

8 tips to figure out, and improve, your patients' eating habits

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A staggering 117 million Americans—about half of the adult population—have one or more preventable chronic diseases, and many of these conditions are related to poor diet. The medical community and the general public have known this for years, yet the incidence of chronic disease has been unyielding. New recommendations offer strategies to physicians for coaxing details from patients about what, where and with whom they are eating to help give teeth to dietary advice.

“People do not eat food groups and nutrients in isolation but rather in combination, and the totality of the diet forms an overall eating pattern,” explains the “road map” to the latest edition of the federal dietary guidelines, which the AMA supports. But determining patients' overall eating patterns can be a major challenge for physicians, especially given the limited time available in consultations.

Experts at the Department of Health and Human Services suggest asking these questions to get the conversation started.

What is your family's favorite dinner? This is a great example of meeting patients where they are. Once you know their current eating patterns, you can suggest modifications recommended in the dietary guidelines. You might describe the guidelines as “ways to make your favorite dishes healthier.”

Who does the grocery shopping in your home? Who cooks? These will help you figure out what your patients are buying and how often they are cooking. From there, you may introduce ideas of new or healthier foods to incorporate or suggest goals for cooking at home more often.

What are some of your family's favorite food routines and traditions? Are patients usually sharing meals with their families or eating separately? Discuss how healthy eating patterns are adaptable to many traditions and customs.

When you're thirsty, what kind of drink do you reach for? Almost half of added sugar in the American diet comes from sodas, fruit drinks and other sweetened beverages. Make the case for

healthier options, including water.

Does eating healthier seem hard or unrealistic? Knowing the barriers your patients face will help you suggest workarounds.

Being realistic and sympathetic

Changing eating patterns can be an overwhelming task for many. It may require modifications to purchasing habits, preparation times and, of course, one's palate. Framing the recommendations in the dietary guidelines as small, manageable steps can help patients score early successes and accommodate the ups and downs of behavior change. According to the Department of Health and Human Services' Office of Disease Prevention and Health Promotion (ODPHP), these are some helpful messages to reinforce with patients.

Don't think about it as all or nothing. People can eat healthier and still enjoy the foods they love. The key is to make some small changes.

There's no single right way to eat. The dietary guidelines demonstrate that there are many different paths to healthy eating. Everyone can find a healthy eating pattern that fits with their family's preferences, traditions, culture and budget.

Eating healthier is one of the most powerful ways to prevent disease. It can help keep us healthy and active as we get older, giving us more time to spend with our families and do the things we love to do.

The ODPHP guide for health professionals also features tips for heading off resistance to eating healthier—"I don't have time to cook healthy meals," for example—and for avoiding a critical or judgmental-sounding tone.

Overweight and obese patients are at much greater risk of both diabetes and hypertension. The AMA offers practice tools and resources that can easily be incorporated into clinical processes to help physicians care for their patients who are at risk of developing type 2 diabetes and cardiovascular disease—two of the nation's most costly chronic diseases.

Prevent Diabetes STAT includes tools for screening and testing patients for prediabetes and referring those with prediabetes to Centers for Disease Control and Prevention-recognized lifestyle-change programs, which have been shown to help patients cut their risk of developing type 2 diabetes by nearly 60 percent.

Target: BP offers physicians and their care teams access to tools and resources to help with blood pressure control management as well as national recognition opportunities for physician practices and



health systems that achieve blood pressure control rates at or above 70 percent within the populations they serve.