



Can we enable tomorrow's doctors to feel more confident broaching the question of obesity with patients by using a structured dietary history?

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Background

- Obesity is 5th leading risk for death (WHO)
- One of the fastest rising chronic diseases (DoH)
- Increased RR type 2 diabetes (13x for women); colon cancer (3x); hypertension (4x for women); heart attack (3x for women); arthritis; OSA; incontinence; infertility; psychological problems
- Diabetes alone could 'bankrupt' the NHS within 20 years (Daily Mail...)



Do behavioural interventions help?

Condition	Health benefits of modest (10%) weight loss
Mortality	<ul style="list-style-type: none">• 20–25% fall in overall mortality• 30–40% fall in diabetes-related deaths• 40–50% fall in obesity-related cancer deaths
Diabetes	<ul style="list-style-type: none">• up to a 50% fall in fasting blood glucose• over 50% reduction in risk of developing diabetes
Lipids	<ul style="list-style-type: none">• 10% fall in total cholesterol, 15% in LDL, and 30% in TG, 8% increase in HDL
Blood pressure	<ul style="list-style-type: none">• 10 mmHg fall in diastolic and systolic pressures

Department of Health

At what point should we teach tomorrow's doctors to intervene?

- When patients to ask for advice about losing weight?
- When a patient presents with obesity-related pathology (e.g. diabetes)?
- At every opportunity?
- Compare this to smoking...

5A's
TIPS FOR CLINICIANS



"I'm afraid there's not much I can do for you now. You should've come in sooner, before you got sick."

My research question

- Came out of on-going 'action research' evaluating our community-based teaching
- First round analysis showed barriers to medical students pro-actively addressing obesity in a consultation
- No transferrable evidence-based teaching methodology in the literature:

Bass et al., 2004	First-year medical students. Assessing student's recall of two lectures and expert patient activities.
Carson, 2003	Fourth-year medical students. Assessing whether students knew whether to measure waist circumference when assessing BMI.
Banasiak & Murr, 2001	Third-year students on a bariatric surgery firm assessed for knowledge of obesity guidelines.
Rourke & Kavey, 1999	Second-year medical students assessing visual vs standardised body fat measurement techniques.
Wiese et al., 1992	First-year medical students. Assessing knowledge of genetic influences on obesity and stereotyping after watching a video and role play.

