

Patient self-management

I recently attended a patient self-management seminar. The idea is to involve patients in their own care, thereby increasing the chance that they will actually make appropriate lifestyle changes. After completing the course, filled with religious self-management fervor, I was unleashed upon my unsuspecting patients.

I found the most applicable issue in my practice to be weight control, so when faced with an obese middle-aged man I launched into action. First I established rapport. “Bob, you are really fat and are going to die.” (I actually started with, “Bob, there is lots of evidence that being overweight is bad

for your health and I am concerned about you.”) Next, I got Bob thinking about the issue while encouraging him to be an active part of the solution. “Bob, there are two basic factors involved in weight control. Do you know what they are?”

“No.”

I was taken aback, but sometimes more groundwork is required. “Well, Bob, the two factors are how many calories you consume—diet—and how many you burn off—exercise.” Now it was time to give control back to the patient. “Which of these would you like to talk about?”

“We can talk about diet but I don’t eat anything.”

“Bob, you’re 5’9” and 300 pounds but you don’t eat anything?”

“That’s right Doc. You would be surprised by how little I eat and what I do eat is all healthy.”

I think Bob and I would both be surprised by what he eats. If the patient isn’t ready to talk reasonably about one item then it’s probably better to try a different approach, “Well, Bob, since your diet is so good how about we talk about your activity level?”

“I walk everywhere.”

“Everywhere?”

“Yes, everywhere.”

“So let’s get this straight. You don’t eat anything and walk everywhere but continue to gain weight?” I wanted to tell Bob that he was the only living creature on the planet capable of creating mass and that I wanted to study him in the lab, but I remember the kind people at the seminar stating that ridicule isn’t an effective self-management technique. “Well, Bob, if you can’t improve your diet and you’re already walking everywhere, the only solution is to increase your activity a little more. Other than walk-

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ing, is there any other type of exercise you like?”

“I love to exercise.”

“I notice you live by the pool. How about swimming?”

“I don’t like to get wet.”

“There’s a gym at the pool, how about using the stationary bike?”

“My thighs rub.”

“Elliptical trainer?”

“I get dizzy.”

“Rowing machine?”

“I don’t like the sound they make, it creeps me out.”

In the seminar they did say that sometimes you have to accept that some patients just aren’t ready to change. However, I have a problem with this whole self-management thing. It feels a little like babysitting. Who doesn’t know that being overweight isn’t good for you? Have any of you ever had a conversation with a patient like this? “Hey Bob, probably no one ever told you this before but being overweight is bad for you.”

“Really, you’re kidding. Shut the front door! Bad for you? I’ve been seeing doctors for years and you’re the first one to tell me. Well, if it’s bad for me then I’ll lose weight and take better care of myself. Thanks Doc.”


Another life saved.

—DRR

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Type 2 diabetes in youth

Until recently, type 2 diabetes mellitus was almost unheard of in children, but over the past few years there has been a significant increase in incidence of this condition in children and adolescents. It has occurred too rapidly to be solely attributable to genetic predisposition, indicating that environmental factors are likely to play a key role in its development.

The hallmark of type 2 diabetes is insulin resistance and the most common cause of this is overweight and obesity (overweight is defined by a body mass index of 25 to 29.9 or waist circumference of >80 cm in females and >94 cm in males and obesity as a BMI >30 or waist circumference of >88 cm in females and >102 cm in males). About 50% of the Canadian population is overweight or obese. The proportion of obese children has almost tripled in the last 25 years in both females and males in all age groups except preschoolers. Children of obese parents have a 66% risk of being obese before adulthood. It is estimated that 26% of Canadians age 2 to 17 (more than 1 in 4) are overweight or obese, up from 15% in 1978. Ninety-five percent of children with type 2 diabetes are obese.

With the seemingly unabated increase in prevalence of obesity, type 2 diabetes in youth is emerging as a serious public health concern. It is associated with increases in morbidity and mortality from both microvascular and macrovascular disease, and we are now seeing these complications, particularly coronary artery disease, appearing in young adults. This childhood obesity epidemic means that

today's children will become the first generation in some time to potentially have a shorter life expectancy than their parents!

Currently, the economic costs related to obesity and its consequences are not insignificant but relatively small. Without effective intervention, though, they may well become staggering in the future.

Preventing childhood obesity in the first place is obviously the goal and comes down to a need for comprehensive changes in dietary and lifestyle habits. This is a very complex issue and intervention must take place at a number of levels—the family, schools and community, the food and entertainment industry, policymakers, and government agencies.

The fast food industry in particular needs to get on side and make radical changes. For the most part, unfortunately, they offer “bad” foods. Bad foods are cheap, heavily promoted, and engineered to taste good. They are loaded with calories, sugars or refined carbohydrate, fat, and salt. Portion sizes have exploded. “Supersized” portions of fries, burgers, and pop are typically two to five times larger than when first introduced. Some fast food chains have introduced healthier meals, but they are generally more expensive than the standard burger and fries.

Regular physical activity is key to achieving and maintaining a healthy weight. It's recommended that children get at least 60 minutes of physical activity daily, and sadly this is often not achieved.

On a positive note, the ActNowBC initiative has led the way in recognizing

the importance of preventing obesity and promoting health. It was established in 2005 as a cross-government health promotion initiative and their mandate involved achieving five goals by 2010. Three of these related to healthier food and exercise habits and resulted in new guidelines for food and beverage sales in public schools in BC. These were developed with registered dietitians and implemented in 2008. New recommendations for physical activity in schools were also introduced in 2008. Their web sites and links for parents and families trying to adopt a healthier lifestyle are excellent tools.

There is promise that we can begin to stem the tide of childhood obesity, but it will take a massive shift in our current habits. Little steps can start at home!

—SEH

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