

# **Go Further with Food:**

*How to enhance your practice & improve patient outcomes by providing nutrition guidance that is reliable, relevant, & realistic*

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# March is National Nutrition Month



Check out [EatRight.org](http://www.eatright.org) for resources and patient handouts

<http://www.eatright.org/resource/food/resources/national-nutrition-month/national-nutrition-month>



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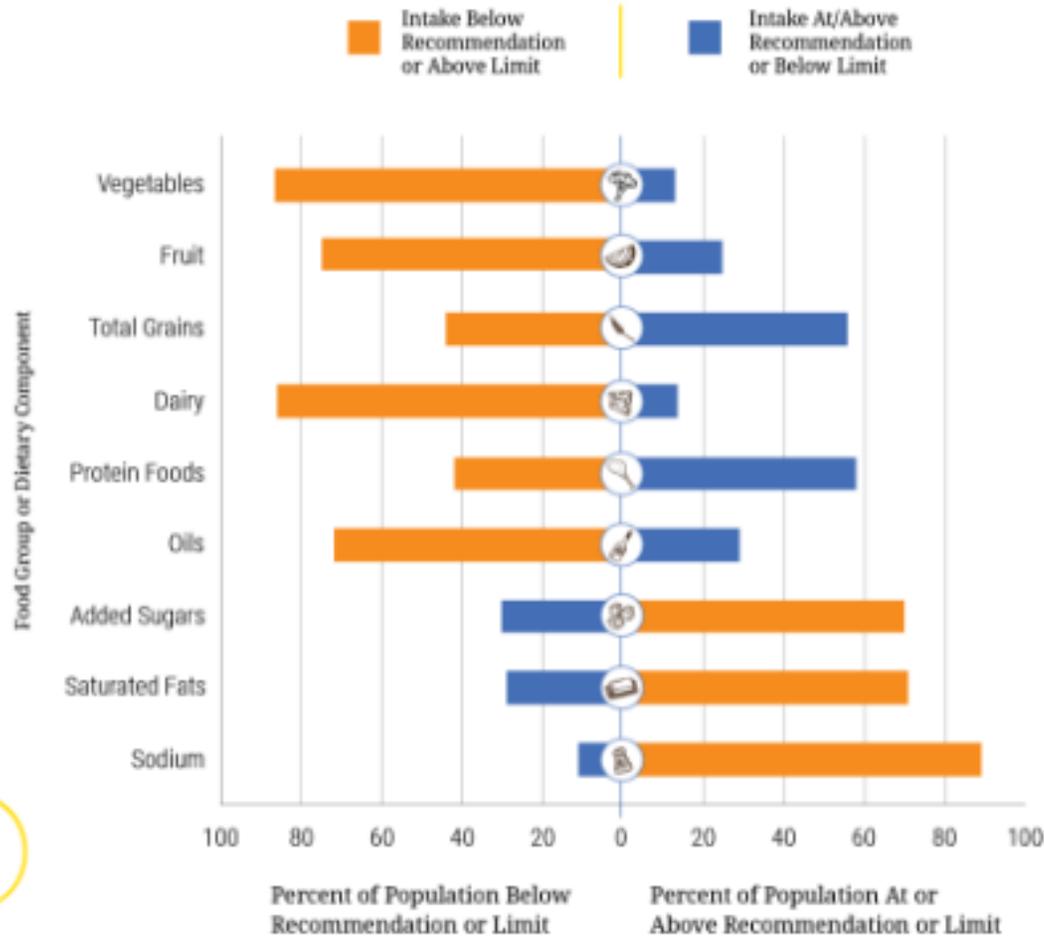
# Disclosures

- No conflicts of interest relevant to the content presented
- I am a Registered Dietitian and member of the Academy of Nutrition and Dietetics.



Figure 2-1.

**Dietary Intakes Compared to Recommendations. Percent of the U.S. Population Ages 1 Year and Older Who Are Below, At, or Above Each Dietary Goal or Limit**



Adherence to  
2015 Dietary  
Guidelines  
for Americans



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***“The modern world makes it very easy to out-eat exercise & nearly impossible to out-exercise excessive eating.”***

