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Unit No. 3

IMPROVING ADHERENCE TO MEDICAL NUTRITION THERAPY WITH BEHAVIOUR MODIFICATION EMBEDDED IN PRACTICE

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ABSTRACT

Nutritional assessment, intervention, and result evaluation are all influenced by changes in nutrition-related behaviour. The combination of medical nutrition therapy and behaviour modification is supported by evidence-based medicine. The evidence is compelling in those with type 2 diabetes and obesity. When compared to CBT self-monitoring, meal replacements, and/or organised meal planning, motivational interviewing was found to be the most superior and highly effective counselling technique. Although goal-setting, problem-solving, and social support are useful tactics, further research in more diverse populations are required. We will focus on increasing adherence to medical nutrition treatment with behaviour modification in this review of the literature.

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INTRODUCTION

General practitioners (GPs) are at the forefront of the evidence-based medicine movement, demonstrating how nutritional treatments are quantifiably successful. Individuals and medical professionals have different attitudes and views regarding diabetes. Understanding the serious impact of long-term diabetes on quality of life is better understood by doctors than by patients. Therefore, closing this information gap and creating a partnership between the patient and the healthcare professional is crucial. Effective communication becomes important in this situation. Traditional training for healthcare professionals emphasises a prescribed manner of speaking. Although there are numerous circumstances such as regular visits to GPs for common seasonal ailments, and general health follow-ups where this approach is suitable, it should not be the only way to interact with patients. There are times when the patient cannot simply be told what to do; this is particularly true in cases where a change in behaviour or lifestyle is required. Often, we cannot simply advise the patient to exercise more or eat less and anticipate an immediate improvement. Engaging the patient's motivation, vigour, and dedication is vital whenever a change in behaviour is required.[1-10] There are few studies that focus on Medical Nutrition Therapy and patient-centred issues as primary outcomes, despite the abundance of evidence on improving clinical results in the management of diabetes. Patients typically favour a patient-centred approach to communication over a more conventionally directive one.

Understanding the patient's perspective on their sickness enhances adherence and the doctor's effectiveness. When patients and clinicians have different cultural origins and different expectations and values regarding healthcare contact, the problem is made much more difficult.

MOTIVATIONAL INTERVIEWING IN HEALTHCARE

The first description of Motivational Interviewing (MI) was made in 1983 to treat medical conditions such as alcoholism with a high recidivism rate. "MI is a person-centric counselling style for addressing the common problem of ambivalence about change" (Miller & Rollnick, 2013).[15] By examining and resolving ambivalence, MI helps to identify the core reason for the change, making an informed action-based decision for realistic short-term goals, minimising or avoiding judgement of self, accepting that there will be successful days and some days of unsuccessful days too and thus, it is a patient-centred, prescriptive strategy for strengthening and internal drive to change. The acronym RULE can be used to condense these principles: **R**esisting the righting response; **U**nderstanding and exploring the patient's own motivations; **L**istening with empathy; and **E**mpower the patient.[16] Patients with obesity, dyslipidaemia, cardiovascular disease, asthma, and other conditions have all benefited from its use. In the treatment of a wide range of behavioural issues and disorders, MI performs better than conventional counsel giving.[11-15]

MOTIVATIONAL INTERVIEWING AND DIABETES TYPE 2 AND OBESITY

A significant challenge in encouraging medical treatment is inducing a behavioural change in patients. The effectiveness of pharmacotherapy, health literacy, physical activity levels, and healthy/unhealthy diets all have a role in the management of chronic diseases like diabetes, hypertension, and obesity. In this setting, MI earned increasing support as a wholly efficient method with broad disease-management capabilities.[6] The effectiveness of MI has been credited to giving patients rather than medical personnel the power to alter their behaviour.

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Many studies have demonstrated that MI enhances physical activity, lowers waist circumference, lowers A1c, and improves glycaemic management, well-being, and quality of life.[10-15] It also decreases dietary fat intake and waist circumference. It has been emphasised through extensive studies on managing diabetes and obesity that doctors should function as counsellors for their patients, allowing treatment choices to be made based on a mutual understanding between the patient and the doctor. As a result, MI has gained recognition as a ground-breaking and successful strategy in the world of healthcare for bringing about behavioural change in patients spanning many medical demographics and disciplines. Successful applications of motivational interviewing include enhancing therapeutic involvement, enhancing emotional well-being, and boosting motivation and self-confidence for change.[9-12]

