Health Living is the Best Revenge:
Motivating Patients to Lifestyle Change and Better Health

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Disclosures

- The presenter has no financial affiliations with pharmaceutical companies
- The presenter is employed as a Nurse Practitioner in a Federally Qualified Community Health Center doing primary care

BIASES

- Lifestyle is a powerful tool to treat and prevent many health conditions
- Patients can and will make lifestyle changes
Objectives

1. Discuss the impact of lifestyle, behavior, and obesity on health in the United States
2. Identify challenges people face to making behavior changes
3. Describe strategies to help patients make behavior changes to improve their health

GOALS:

1. Happier, healthier patients
2. Lower health care costs
A Tale of Two Patients: Who is healthier?

55 y/o Patient 1 with diabetes
- A1c 6.8% on 3 oral agents and basal insulin, up from 6.4%
- B/P 118/80 on 3 b/p medications
- LDL-C 98 on simvastatin 40mg
- Asked about smoking and gave Rx for Chantix
- Weight measured: BMI 43, up from 39 six months ago (on 9 medications)

55 y/o Patient 2 with diabetes
- A1c 7.4, no meds, down from 8.1%
- B/P 142/88, no meds, down from 160/100
- LDL 108 on no meds, down from 157
- Quit smoking 2 weeks ago cold turkey
- Weight measured BMI 33, down from 40 a year ago (taking no medications)
United States Health Care

The Democrats and the Republicans Agree on something

...health care is too expensive!

The United States spends more per capita on health care than every country except the Marshall Islands

WHO ranks the US health status 37th, between Costa Rica and Slovenia

Per Capita National Health Spending Reached $4,637 in 2000

- **Up to $8247 in 2010!**
- In 1950 the US health status rank was 7th, Now it’s 37th!

The Commonwealth Fund based on 2007 International Health Policy Survey; 2008 International Health Policy Survey of Sicker Adults; 2009 International Health Policy Survey of Primary Care Physicians; *OECD Health Data, 2009* (Paris: OECD, Nov. 2009).

What are the causes of poor health and high costs?
The evolution of mankind

2.5 mn years

50 years
FRENCH FRIES:
Health Care Costs Increased with Serving Size

30 Years Ago

210 Calories
2.4 ounces
$1733 Per Capita

Today

610 Calories
6.9 ounces
$8247 Per Capita

Calorie Difference: 400 Calories
Health Care Spending Difference: $6514
Michael Porter on US Health Care

- We are on an unsustainable trajectory
- Focus must be on **increasing value for patients** (health outcomes per dollars spent)
- Achieving and maintaining good health is inherently less costly than dealing with poor health

Case Study: Richard

- Began smoking as teenager, up to 3ppd by age 20
- MI at age 37, quit smoking, for a while
- 2nd MI at age 43
- 3rd MI at age 47 then quadruple bypass
- Resumed smoking, gained 40#, no exercise, working as executive with lots of stress and crises
- 4th MI at age 57, emergency stent placed
- Stent clogged in 3 months, stent redone
Case Study: Richard (cont’d)

3 months later, irregular heartbeat. Defibrillator implanted

FINALLY, he chose a healthier lifestyle
  – Personal Chef
  – Doctors travelling with him
  – Elliptical cross trainer carried on business trips in his private jet
  – Independently wealthy but increasing stress in job.

“It’s a testament to medical science he’s alive.”
(a leading cardiologist)
Did our health care system maximize Value (health outcomes per dollars spent) for Richard?

...or did it fail after his first MI?

You might know Richard, better known as Dick,

*Dick Cheney*
Treating Cause or Risk Factors?

“Treating only risk factors is somewhat like mopping up the flow around an overflowing sink instead of turning off the faucet.”

- 1.3 million angioplasties and 450,000 CABG’s performed annually at cost of over 100 billion dollars.
- Angioplasties and stents may not prolong life or prevent MI’s and CABG may relieve symptoms but prolongs life in less than 3% who receive it.
- 2 years after CABG, 90% have not changed their lifestyle!