***– Dr. David Katz***



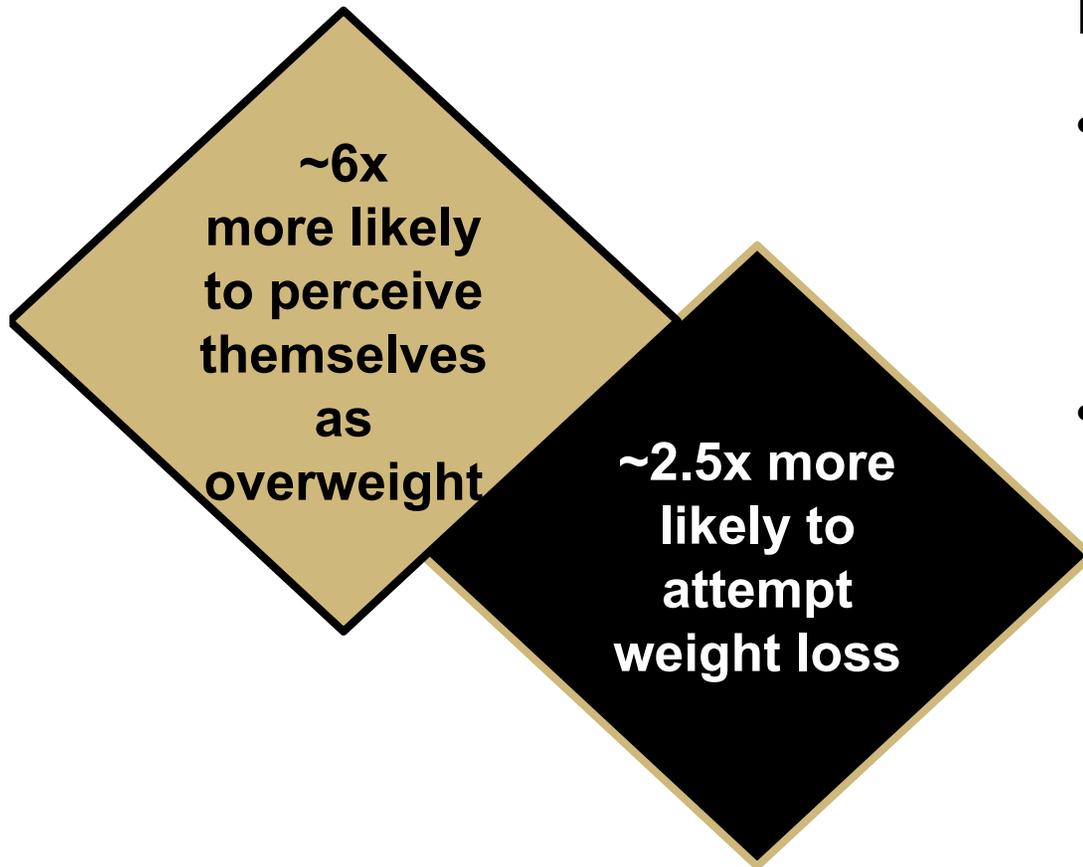
# What Influence Could I Possibly Have?



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If patients hear from a physician or other healthcare professional that they are overweight, they are...



In this study...

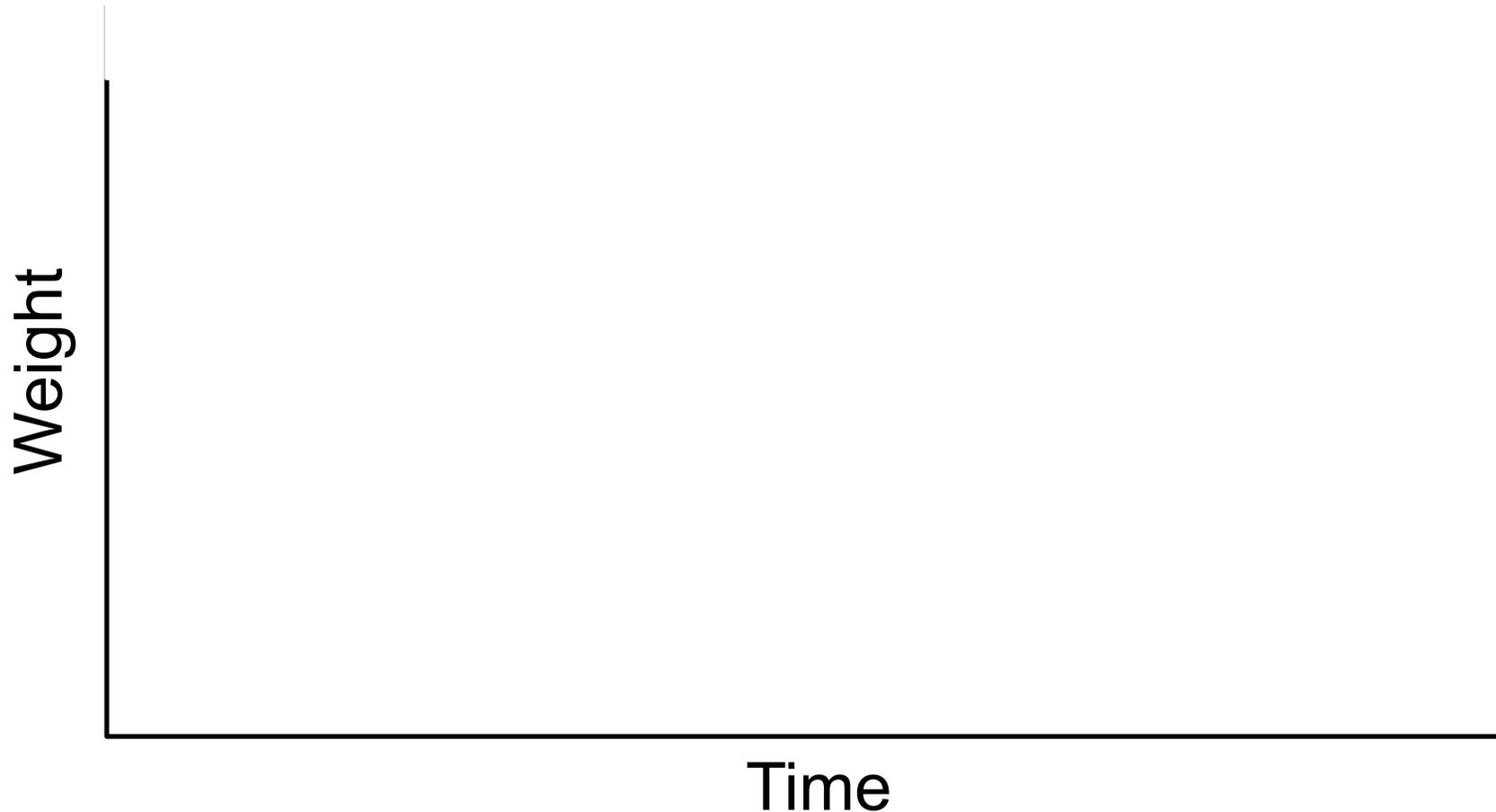
- 45.2% of individuals with BMI  $\geq 25$  had been told they were overweight
- 66.4% of individuals with BMI  $\geq 30$  had been told they were overweight

