Go Further with Food:
How to enhance your practice & improve patient outcomes by providing nutrition guidance that is reliable, relevant, & realistic

March 3rd, 2018
Tanya M. Halliday, PhD, RD
March is National Nutrition Month

Check out EatRight.org for resources and patient handouts

http://www.eatright.org/resource/food/resources/national-nutrition-month/national-nutrition-month
Disclosures

• No conflicts of interest relevant to the content presented

• I am a Registered Dietitian and member of the Academy of Nutrition and Dietetics.
Adherence to 2015 Dietary Guidelines for Americans
“The modern world makes it very easy to out-eat exercise & nearly impossible to out-exercise excessive eating.”

– Dr. David Katz

Katz DL. *Int J Obes*, 2011
What Influence Could I Possibly Have?
If patients hear from a physician or other healthcare professional that they are overweight, they are…

~6x more likely to perceive themselves as overweight

~2.5x more likely to attempt weight loss

In this study…

• **45.2%** of individuals with BMI ≥ 25 had been told they were overweight

• **66.4%** of individuals with BMI ≥ 30 had been told they were overweight

Evaluate Dietary Habits
Incorporate Weight, Diet (& Exercise) History Into Standard Paperwork
Incorporate Weight, Exercise, and Diet History Into Standard Paperwork

College
125 lbs

Wedding
135 lbs
Wt Watchers

1st Job
150 lbs

2 kids + working
170 lbs.

Cross-fit/Paleo
160 lbs

Moved, Caring for elderly parents.
Stressed.
190 lbs.
Incorporate Assessment of Current Habits Into Standard Paperwork

**Diet Screeners:**

- Participant kept food records
- 24-hour recalls
- Food-frequency Questionnaire (on-line options)
  - Options, but likely not the most practical in primary care setting to administer & analyze
### SERVE Acronym

**Sugar-sweetened beverages & other liquid calories**

**Exercise habits**

**Regularity of meals and Restaurant use**

**Vegetable and fruit intake**

**Eating portion awareness**

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**Segal-Isaacson C, Diabetes Educ, 2004**

Make the Waiting Room an Extension of Your Advice…
Getting the Conversation Going – The “5 As” of {Diet} Counseling

- Originally designed as a behavioral intervention strategy for smoking cessation.
- Has been modified for obesity and health-related behavior change.
- Tool that healthcare professionals can use as a framework to guide conversation.

A way to out motivational interviewing skills to use during brief encounters
Great Content for Medicare Annual Wellness Visit
5A’s – Adapted to be Diet Specific

- **Ask**: Ask for permission to discuss *dietary habits* and explore readiness for change.
- **Assess**: Assess eating habits and history. Success and failures of prior attempts to alter behavior and perceived barriers for making changes.
- **Advise**: Advise the patient about the health risks of ‘poor’ dietary habits, the benefits of changes, the need for long-term strategy, and treatment options.
- **Agree**: Agree on realistic expectations, targets, behavioral changes, and specific details of the treatment plan.
- **Arrange/Assist**: Assist in identifying and addressing barriers; provide resources; assist in finding and consulting with appropriate providers; arrange regular follow up.

ASK: Helpful Phrases

• “Can we discuss your diet habits?”

• “Is it OK if we spend a little bit of time discussing your dietary habits?”

• “How do you feel about your dietary intake?”

• “Do you think your eating habits might be contributing to the <medical problem> that you’re having?”

• “On a scale of 1 to 10, how
  – important is it for you to change these behaviors?”
  – ready are you to change?”
  – confident are you in your ability to change?”
ASSESS:

• Use intake forms as starting point for further probing

• Inquire about success/failure of previous efforts to change behaviors as well as perceived barriers to current changes

• **Diet:**
  – Location of consumption (home, work, TV, etc.)
  – Access to food; nutrition literacy; cooking skills
  – Eating-related triggers (stress, social, etc.)
ADVISE:

• “May I offer you suggestions based on what you’ve told me?”

• “These measurements indicate that your diet/weight is likely contributing to your current <medical problem> and increasing your risk for <DM, HTN, CA, CVD…>. The good news is that improved diet/weight loss can substantially <reduce risk of dz, improve dz>.

• “If you’re interested, we can work together to create a plan of action to increase improve diet/lose weight”
AGREE:
Talk About the Big Picture & Create 1st Steps

- “Given all we have discussed what specific changes in your activity and diet habits would you like to make?”

