

How patients can start—and stick with—key lifestyle changes

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Every new year, people begin thinking about making important lifestyle changes to improve their health and well-being. There is often a laundry list of changes to address, especially for people with obesity. But how can patients start—and remain engaged with—their difficult-to-keep New Year's resolutions of adopting key lifestyle modifications to improve their overall health?

In the U.S., obesity rates are reaching 40%—that's more than one in three Americans of all ages, over 100 million people. And with obesity linked to prediabetes, type 2 diabetes, high blood pressure, cardiovascular disease and a list of other health conditions, there is an even greater need for people with obesity to commit to sustainable lifestyle changes.

Obesity places a heavy burden on individuals, communities and health care systems across the country. The AMA is addressing America's growing chronic disease epidemic and helps health care organizations use targeted strategies to prevent type 2 diabetes and control blood pressure in their patient populations.

When your patients come into your office with questions about lifestyle changes and your time together isn't long, here are some essential tips to help get a productive discussion started.

Initiate the conversation

“Doctors can be hesitant to ask” their patients about obesity or weight loss “because it can quickly become an awkward conversation,” said Kate Kirley, MD, a family physician and director of chronic disease prevention at the AMA. “But we also know that if doctors don't bring it up and ask about it, patients think that's unusual. If you don't bring it up, patients feel like something's missing and they look to you for guidance.”

When starting the conversation, stay away from judgmental terms like fat or fatness. It is important to

stick to medical terms, such as talking with patients about their body mass index (BMI). And, Dr. Kirley added, it is important to always be respectful and offer patients the chance to talk about their condition.

“Don’t assume someone wants to talk to you and don’t demand that someone talks to you about it, but create a safe space,” she said.

For example, physicians can say, “I’ve noticed that your BMI is elevated. Can we discuss this further?” This gets the ball rolling on the obesity talk without sounding harsh.

Ask the right questions

With limited time available in consultations, physicians may encounter challenges with uncovering a patient’s eating patterns. To get the conversation started, there are some questions you can ask your patients.

What is your family’s favorite dinner? This meets patients where they are. By understanding a patient’s eating patterns, you can suggest modifications.

Who does the grocery shopping in your home? Who cooks? These will help you learn what your patients are buying and how often they are cooking at home.

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

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

Find their motivation

“Sometimes we don’t convey the messages that are most likely to be motivating,” said Dr. Kirley. “Physicians tend to spend a lot of their time on health consequences, risks, negative-sounding issues and things that are really far off for the patient.”

Listing off the consequences associated with obesity might not be what convinces the patient to kick-start their transformation. Instead, understand what matters to the individual patient and what they care about in the very near future.

“Something that might be more motivating in the short term could be losing weight,” said Dr. Kirley. “Patients are much more likely to engage with that idea than a much more abstract idea of avoiding

diabetes down the road.”

“For example, patients may feel that they do not have enough endurance to keep up with their grandchildren,” she said. “Focusing on being more interactive with the little ones as a tangible, near-term goal will enable patients to more effectively engage with a lifestyle-change program because now it is tied to a goal that matters to them.”

Go beyond calories in, calories out

Our understanding of obesity and how it should be approached has advanced. While it is still a complicated area to cover, it’s time to transition to a patient-first focus.

“The field has moved away from this idea of calories in and calories out—that getting more calories out than in equals weight loss. That has not really panned out to be the case for many people,” said Dr. Kirley. “How our genes are, the way we eat and behave, and our environment all interact to influence our weight is really complicated. Solutions that work for one person may not work for another person.”

There is also a difference between staying at a healthy weight versus maintaining weight loss. These are all different situations that need to be taken into consideration when providing care for patients with obesity.

Promote physical activity

Adults should do at least 150 minutes a week of moderate-intensity activity, or 75 minutes a week of vigorous-intensity activity, according to the 2018 Physical Activity Guidelines.

“Physical activity is so important for health and can contribute to weight loss as well as maintaining a healthy weight,” said Dr. Kirley.

Avoid using terms such as “exercise,” she said. Instead, favor phrases such as “physical activity” and “being less sedentary.”

“When you say ‘exercise,’ people picture that they need to get a gym membership, drive half an hour to a gym and spend an hour there. That’s just totally unattainable for some people,” said Dr. Kirley. “It’s about moving more and sitting less. Even small bursts of walking and things like that can make a big difference.”

Recommend small changes

“We have heard this from some research, that patients sometimes get this ill-defined counseling from their doctor and what they are expecting is to walk away with a specific goal and they don’t always get that,” said Dr. Kirley. “If you leave a patient to do it on their own, they might imagine a goal that is actually way more aggressive than it needs to be and something that sounds unachievable.”

A great health goal is 5% weight loss, but if left to decide on their own, many patients will say they need to lose 50 pounds.

“Sure, that might be helpful for their health, but it is not a realistic goal and that may be getting in the way of their taking action because they think they have to climb a mountain and really they just have to walk up a smaller hill,” said Dr. Kirley.

A clear conversation on small, short-term goals will sound more manageable to patients than they might have expected.

“To the extent possible, involve family and friends or people who might be able to support a person in making lifestyle changes,” Dr. Kirley added.

Avoid processed foods, added sodium

Most of the sodium in a person’s diet comes from packaged, processed foods. By cooking at home and minimizing the consumption of these foods, sodium intake can be reduced.

Encourage patients to eat less red and processed meats while adding more plant-based foods, such as olive oil, nuts and seeds to their diet. One way to help patients minimize their consumption of sodium is by identifying the different myths about salt.

This is also where the dietary approaches to stop hypertension (DASH) diet can be recommended. The DASH diet is low in sodium and saturated fat. Following this can help patients lose weight and allow them to maintain a healthier diet. A Mediterranean-style diet, which includes vegetables, fruits, herbs, nuts, beans and whole grains, is also a good option for initiating lifestyle change in patients with obesity.

Skip the sugary drinks

One 20-ounce sports drink has 122 calories of added sugars, while a 12-ounce can of regular soda has 126 calories of added sugars. Instead, drink water, coffee, unsweetened tea or other calorie-free drinks.

Drinking sugary beverages, even 100% fruit juices, is associated with a higher all-cause mortality risk, according to a study published in *JAMA Network Open*.

Foods that spike glucose

When patients are choosing what to eat, physicians can help them understand how their body processes and breaks down foods. For example, most people know that eating sugar-filled candies can cause blood-glucose levels to rise, but foods don't have to taste sweet to cause such a spike.

The foods that can increase blood-glucose levels are often not what you think. Identifying and reducing intake of those foods is key to helping patients with abnormal glucose levels take the right steps toward healthier eating.