# Evaluate Dietary Habits

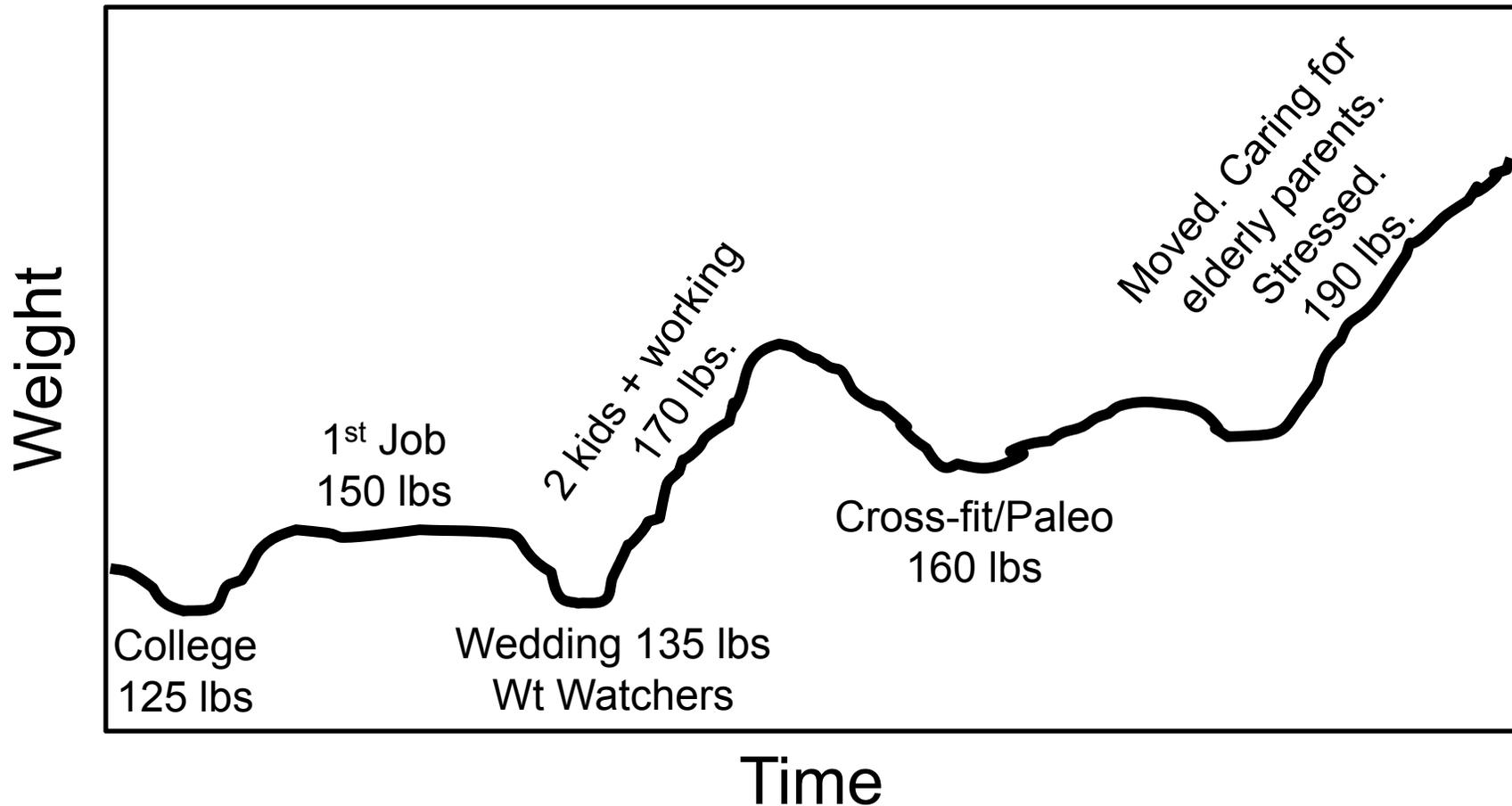


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# Incorporate Weight, Diet (& Exercise) History Into Standard Paperwork



# Incorporate Weight, Exercise, and Diet History Into Standard Paperwork



# Incorporate Assessment of Current Habits Into Standard Paperwork

## Diet Screeners:

- Participant kept food records
- 24-hour recalls
- Food-frequency Questionnaire (on-line options)
  - Options, but likely not the most practical in primary care setting to administer & analyze



**REAPS (Rapid Eating Assessment for Participants - Shortened Version)**  
 CJSegal-Isaacson, EdD RD, Judy-Wylie-Rosett, EdD RD, Kim Gans, PhD, MPH

In an average week, how often do you:	Usually/ Often	Sometimes	Rarely/ Never	Does not apply to me	
1. Skip breakfast?	0	0	0		
2. Eat 4 or more meals from sit-down or take out restaurants?	0	0	0		
3. Eat less than 2 servings of whole grain products or high fiber starches a day? <b>Serving</b> = 1 slice of 100% whole grain bread; 1 cup whole grain cereal like Shredded Wheat, Wheaties, Grape Nuts, high fiber cereals, oatmeal, 3-4 whole grain crackers, ½ cup brown rice or whole wheat pasta, boiled or baked potatoes, yuca, yams or plantain.	0	0	0		
4. Eat less than 2 servings of fruit a day? <b>Serving</b> = ½ cup or 1 med. fruit or ¼ cup 100% fruit juice.	0	0	0		
5. Eat less than 2 servings of vegetables a day? <b>Serving</b> = ½ cup vegetables, or 1 cup leafy raw vegetables.	0	0	0		
6. Eat or drink less than 2 servings of milk, yogurt, or cheese a day? <b>Serving</b> = 1 cup milk or yogurt; 1½ - 2 ounces cheese.	0	0	0		