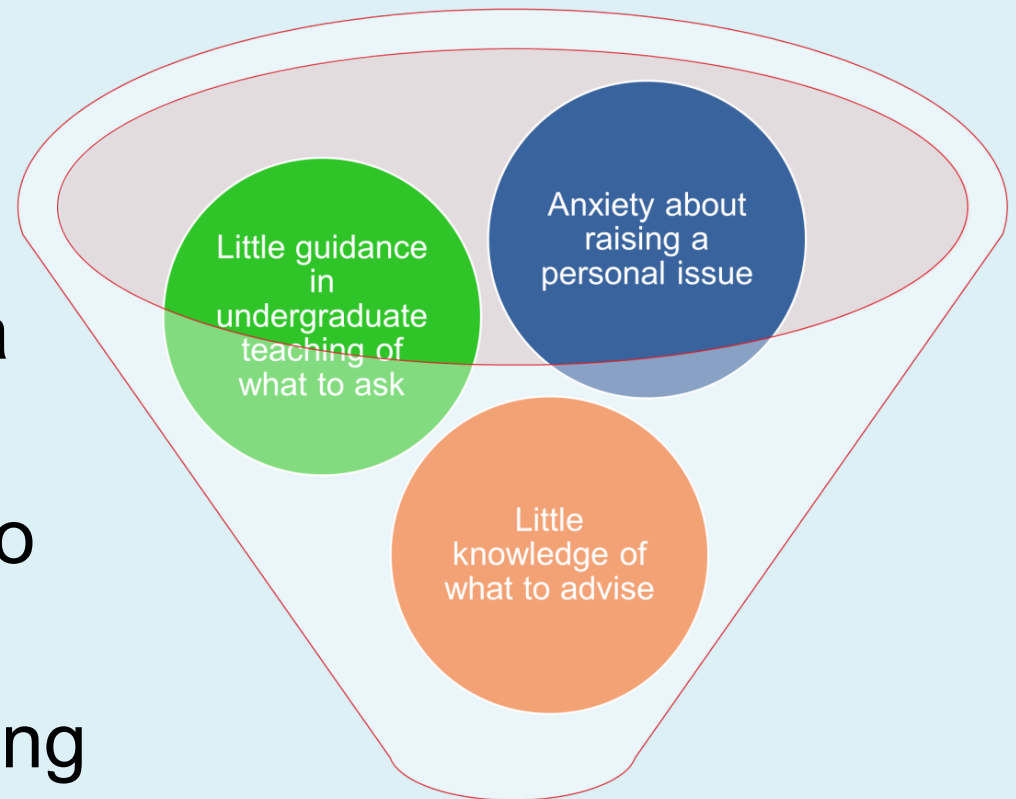
Barriers to addressing obesity

I felt that I had built a good rapport with her, and found it quite hard to talk about something so personal, particularly when using phrases like “morbidly obese”. On the other hand I had no problems with talking about her diabetes, hypertension and other “medical” problems. On reflection it is easy to see why GPs may avoid talking about a patient’s weight during a consultation.

I approached the consultation with consternation. I’m accustomed to discussing people’s smoking habits but confronting their weight is not something I felt very comfortable doing and have very little experience in. I have still not observed a single consultation where the doctor had approached the subject of weight, despite meeting many overweight and obese patients.

Barriers to addressing obesity

- Judgemental attitudes
- Nervousness at raising a sensitive topic
- Uncertainty about what to say/advise
- Lack of role models among senior colleagues



Obesity is often not being addressed until health problems begin

We need action!

- What is action research?
 - Evidence-based approach to learning improvement
 - Timely difference in front-line teaching
 - “Real-world research” (C. Robson, 2011)
 - Pragmatic approach to rigorous methods
 - Enough academic rigour for applicability outside our teaching institution
 - Progressive problem solving
 - May involve changes mid-study
 - Continuous evaluation and improvement

“ACTS” A Dietary History

A

Can I Ask you about your weight?

C

Do you have any Concerns over your weight? / Are you happy with your weight?

T

Can you take me through a Typical day's food and drink?

S

Do you eat a Special diet?

Ask the patient's permission to broach this sensitive topic



Let the patient talk first: motivations, barriers, beliefs, stressors, readiness to change



Take a dietary history to enable a meaningful plan to be negotiated

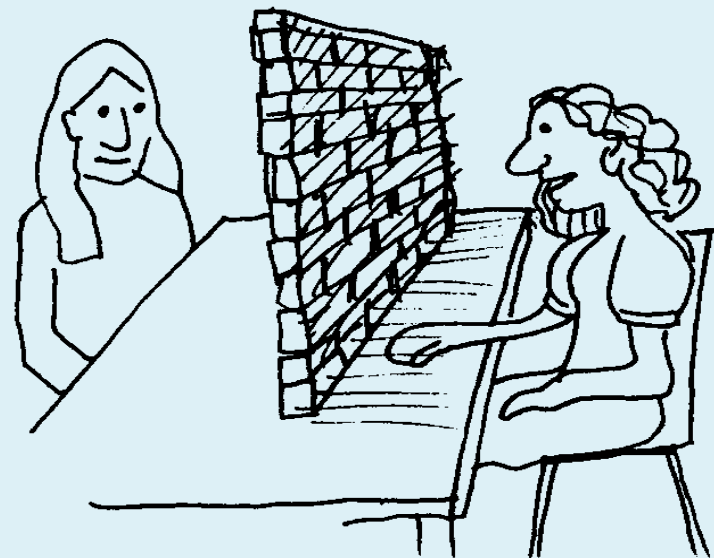


Understanding medical, cultural, religious and magazine-driven behaviours

Round 2 of action research!