Boden et. al. Am J. Cardiol. 2009;104:1-4
Morrison & Sacks. Cardioangiol. 2003;51:585-97
Almost Half of All Deaths are Lifestyle Related!

2.5 Million Deaths in US in 2005

- 500,000 associated with tobacco smoking (1:5)
- 400,000 associated with hypertension (1:5)
- 250,000 associated with overweight-obesity (1:10)
- 250,000 associated with physical inactivity (1:10)

Compared to:

- 51,000 from colon cancer (2:100)
- 40,000 from breast cancer (1.5:100)

EPIC Study

- 23,000 people doing 4 simple behaviors:
  - Not smoking
  - Exercising 3.5 hours/week
  - Eating healthy diet (fruits, vegies, beans, whole grains, nuts, seeds, and limited meat)
  - Maintaining healthy weight (BMI<30)

- Prevented:
  - 93% of Diabetes  - 50% of Strokes
  - 81% of Heart attacks  - 36% of Cancers

- Simply maintaining BMI<30 resulted in 67% cumulative reduction in these chronic diseases!

- If we had pills that did this all the expert guidelines would recommend them!

Traditional Change Motivators

- **Facts**
  - Giving information
  - Teaching

- **Fear**
  - Consequences
  - Progression of disease
  - Death?

- **Force**

Deutschman, Alan. Change or die: the three keys to change at work and in life. New York, Regan. 2007
A Model for Change

Relate: Patient forms a relationship with someone who inspires hope (emotion)

Repeat: Patient has time with the clinician to repeat strategies and working to overcome emotional struggles (practice)

Reframe: Learn new ways of doing things to find meaning and purpose in life finding greater joy in life through interconnectedness (perspective)

Deutschman, Alan. Change or die: the three keys to change at work and in life. New York, Regan. 2007
“When you’re depressed, getting through the day is more important than living to 86, even if you’re 85.”

The problems are not drinking, smoking and overeating

Real problems are

– Depression, loneliness, isolation, stress, unhappiness, powerlessness, fear, anxiety, purposelessness, hopelessness

People eat, drink and smoke to try to cope

Deutschman, Alan. Change or die: the three keys to change at work and in life. New York, Regan. 2007
Building A Relationship of Hope

- Affirm your patient for who they are and find something positive about them at each visit
  - “You’re a good person.”
    - Amazing how many people have never been told this
    - Point out what they are doing well in life
- Find something you have in common
- Use their name
- Celebrate progress towards the goal (not perfection)
- Put positive, affirming notes in lab letters
- Everyone is seeking to find hope or meaning in life in some way, we can help focus and direct that.
Questions to Ask

What’s the hardest thing for you right now in dealing with your _________(diabetes or any condition)?

If you could change one thing in your life right now, what would you change?

Are you interested in working on your weight?

How was your childhood?

Rolnick et. Al. 2008. Motivational Interviewing in Health Care
Lifestyle Change

- State message in positive words
- Don’t tell what TO do but ask what pt. COULD do
- Discuss positive results rather than negative consequences
- Change comes slowly, affirm progress, not chastise deficits
- More has to do with developing a positive self image than any behavior change
- Talk about the positive outcomes such as feeling better or stopping medications

J Am Acad Nurse Pract. 2012 Apr;24 Suppl 1:270-6
Deutschman, Alan. Change or die: the three keys to change at work and in life. New York, Regan. 2007
Simplifying Behavior Changes

- Give a few, simple strategies at each visit
- Goals like losing weight, exercising more, snacking less are too general and there are no clear steps to take
  - I will use my exercise bike every morning for 5 minutes before work
  - I will not buy potato chips at the store
- Make steps easy to accomplish. Going to the gym or buying special foods may be too much effort to start