7. Eat more than 8 ounces (see sizes below) of meat, chicken, turkey or fish per day? <i>Note: 3 ounces of meat or chicken is the size of a deck of cards or ONE of the following: 1 regular hamburger, 1 chicken breast or leg (thigh and drumstick), or 1 pork chop.</i>	0	0	0	Rarely eat meat, chicken, turkey or fish 0	
8. Use regular processed meats (like bologna, salami, corned beef, hotdogs, sausage or bacon) instead of low fat processed meats (like roast beef, turkey, lean ham; low-fat cold cuts/hotdogs)?	0	0	0	Rarely eat processed meats 0	
9. Eat fried foods such as fried chicken, fried fish, French fries, fried plantains, tostones or fried yuca?	0	0	0		
10. Eat regular potato chips, nacho chips, corn chips, crackers, regular popcorn, nuts instead of pretzels, low-fat chips or low-fat crackers, air-popped popcorn?	0	0	0	Rarely eat these snack foods 0	
11. Add butter, margarine or oil to bread, potatoes, rice or vegetables at the table?	0	0	0		
12. Eat sweets like cake, cookies, pastries, donuts, muffins, chocolate and candies more than 2 times per day.	0	0	0		
13. Drink 16 ounces or more of non-diet soda, fruit drink/punch or Kool-Aid a day? <i>Note: 1 can of soda = 12 ounces</i>	0	0	0		
	<b>YES</b>			<b>NO</b>	
14. You or a member of your family usually shops and cooks rather than eating sit-down or take-out restaurant food?	0			0	
15. Usually feel well enough to shop or cook.	0			0	
16. How willing are you to make changes in your eating habits in order to be healthier?	1 Very willing	2	3	4	5 Not at all willing