CBT TARGETING DIABETES PREVENTION AND TREATMENT

The outcomes of type 2 diabetes patients who underwent intense, intermittent CBT for 6-12 months are particularly impressive. CBT in the research group demonstrated that nutrition counselling led to highly significant improvements in high-density lipoproteins: a decrease in the use of diabetes, lipid-lowering, and hypertension medications when compared to the controls; decreased triglyceride levels; increased fitness levels; a decrease in the prevalence of urine albumin-to-creatinine ratios >30 g/mg; and a decrease in the number of patients who met the criteria for metabolic syndrome.[5-7]

CBT TARGETING WEIGHT MANAGEMENT

Six studies – five RCTs met the requirements for inclusion in the weight management category.[10-15] Weight loss interventions for diabetes control or cardiovascular disease prevention were described individually. According to all trials, behavioural therapy greatly helped the weight loss. Strong evidence was presented that weight reduction obtained with CBT with a duration of six months or less resulted in sustained weight loss and prevented additional weight gain at least 18 months posttreatment by one meta-analysis (containing 29 RCTs), four RCTs, and three observational studies.[3-6]

SELF-MONITORING

A patient who practises self-monitoring keeps a log of their thoughts, feelings, dietary choices, physical activity, and/or health data (e.g., blood sugar). In order to help the patient with problem-solving and goal-setting, GPs evaluate the patient's record for triggers and trends.

REWARD STRATEGIES

With the help of reward techniques, a healthcare professional or a patient might utilise incentives to encourage a certain behaviour change. Rewards can be used in nutrition counselling to encourage attendance, the completion of food logs, and weight loss, or they can be patient-determined rewards for achieving a specific objective.[3-6]

PROBLEM-SOLVING

Identifying obstacles to goal achievement, brainstorming solutions, weighing the benefits and drawbacks of potential solutions, putting solutions into practice, assessing the effectiveness of solutions, and adjusting strategies are all common problem-solving techniques that are used collaboratively with patients.

Social Support

The ability to create and use a network of family, friends, co-workers, and health professionals for knowledge, encouragement, emotional support, and improving the environment to support behaviour change is referred to as social support.[3-8]

Goal Setting Goals

Setting goals is a collaborative process between a patient and a general practitioner in which a patient chooses from a variety of possible courses of action what he or she is willing to put forth the effort to achieve.[1-5]

Stress Management

Nutrition counselling circumstances occasionally make use of stress management advice aimed at both environmental stress (e.g., advice to plan ahead or apply time management skills) and emotional stress (e.g., use of positive self-talk or relaxation activities).[2-7]

ENGAGING THE PATIENT IN MINUTES

The process of engaging need not take much time to begin and can be done quickly. In primary care, deliberate time allocation for informed engagement and interaction comes before hurried fact-gathering or information-sharing. The vast executive capabilities of MI have made it the ideal communicational approach for dealing with a variety of problems, as well as making it adaptable to a variety of patient populations receiving primary care from specialists. In reality, MI's focus on the patient has made it inherently adaptable, which has contributed to its widespread acceptance and supports it as a therapeutic approach with superior efficacy compared to other strategies for a range of demographics.

DISCUSSION

This review paper shows that it is extremely important to encourage long-term adherence. The long-term advantages of health promotion and treatment programmes can be significantly hindered by failing to follow through with recommended behaviour changes. In order to help patients adjust their behaviour in a healthy way over the long term, healthcare providers are essential. Early delivery of behaviour-based weight management interventions to people who are

at high risk of gaining weight or developing a weight-related chronic illness (such as type 2 diabetes, hypertension, or CVD) can stop the disease from progressing and assist people in making long-lasting behavioural changes. Motivational interviewing (MI) can aid professionals in determining a patient's readiness for change and, if necessary, assisting in the planning stages of initiating change.

CONCLUSION

GPs are urged to provide effective nutrition counselling programmes by utilising behaviour change theories and techniques. For GPs who want to improve the effectiveness of their counselling, advanced training in the application of theory-based techniques is both available and advised. The medical and paramedical profession will be better able to comprehend the complexities of nutrition-related behaviour change and motivational interviewing techniques that are successful in helping patients achieve behavioural change goals if evidence-based interventions are regularly used and documented.

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LEARNING POINTS

- **Motivational Interviewing enables GPs to unite patients with their own health journey through behaviour modification in routine care for overweight, obesity and diabetes.**
- **Goal setting empowers both the GP and the patient by placing them at the centre of small action-based steps to follow up during subsequent visits.**
- **Self-monitoring by patients with food diaries, exercise logs, blood sugar monitoring, and digital trackers improves patient compliance and presents a realistic review at every GP visit.**
- **Creating and enabling an environment at home and work that supports behaviour change facilitates the patient's health journey for overweight, obesity and diabetes.**