Baumeister & Tierney. Willpower. 2011
Ideal vs. Improvement

- Perfection is a challenging place to be as you can only get worse.
- What is sustainable?
- Measure progress towards the goal, not achieving it.
  - Healthier food choices, not perfect foods.
  - Keep goals small to begin with.
- Is this the life you want?
- “How much should I weigh?”
“When you find yourself working harder than your patients you will always lose”

Monica Ramirez Basco
Nudge Theory

A fly was engraved in the urinals in Amsterdam Schiphol Airport…

http://www.urinal.net/schiphol/
Thaler & Sunstein. Nudge. 2008
Nudge Theory

A fly was engraved in the urinals in Amsterdam Schiphol Airport...resulted in 80% less “spillage” on floor.

Available at: www.urinalfly.com 12 for $10.00
Nudge Theory

- **INCENTIVES** (as opposed to punishment or penalties): We are loss averse. Losing something makes us twice as miserable as gaining something makes us happy.

- **DEFAULTS**: Design healthy interventions to opt out of rather than opt in.

- **GIVE FEEDBACK**: Inform people when they are doing well or how they might do better.

Intervention Techniques

- **SMACKS**: Eliminating choice, banning smoking or junk food in certain places
- **SHOVES**: Financial disincentives (cigarette tax) or restricting choices (No soft drinks in schools)
- **NUDGES**:
  - Information: Calorie counts on menus
  - Environment: Put the fruit/healthy food at eye level
  - Changes to default: salad default side option not fries
  - Use of norms: Providing information about what others are doing

Thaler & Sunstein. Nudge. 2008
http://www.local.gov.uk/documents/10180/11463/Changing+behaviours+in+public+health+-+to+nudge+or+to+shove/5ae3b9c8-e476-495b-89b4-401d70e1e2aa, accessed 4/24/14
Nudges

- **Priming:**
  - Asking about an intention makes stated intention more likely to happen.
  - Asking about a specific plan to achieve that intention makes it even more likely to happen.

- **Conforming:** People tend to do what those around them or doing (or what they think they are doing)

- **Feedback is a key part of the relationship**

- **Stop nagging, start nudging!**

Lunch at McDonalds

Angus CBO: 790
Angus Bacon & Cheese: 790
Angus Deluxe: 750
Angus Mushroom & Swiss: 770
Big Mac: 550
Quarter Pounder with Cheese: 520
Double Quarter Pounder with Cheese: 790
Hamburger: 250
Cheeseburger: 300
Double Cheeseburger: 440
McDouble: 390
Daily Double: 440
Filet-O-Fish: 380

accessed 10/25/12
Healthier Choices for Fast Food

“NONCOMPLIANT!”
“Assigning blame is ok for the moment, but it doesn’t make the problems go away.”

Antonio Banderas from the movie, the movie, ‘Take the Lead’
Why don’t patients do what we want them to do?

- There are other things going on in their lives
  - Ask about stressors/challenges
  - Ask about childhood
- Lack of support
- Lack of hope
Psychology of Exercise

- Getting started is the hardest part
- Not doing it is self-defeating, guilt feelings
- Missing 3 days loses the habit
- Perspective can help:
  - If goal 30 minutes and only 15 minutes achieved = FAILURE or not achieving goal
  - If goal 5 minute and 15 minutes achieved = TRIPLE GOAL!
- CDC Recommends 150 minutes/wk of exercise...so many people do none.
The 5 Minute Plan

- Reduces failure
- Exercise 5 minutes a day, 7 days a week
- Like brushing teeth or taking a shower
- Any time of day
- Can always do more than 5 minutes
- Mark progress, not failures
- Do something to get started today—make a reminder

J Am Acad Nurse Pract. 2012 Apr;24 Suppl 1:270-6
• The best diet is the one you don’t know you’re on
• People who are on a diet will eventually go off of a diet

Wansink, Brian. Mindless Eating: why we eat more than we think. Bantam, New York, 2006
Reasons We Eat Besides Hunger

- Social Eating
- Responsive Eating
  - Stress
  - Anxious
  - Depressed
  - Lonely
  - Bored
  - Angry

Reasons We Eat Besides Hunger

- Situational Eating
  - Watching TV
  - Going to Movies
  - Sports Events
  - Candy at the check out
  - And more...