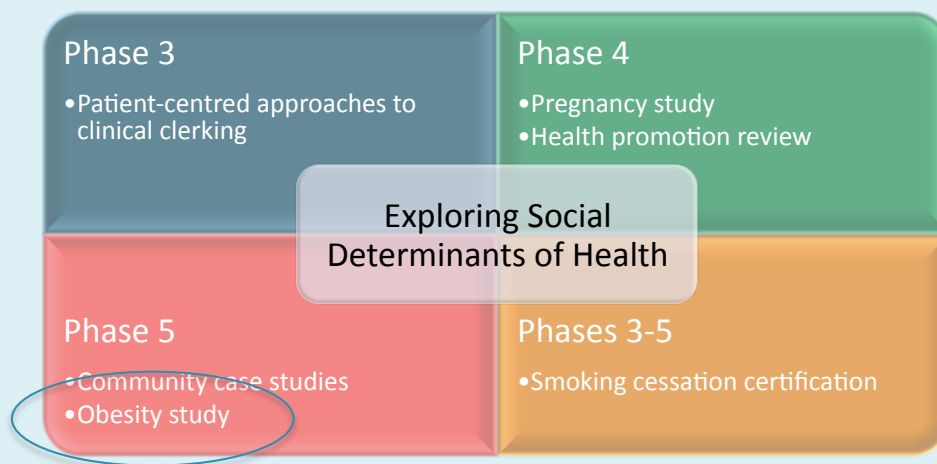
Research questions

- What was the impact of teaching a 'ACTS': A Dietary History
 - Proportion addressing obesity proactively
 - Depth of information gained
 - Meaningfulness of plans
- Did students perceive it to be useful or helpful?
- Did students find this helped them to address the barriers already identified?



Methods

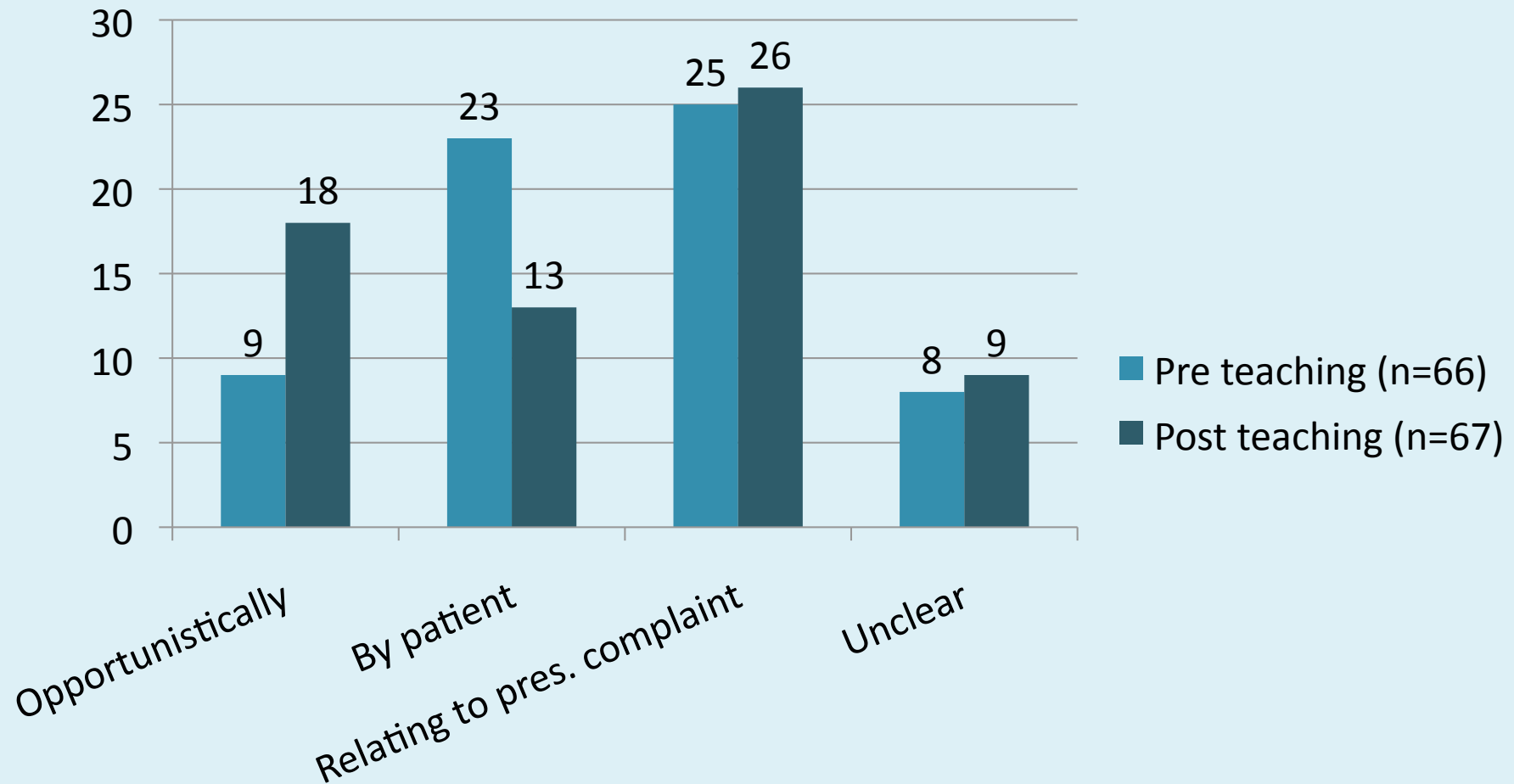
- Ethical approval
 - Option to opt out
- Data set of 400+ student case studies
 - 2 rotations prior to teaching on ACTS
 - 2 rotations post teaching