- **Discuss realistic expectations:**
  - E.g. – Dream Weights ~38% weight loss¹
    - *Effective interventions produce 5-10% weight loss with clinically meaningful health improvements*
  - Unsustainable dietary/PA changes

- **If not ready to change:**
  - “It sounds like now is not the best time for you to make changes”
  - “You seem to be saying that you have life events that keep you from making changes, so what do you think is the best way for us to move forward at this time?”

Take one a day with tomato and cucumber.
The Metabolic Syndrome

Diagnosis Established When 3 or More are Present

- Elevated Waist Circumference:
  - Men > 40 in; Women: >35 min
  - Population and country specific
- Elevated Triglycerides: >150 mg/dl
- Low HDL Cholesterol:
  - Men: <40 mg/dl
  - Women: <50 mg/dl
- Elevated Blood Pressure: >135/85
- Elevated Fasting Glucose: >100 mg/dl

Circulation, 2009
Diet Prescription:
*Therapeutic Lifestyle Changes (TLC) Diet*

- Component of ATP III Guidelines
  - REAP Questionnaire targets nutrients in this diet
- Weight loss of 5-10% in 6 months - 1 year

<table>
<thead>
<tr>
<th>Nutrient</th>
<th>Recommended Intake</th>
</tr>
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<tbody>
<tr>
<td>Saturated Fat</td>
<td>&lt;7% total kcals</td>
</tr>
<tr>
<td>Polyunsaturated Fat</td>
<td>Up to 10% total kcals</td>
</tr>
<tr>
<td>Monounsaturated Fat</td>
<td>Up to 20% total kcals</td>
</tr>
<tr>
<td>Total Fat</td>
<td>25-35% total kcals</td>
</tr>
<tr>
<td>Cholesterol</td>
<td>&lt;200 mg/d</td>
</tr>
<tr>
<td>Carbohydrate</td>
<td>50-60% total kcals</td>
</tr>
<tr>
<td>Fiber</td>
<td>20-30 g/d</td>
</tr>
<tr>
<td>Protein</td>
<td>~15% total kcals</td>
</tr>
<tr>
<td>Sodium</td>
<td>&lt;2400 mg/d</td>
</tr>
<tr>
<td>Stanol esters</td>
<td>3-4 g/d</td>
</tr>
</tbody>
</table>
## Put In To Food Terms…

<table>
<thead>
<tr>
<th></th>
<th>More of These</th>
<th>Less of These</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Breads &amp; Cereals</strong> ~6 svgs/d</td>
<td>Whole grain options, rice, potatoes, beans and peas</td>
<td>Bakery products &amp; grain-based snacks</td>
</tr>
<tr>
<td><strong>Vegetables</strong> 3-5 svgs/d</td>
<td>Fresh, frozen, canned, without added fat</td>
<td>Fried, prepared w/ butter, cheese, cream sauce</td>
</tr>
<tr>
<td><strong>Fruits</strong> 2-3 svgs/d</td>
<td>Fresh, frozen, canned, dried</td>
<td>Fried or served with fat</td>
</tr>
<tr>
<td><strong>Dairy Products</strong> 2-3 svgs/d</td>
<td>Fat-free/low-fat milk, yogurt, cheese</td>
<td>Full-fat milk, yogurt, ice cream, cheese</td>
</tr>
<tr>
<td><strong>Eggs</strong> ≤2 yolks/wk</td>
<td>Egg whites, substitutes</td>
<td>Fried eggs w/fat added</td>
</tr>
<tr>
<td><strong>Meat, Fish, Poultry</strong> ≤5 oz/d</td>
<td>Lean cuts (loin, leg, skinless poultry, fish)</td>
<td>Higher-fat cuts (ribs, bacon, fried items)</td>
</tr>
<tr>
<td><strong>Fats &amp; Oils</strong></td>
<td>Unsaturated oils, seeds &amp; nuts</td>
<td>Saturated fats</td>
</tr>
</tbody>
</table>

*Adjust serving sizes to calorie needs
Weigh regularly
Referring Patients to Nutrition Professionals

Step 5 – “Arrange” / “Assist”
Connect w/Local Providers: Nutrition

• **Contact College Nutrition Programs**
  – Specific projects for UG and GRAD students
  – Experience for students w/faculty oversight

• **Rotation Site for Dietetic Interns**

• **Office Space for Private Practice RD**
  – Denver Dietetic Association, Colorado Academy of Nutrition and Dietetics.
  – Certified Diabetes Educators, Lipid Specialist Certifications, etc.
Commercial Program Considerations

- Portion control—calorie counting, meal replacements, limiting certain food groups
- Regular, moderate intensity PA
- Self-monitoring—weight and food intake
- Behavioral support—individual and group sessions (online support?)
- Option for long-term participation or weight maintenance support
Efficacious Commercial Programs
2015 Systematic Review\(^1\) & 2017 RCT\(^2\)