## SERVE Acronym

Sugar-sweetened beverages & other liquid calories

Exercise habits

Regularity of meals and Restaurant use

Vegetable and fruit intake

Eating portion awareness

Segal-Isaacson C, *Diabetes Educ*, 2004

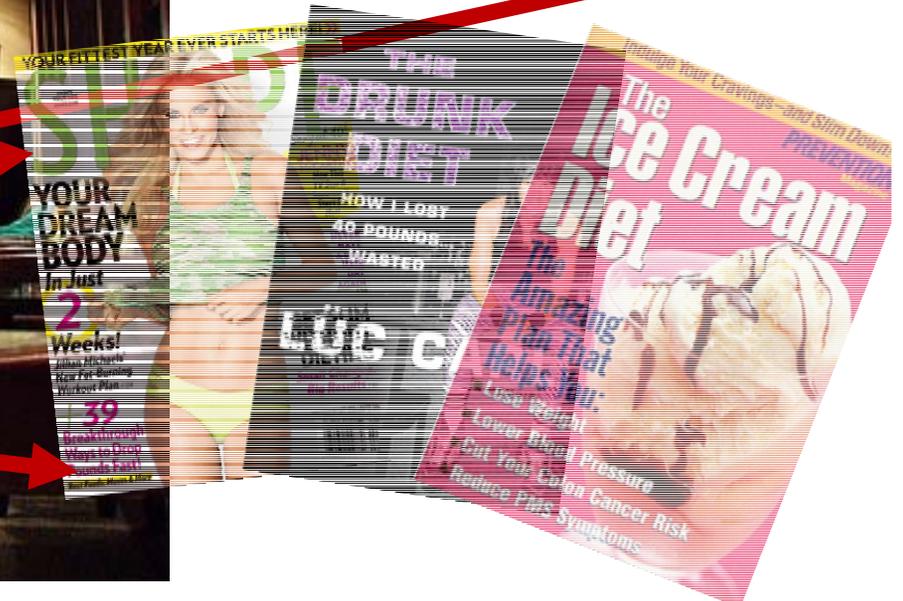
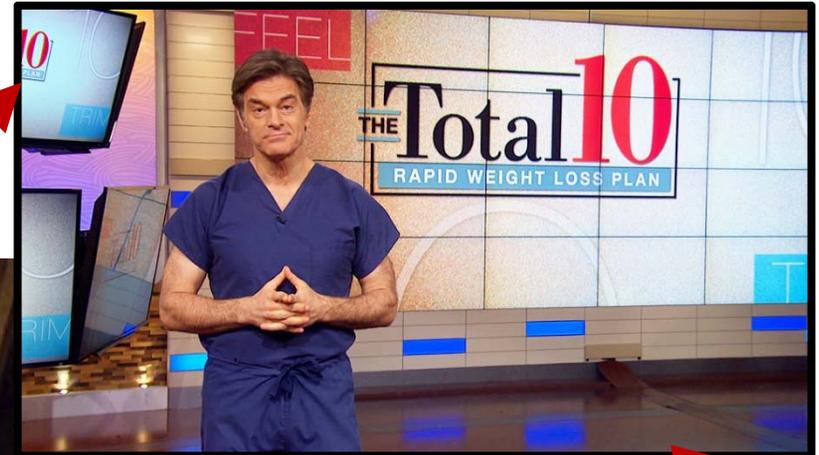
[https://epi.grants.cancer.gov/diet/shortreg/instruments/segal-isaacson\\_reap-s.pdf](https://epi.grants.cancer.gov/diet/shortreg/instruments/segal-isaacson_reap-s.pdf)



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# Make the Waiting Room an Extension of Your Advice...



# Getting the Conversation Going – The “5 As” of {Diet} Counseling

- Originally designed as a behavioral intervention strategy for smoking cessation.
- Has been modified for obesity and health-related behavior change.
- Tool that healthcare professionals can use as a framework to guide conversation.

*A way to out motivational interviewing skills to use  
during brief encounters*





# Great Content for Medicare Annual Wellness Visit



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# 5A's – Adapted to be Diet Specific

## Ask

- Ask for permission to discuss **dietary habits**
- Explore readiness for change.

## Assess

- Assess eating habits and history.
- Success and failures of prior attempts to alter behavior and perceived barriers for making changes.

## Advice

- Advise the patient about the health risks of 'poor' dietary habits, the benefits of changes, the need for long-term strategy, and treatment options.

## Agree

- Agree on realistic expectations, targets, behavioral changes, and specific details of the treatment plan.

## Arrange/Assist

- Assist in identifying and addressing barriers; provide resources; assist in finding and consulting with appropriate providers; arrange regular follow up.

# ASK: Helpful Phrases

- “Can we discuss your diet habits?”
- “Is it OK if we spend a little bit of time discussing your dietary habits?”
- “How do you feel about your dietary intake?”
- “Do you think your eating habits might be contributing to the *<medical problem>* that you’re having?”
- “On a scale of 1 to 10, how
  - ***important*** is it for you to change these behaviors?”
  - ***ready*** are you to change?”
  - ***confident*** are you in your ability to change?”