- 120 analysed (30/140 randomly sampled from each rotation)
 - 3 month GP rotation
 - Consulting independently with GP tutor support
- Quantitative data
 - Double coded with query checking
- Qualitative data
 - Organic thematic structure
 - A genuine listening exercise

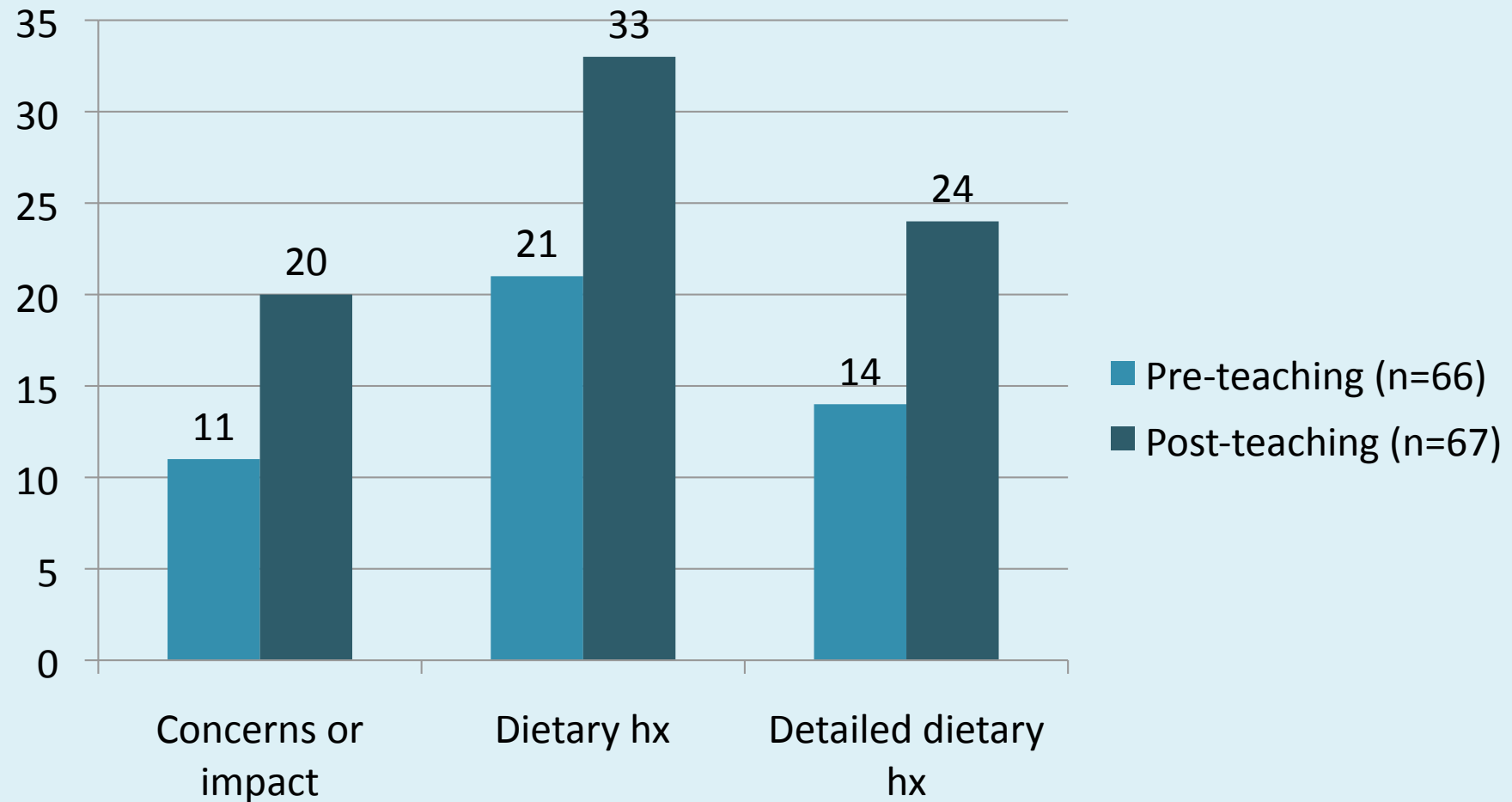
N.B. Data is awaiting confirmation by second coder, and further results from R2, R3 this year

