledge, and motivation to recommend and make sustainable lifestyle changes will not do better by making the recommendations even more restrictive. Instead, providers can improve their behavioral skills and work with their patients to adopt small, sustainable changes that cumulatively make a large difference.

-- Michelle May, MD