# ASSESS:

- Use intake forms as starting point for further probing
- Inquire about success/failure of previous efforts to change behaviors as well as perceived barriers to current changes
- **Diet:**
  - Location of consumption (home, work, TV, etc.)
  - Access to food; nutrition literacy; cooking skills
  - Eating-related triggers (stress, social, etc.)



# ADVISE:

- “May I offer you suggestions based on what you’ve told me?”
- “These measurements indicate that your diet/weight is likely contributing to your current **<medical problem>** and increasing your risk for **<DM, HTN, CA, CVD...>**. The good news is that improved diet/weight loss can substantially **<reduce risk of dz, improve dz>**.
- “If you’re interested, we can work together to create a plan of action to increase improve diet/lose weight”



# AGREE:

## Talk About the Big Picture & Create 1<sup>st</sup> Steps

- “Given all we have discussed what specific changes in your activity and diet habits would you like to make?”
- **Discuss realistic expectations:**
  - E.g. – Dream Weights ~38% weight loss<sup>1</sup>
    - *Effective interventions produce 5-10% weight loss w/clinically meaningful health improvements*
  - Unsustainable dietary/PA changes
- **If not ready to change:**
  - “It sounds like now is not the best time for you to make changes”
  - “You seem to be saying that you have life events that keep you from making changes, so what do you think is the best way for us to move forward at this time?”



Take one a  
day with tomato  
and cucumber.

FARMACY



# *The Metabolic Syndrome*

Diagnosis Established When 3 or More are Present

- Elevated Waist Circumference:
  - Men > 40 in; Women: >35 in
  - Population and country specific
- Elevated Triglycerides: >150 mg/dl
- Low HDL Cholesterol:
  - Men: <40 mg/dl
  - Women: <50 mg/dl
- Elevated Blood Pressure: >135/85
- Elevated Fasting Glucose: >100 mg/dl

Circulation, 2009



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# Diet Prescription:

## ***Therapeutic Lifestyle Changes (TLC) Diet***

- Component of ATP III Guidelines
  - REAP Questionnaire targets nutrients in this diet
- Weight loss of 5-10% in 6 months - 1 year

Nutrient	Recommended Intake
Saturated Fat	<7% total kcals
Polyunsaturated Fat	Up to 10% total kcals
Monounsaturated Fat	Up to 20% total kcals
Total Fat	25-35% total kcals
Cholesterol	<200 mg/d
Carbohydrate	50-60% total kcals
Fiber	20-30 g/d
Protein	~15% total kcals
Sodium	<2400 mg/d
Stanol esters	3-4 g/d