How was the topic broached?



More students wrote reports on opportunistic encounters after teaching $p < 0.05$

Depth of information elicited



Depth of reported information on concerns and diet increased after teaching $p < 0.02$
Increase in students reporting a detailed dietary history, not significant

Reflections on broaching the topic

- Findings indicate:
 - Addressing obesity in a consultation reduced perceived barriers to doing so again
 - Patients' reactions were overwhelmingly positive

One of the things that worried me was how I would broach the subject of the patient's weight without disrupting rapport. However, I found in practice it was not actually as difficult as I had perceived.

I learnt that patients with weight problems may want to talk about their weight and may even be relieved if the doctor raises the issue. Consequently in future I will feel less trepidation about raising the issue with a patient.

Reflections on broaching the topic

- Knowing what to ask and advise gave students confidence
 - Local referral options
 - A good plan required knowledge about the patient's current diet/exercise/lifestyle
- A non-judgemental, direct approach was seen as most successful by students
 - A patient-centred approach to agreeing a plan
 - Understanding motivations, beliefs, concerns and barriers

Reflections on using ACTS

I opened up the conversation with the question “may I ask you about your weight?” which was suggested in one of the campus block lectures and it felt really easy and appropriate to use. She replied with a very enthusiastic “yes!”

I then spoke to the patient about her weight and took a dietary history using the ‘ACTS’ mnemonic which was introduced to us in campus block. I thought it was a useful tool and provided me with starting questions from which I could take the history further.

I think when discussing someone’s weight in future, I would ask their dietary history sooner, I waited until we were quite far into the consultation to ask her, and I think it would have been more useful to know earlier on and discuss how it could be improved.

Conclusions, recommendations and... more action!

- 'ACTS' is seen as useful and acceptable
 - It enables students to broach the topic
 - It increases the depth of information gathered
- Confidence dramatically increases if topic broached successfully once
 - ACTS may enable them to make this first step
- Recommend teaching includes strategies for broaching as well as behavioural change skills
- Next stage of action research: GP tutor involvement seen as key
 - 60 funded places for workshop in May

Any questions?

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