

## 4 ways to help patients with chronic disease make dietary changes

JUL 9, 2020

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Diets high in saturated fats, sugars and refined carbohydrates have contributed to the current prevalence of obesity, type 2 diabetes and cardiovascular disease. The connection between diet and these conditions takes on special significance in this time of COVID-19—it has served as a reminder to physicians to pay close attention to health and wellness in all patients. It has also shed light on the importance of prioritizing preventive care, specifically addressing diet and nutrition in patients with chronic diseases.

“For good reason, the top-of-mind public health measures to help prevent COVID-19 are social distancing, wearing masks, and hand washing,” said AMA member Stephen Devries, MD, a cardiologist and executive director of the educational nonprofit Gaples Institute in Deerfield, Illinois. “In addition to these critically important measures, the question is how can we position our patients’ in the long-term to optimize their health going forward?”

The early data suggest that “the top risk factors for severe COVID-19 infections include obesity, hypertension, diabetes and cardiovascular disease” said Dr. Devries, adding that these conditions “are exquisitely amenable to diet.”

Additionally, data shows that diet and lifestyle can prevent a significant proportion of type 2 diabetes and coronary heart disease, he added. “There is no time like the present for all of us to double-down on encouraging patients to make the lifestyle changes that can prevent these conditions.”

Here is what physicians can do to help patients be mindful of healthy eating habits to reduce their risks on multiple fronts.

### Start a discussion about nutrition

The most important step is to ensure that patients understand that nutrition is a priority. To introduce the topic, physicians can say, “Let’s look forward and see how we can optimize your health during the pandemic and beyond.”

Nutrition should be “included in the checklist that physicians go over with their patients to talk about keeping them safe,” he said. “The conversation with patients that follows can include dietary recommendations as well as discussion of the need for a referral to a dietitian for more complex needs.”

Learn more about how to talk with your patients about nutrition.

## Suggest a nutrient-rich diet

In addition to not smoking and increasing physical activity, counseling patients to adopt a nutrient rich diet is key.

“Examples include a Mediterranean-style diet, DASH, and a whole food vegetarian or vegan diet,” said Dr. Devries. “These dietary patterns have been shown to reduce the risk of atherosclerosis and diabetes and may be helpful to improve immune function as well.”

“Healthful nutrients in these diets that may have immune benefits when consumed from whole foods—not supplements—include vitamins C, D, and E; trace elements concentrated in beans, lentils, seeds, and leafy greens; and a wide range of polyphenols with antioxidant properties found in fruit and vegetables,” he said.

Learn more about skipping diet labels and how to help patients make real changes that last.

## Enhance conversations through telehealth

When stay-at-home orders went into effect, physician practices and health systems turned to telehealth to reach their patients.

“In our new medical landscape of telemedicine, many physicians are now reporting that the time not spent on a conventional physical exam allows them more time to counsel patients,” said Dr. Devries. “A great use of that time would be to bring up the idea of nutrition and lifestyle, and to at least begin the conversation with their patients to make sure that they understand that nutrition is a priority.”

Learn more from the AMA about strengthening long-distance care for chronic disease patients and how to establish telehealth.

## Be ready to answer basic nutrition questions

Physicians should be able to provide general nutrition guidance on healthful dietary patterns and be confident in responding to basic nutrition questions.

“While physicians are not in a position to give very detailed advice on complex nutritional needs, I think they should be well equipped to address some basic questions and to provide evidence-based guidance about the components of a healthy diet,” said Dr. Devries. “This gets back to the issue about the lack of nutrition education in medical training. Nutritional facts are not necessarily intuitive—they need to be learned.”

This can be accomplished by acquiring “some solid foundational knowledge in nutrition” that goes beyond oft-repeated, and, perhaps less impactful generalities,” he said.

One way to obtain further knowledge is through the self-paced, interactive CME program, “Nutrition Science for Health and Longevity: What Every Physicians Needs to Know,” designated for a maximum 4 *AMA PRA Category 1 Credit™*, which helps physicians begin an effective nutrition conversation with patients. The four-hour, self-paced course is developed and hosted by the Gaples Institute for Integrative Cardiology, a nonprofit focused on enhancing the role of nutrition and lifestyle in health care. The program, updated May 2020, includes new sections on physician self-care, popular diets, and food insecurity.

The course includes four modules that are distributed in collaboration with the AMA Ed Hub™, an online platform with high-quality CME/MOC from many trusted sources to support lifelong learning of physicians and other medical professionals. With topics relevant to you, the AMA Ed Hub also offers an easy, streamlined way to find, take and track educational activities in one place, with automatic CME/MOC credit reporting for some state and specialty boards.