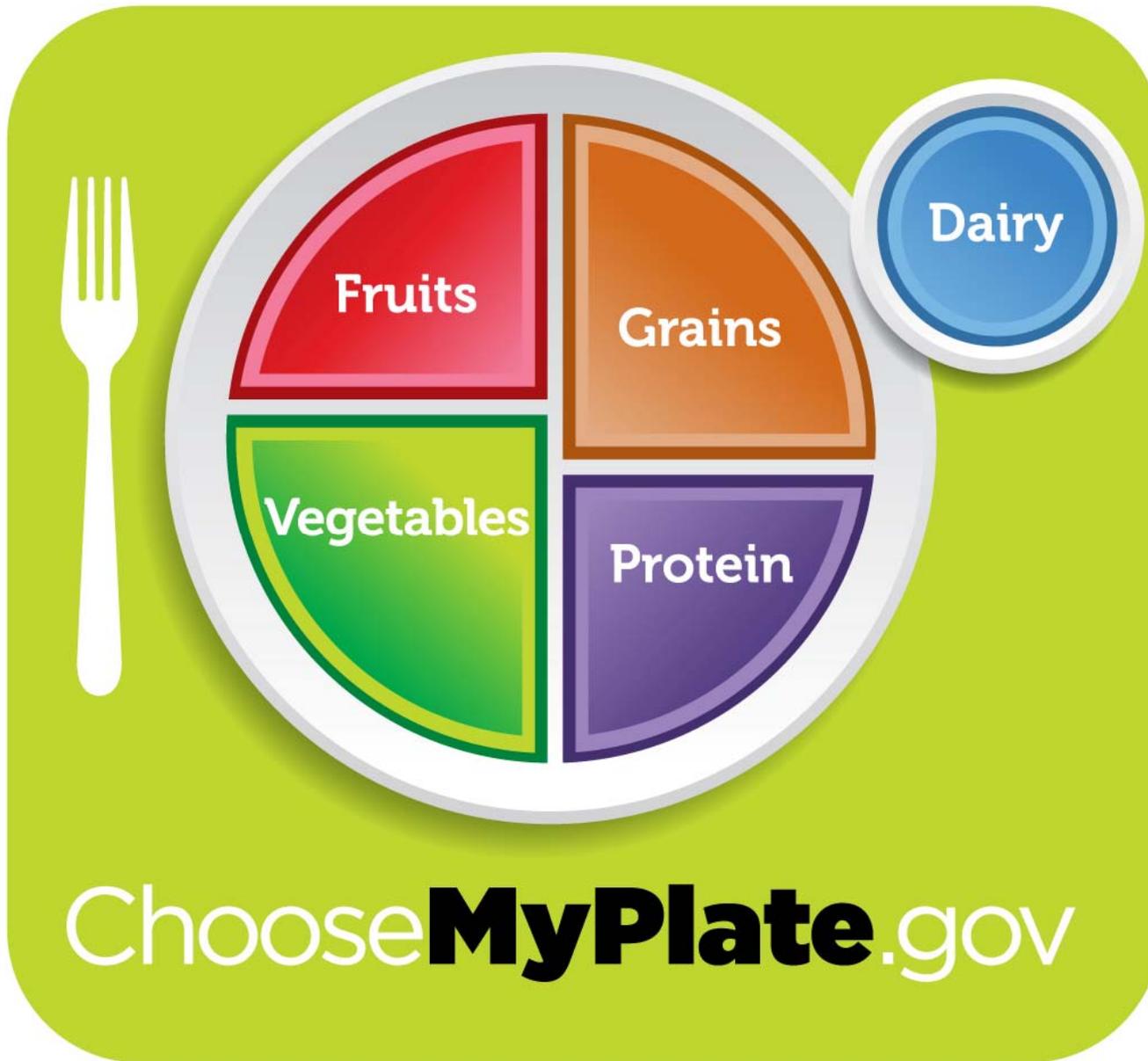


# Put In To Food Terms...

	More of These	Less of These
<b>Breads &amp; Cereals</b> ~6 svgs/d	Whole grain options, rice, potatoes, beans and peas	Bakery products & grain-based snacks
<b>Vegetables</b> 3-5 svgs/d	Fresh, frozen, canned, without added fat	Fried, prepared w/ butter, cheese, cream sauce
<b>Fruits</b> 2-3 svgs/d	Fresh, frozen, canned, dried	Fried or served with fat
<b>Dairy Products</b> 2-3 svgs/d	Fat-free/low-fat milk, yogurt, cheese	Full-fat milk, yogurt, ice cream, cheese
<b>Eggs</b> ≤2 yolks/wk	Egg whites, substitutes	Fried eggs w/fat added
<b>Meat, Fish, Poultry</b> ≤5 oz/d	Lean cuts (loin, leg, skinless poultry, fish)	Higher-fat cuts (ribs, bacon, fried items)
<b>Fats &amp; Oils</b>	Unsaturated oils, seeds & nuts	Saturated fats

\*Adjust serving sizes to calorie needs  
Weigh regularly





Choose **MyPlate**.gov



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# Referring Patients to Nutrition Professionals

Step 5 – “Arrange” / “Assist”



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# Connect w/Local Providers: Nutrition

- Contact College Nutrition Programs
  - Specific projects for UG and GRAD students
  - Experience for students w/faculty oversight
- Rotation Site for Dietetic Interns
- Office Space for Private Practice RD
  - Denver Dietetic Association, Colorado Academy of Nutrition and Dietetics.
  - Certified Diabetes Educators, Lipid Specialist Certifications, etc.



# Commercial Program Considerations

- Portion control—calorie counting, meal replacements, limiting certain food groups
- Regular, moderate intensity PA
- Self-monitoring—weight and food intake
- Behavioral support—individual and group sessions (online support?)
- Option for long-term participation or weight maintenance support



# Efficacious Commercial Programs

## 2015 Systematic Review<sup>1</sup> & 2017 RCT<sup>2</sup>

Program	Monthly Cost <sup>1</sup>	12-wk Wt. Loss <sup>2</sup>	Wt. Loss <u>vs.</u> <u>control/</u> <u>education</u> <sup>1</sup>
Weight Watchers	\$43	4.3 kg	-2.6% at 12 months
Jenny Craig	\$570	5.3 kg	-4.9% at 12 months
Nutrisystem	\$280	5.0 kg	-3.8% at 3 months

1. Gudzne KA, *Ann Int Med*, 2015
2. Baetge C *Appl Physio Nutr. Metab*, 2017



# Behavioral Weight Loss Programs: Lower Cost Options

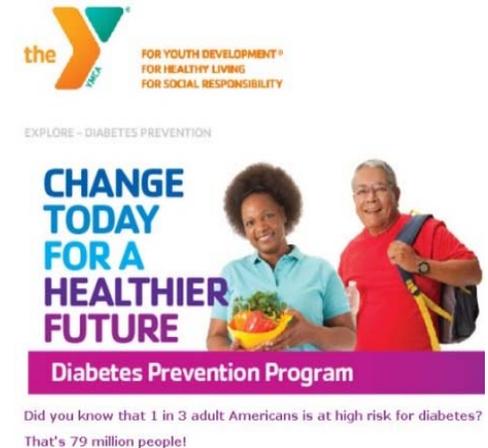
- **TOPS Club Inc (Take Off Pounds Sensibly)**

- [www.tops.org](http://www.tops.org)
- Group-based lifestyle weight loss program
- Non-profit, peer led
- \$32/year, 3500 sites in North America



- **National Diabetes Prevention Program**

- <http://www.cdc.gov/diabetes/prevention/>
- <http://www.ymca.net/diabetes-prevention/>



# Anschutz Health & Wellness Center Programs

Program	Description
My New Weigh	24 weeks; Weekly group classes; Meal replacement; lifestyle intervention; MD supervised; RD coach
State of Slim	16 weeks; Group or 1-on-1; lifestyle intervention
STRIDE	8 weeks; weight loss maintenance; RD coach
Weight Loss 4 Life	½ day workshop + on-going “membership” support group meetings 2x/month; RD coach
Individual MD or RD appointments	Tailored as needed to individual

<http://anschutzwellness.com/>



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# Community & Workplace Resources

- Contact local health department to identify community initiatives
  - Rec center fitness, nutrition, cooking classes
    - ***Have an intern, volunteer, medical assistant compile a list of resources***
- Encourage use of worksite resources
  - Standing/treadmill desks
  - Extended lunch breaks/flexible hours
  - Discounted/on-site gym memberships



# Putting it all together

Role Play 5 As in a Clinical Setting

Estimated Time:

~5 minutes



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5A's Done...Now What?

***Document in Patient's Chart***  
**&**  
***Follow-Up at Subsequent***  
***Visits***



# *...but what can I do at my NEXT patient visit?*

## *Pared down & modified “3As”*

### 1. ASSESS

- Current Diet
  - *Fruits/vegs; caloric beverages; eating out*

### 2. AGREE

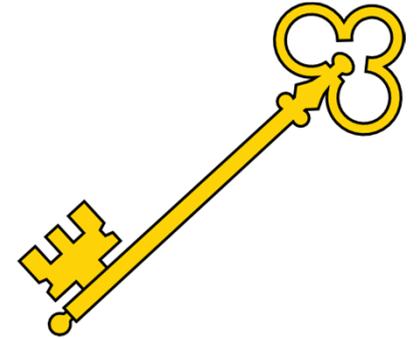
- 1 diet goal (e.g. track calories. Limit to 2,000/d)

### 3. ADD

- Dietary habits/wt/etc. to “problem list” w/tx plan
- Follow-up appointment *within 3 months*



# Key Summary



- Primary care is an important setting for nutrition-related lifestyle change
- Minimal intervention strategies such as the 5 As can guide the process of counseling a patient about behavior change.
- Strategies can be implemented in busy practice settings





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# RESOURCES

- 2013 AHA/ACC/TOS Guideline for the Management of Overweight and Obesity in Adults  
<http://www.sciencedirect.com/science/article/pii/S0735109713060300>
- Talking w/Patients About Weight Loss – Tips for Primary Care Clinicians <https://www.niddk.nih.gov/health-information/health-topics/weight-control/talking-with-patients-about-weight-loss-tips-for-primary-care/Pages/talking.aspx>
- Obesity Medicine Algorithm  
<https://obesitymedicine.org/obesity-algorithm/download-now/>
- Rethink Obesity <http://www.rethinkobesity.com/>
- Strategies to Overcome and Prevent (STOP) Obesity:  
<http://stopobesityalliance.org/wp-content/themes/stopobesityalliance/pdfs/STOP-Provider-Discussion-Tool.pdf#page=12>



# RESOURCES - Nutrition

- MyPlate – Health Professionals Site: <https://www.choosemyplate.gov/health-professionals>
- Just Enough for You – Portions: <https://www.niddk.nih.gov/health-information/health-topics/weight-control/just-enough/Pages/just-enough-for-you.aspx>
- Certified Culinary Medicine Specialist  
<https://culinarymedicine.org/index.php/cme-2/become-a-certified-culinary-nutrition-specialist/>
- REAP (Rapid Eating Assessment for Participants)  
[https://epi.grants.cancer.gov/diet/shortreg/instruments/segal-isaacson\\_reaps.pdf](https://epi.grants.cancer.gov/diet/shortreg/instruments/segal-isaacson_reaps.pdf)



# RESOURCES – Physical Activity

- Walking – A Step in the Right Direction  
<https://www.niddk.nih.gov/health-information/health-topics/weight-control/walking-step-right-direction/Pages/walking-step-right-direction.aspx>
- Exercise is Medicine <http://exerciseismedicine.org/>
- Everybody Walk [everybodywalk.org](http://everybodywalk.org)
- Integrating Physical Activity in Primary Care Practice:  
<http://www.sciencedirect.com/science/article/pii/S0002934316301954>