- Habit

Strategies for Healthy Eating
Don’t Skip Breakfast

- Skipping breakfast resulted in:
  - Larger waist circumference
  - Higher fasting insulin level
  - Higher cholesterol
  - Higher LDL-cholesterol

- Slows metabolism
- Less willpower
- Cravings for high fat, sugary and salty foods likely to be greater

Am J Clin Nutr 2010;92:1316–25
Try to Eat Breakfast

- Not just carbs, something with protein
  - Hard boiled egg
  - Nuts added to cereal

- If eating breakfast out, make a healthier choice
## America Runs on Dunkin Donuts?

<table>
<thead>
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<th>C</th>
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<tr>
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<tr>
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<tr>
<td>Sausage Egg Cheese Biscuit Sandwich</td>
<td>1 sandwich</td>
<td>23</td>
<td>32</td>
<td>43</td>
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<tr>
<td>Supreme Omelet on a Croissant</td>
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<td>42</td>
<td>38</td>
</tr>
</tbody>
</table>

Fruits and Vegetables

- At 4 years, eating more fruits and vegetables persisted as a predictor of long term weight loss.
- People who eat diets rich in fruits, vegetables, and whole grains tend to have a healthier weight.
- Strive towards 5 fruits/vegetables a day.

Healthy Eating Strategies

- Make no change you can’t continue the rest of your life
- When eating, do nothing but eat, at the table, no TV, book, phone, newspaper, etc.
- Don’t eat anything with High Fructose Corn Syrup
- Eat “closer to the earth,” less processed foods
- Don’t eat after supper…try brushing teeth after supper
- When eating out, put some aside ‘to go’ at start

Tips to Improve Snacking

Don’t eat from the bag
- Put some in a small bowl
- Close package and put it away

Repackage snacks into serving size zip lock bags

Snack only at the table, on a plate

Try a fruit or vegetable first

Put tempting foods out of eyesight, in a high cupboard or low drawer (or don’t buy them at all!)

Name the emotion you feel before taking a bite
100 calories Less

- Reducing 100 calories per day
  - 700 calories per week
  - 36,500 calories per year or almost 10#!

- 200 calories a day would be 20# per year

- Small, simple changes, not a diet which result in consistent weight loss

- Sustainable change is the key
Follow Up Visits

- Consider follow up visits in 2-8 weeks for weight loss
- Find something positive
- At follow up, be sure to frame it in a positive way
- The visit may be frustrating for the patient but what we do may make a difference...though it may take years. Don’t give up on the patient.
Lifestyle Change in Action

In Fall 2010, Richmond Area Health Center began a program to Encourage and Affirm weight loss in Patients. Since then:

- ~1000 people have lost a cumulative >11,600#
- Prescriptions per user have decreased by 17% practice wide
- My own practice
  - 45% reduction in prescriptions per user, 60% less diagnostic tests and 37% less referrals.
  - Stopping more chronic meds than starting on 3:1 ratio (172 stopped to 59 started since March 2013)
Success will come when you:

- Believe in what you are doing
- Be passionate
- Build rapport
- Work with your patients existing beliefs
- Build a relationship of HOPE!
The HOKEY POKEY Clinic

A place to turn yourself around
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Suggested Reading

- **CHANGE OR DIE**
  By Alan Deutschman
  
- **Mindless Eating**
  By Brian Wansink, Ph.D.

- **Nudge**
  By Richard H. Thaler and Cass R. Sunstein
  
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*“Lay out some principles for change that might apply not only to companies but to many facets of life.” —Malcolm A. Moore, President*