<table>
<thead>
<tr>
<th>Program</th>
<th>Monthly Cost(^1)</th>
<th>12-wk Wt. Loss(^2)</th>
<th>Wt. Loss vs. control/education(^1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight Watchers</td>
<td>$43</td>
<td>4.3 kg</td>
<td>-2.6% at 12 months</td>
</tr>
<tr>
<td>Jenny Craig</td>
<td>$570</td>
<td>5.3 kg</td>
<td>-4.9% at 12 months</td>
</tr>
<tr>
<td>Nutrisystem</td>
<td>$280</td>
<td>5.0 kg</td>
<td>-3.8% at 3 months</td>
</tr>
</tbody>
</table>

Behavioral Weight Loss Programs: Lower Cost Options

• **TOPS Club Inc (Take Off Pounds Sensibly)**
  - [www.tops.org](http://www.tops.org)
  - Group-based lifestyle weight loss program
  - Non-profit, peer led
  - $32/year, 3500 sites in North America

• **National Diabetes Prevention Program**
<table>
<thead>
<tr>
<th>Program</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>My New Weigh</td>
<td>24 weeks; Weekly group classes; Meal replacement; lifestyle intervention; MD supervised; RD coach</td>
</tr>
<tr>
<td>State of Slim</td>
<td>16 weeks; Group or 1-on-1; lifestyle intervention</td>
</tr>
<tr>
<td>STRIDE</td>
<td>8 weeks; weight loss maintenance; RD coach</td>
</tr>
<tr>
<td>Weight Loss 4 Life</td>
<td>½ day workshop + on-going “membership” support group meetings 2x/month; RD coach</td>
</tr>
<tr>
<td>Individual MD or RD appointments</td>
<td>Tailored as needed to individual</td>
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Community & Workplace Resources

• **Contact local health department to identify community initiatives**
  – Rec center fitness, nutrition, cooking classes
    • *Have an intern, volunteer, medical assistant compile a list of resources*

• **Encourage use of worksite resources**
  – Standing/treadmill desks
  – Extended lunch breaks/flexible hours
  – Discounted/on-site gym memberships
Putting it all together

Role Play 5 As in a Clinical Setting

Estimated Time:
~5 minutes
5A’s Done…Now What?

Document in Patient’s Chart

&

Follow-Up at Subsequent Visits
…but what can I do at my NEXT patient visit?

Pared down & modified “3As”

1. ASSESS
   • Current Diet
     • Fruits/vegs; caloric beverages; eating out

2. AGREE
   • 1 diet goal (e.g. track calories. Limit to 2,000/d)

3. ADD
   • Dietary habits/wt/etc. to “problem list” w/tx plan
   • Follow-up appointment within 3 months
Key Summary

• Primary care is an important setting for nutrition-related lifestyle change

• Minimal intervention strategies such as the 5 As can guide the process of counseling a patient about behavior change.

• Strategies can be implemented in busy practice settings
time for questions
RESOURCES

• 2013 AHA/ACC/TOS Guideline for the Management of Overweight and Obesity in Adults
• Talking w/Patients About Weight Loss – Tips for Primary Care Clinicians
• Obesity Medicine Algorithm
  https://obesitymedicine.org/obesity-algorithm/download-now/
• Rethink Obesity
  http://www.rethinkobesity.com/
• Strategies to Overcome and Prevent (STOP) Obesity:
  http://stopobesityalliance.org/wp-content/themes/stopobesityalliance/pdfs/STOP-Provider-Discussion-Tool.pdf#page=12
RESOURCES - Nutrition

- MyPlate – Health Professionals Site: [https://www.choosemyplate.gov/health-professionals](https://www.choosemyplate.gov/health-professionals)
- Just Enough for You – Portions: [https://www.niddk.nih.gov/health-information/health-topics/weight-control/just-enough/Pages/just-enough-for-you.aspx](https://www.niddk.nih.gov/health-information/health-topics/weight-control/just-enough/Pages/just-enough-for-you.aspx)
- REAP (Rapid Eating Assessment for Participants) [https://epi.grants.cancer.gov/diet/shortreg/instruments/segal-isaacson_reap-s.pdf](https://epi.grants.cancer.gov/diet/shortreg/instruments/segal-isaacson_reap-s.pdf)
RESOURCES – Physical Activity

- Walking – A Step in the Right Direction
- Exercise is Medicine http://exerciseismedicine.org/
- Everybody Walk everybodywalk.org
- Integrating Physical Activity in Primary Care Practice: