

HOW TO PLAY THE OBESITY MIND GAME

Nurses can tackle obesity among patients by addressing issues of behaviour and emotion, according to a UK charity. Victoria Hoban reports

OBESITY has become the disease of the 21st century. Television viewing, internet surfing and modern gadgets may make our lives more comfortable and convenient but not necessarily more active or healthy.

The total annual cost of obesity in terms of expenditure on treatment, loss of earnings due to sickness and premature mortality is estimated to have reached £3.7bn, according to the Scrutiny Unit of parliament's Clerk's Department. A quarter of the UK population is now obese and only 32% of adults achieve the government's targets for physical activity. And there is little sign of improvement. Obesity in children is rising faster than in adults and children's activity levels are at an all-time low.

The NHS is buckling under the strain, despite a spate of government publications showing its commitment to tackling obesity. The white paper *Our health, our care, our say* was published in January 2006, with the Department of Health's *Care pathway for the management of overweight and obesity* following in May that year. In February this year, *Dealing with overweight and obesity* was produced by NICE and the DH.

But it is not the amount of guidance, it is its focus that is failing to deliver. This is the view of Mary Wood, a psychotherapist and chief executive of charity Foundations UK, which provides education and training in nutrition, diet, exercise, fitness and body image, by viewing obesity as a psychological and behavioural problem.

'A lot of government thinking is very didactic,' she says. 'Rather than telling

people to eat five fruit or veg a day, it would be better to say "eat slowly, sociably and sit down". It is how we eat, not the content of our food that we need to change.'

Mary is on a mission to raise the status of the social and psychological triggers of unhealthy eating and lifestyle. Foundations UK runs one-day courses to assist health professionals in becoming more effective in both one-to-one and group interventions with patients regarding weight management.

AN 'ACTIVE HELPING' APPROACH TO OBESITY

- **Discover the patient's inner motivation. Use Prochaska and DiClemente's stages of change model to identify their commitment to change and emotional intelligence**
- **Examine their eating environment. Discuss factors such as triggers and pressures, shopping, eating and feeding**
- **Stay solution-focused. Encourage even small positive changes and focus on sustainable strategies**
- **Make the patient the expert. Facilitate rather than manage change and encourage the patient to make their own choices and uncover their own motivations and barriers**

For more information on Foundations UK courses go to www.foundationssuk.org or telephone 0845 241 0962

'Patients get caught in very different sorts of vicious circles including cultural reasons, mindless eating or the diet sheet/guilt cycle. Understanding their motivation must be part of the process. The health professional is not the manager but the facilitator.'

Nurses and other staff are encouraged to use Prochaska and DiClemente's model to examine how a patient's motivation changes over time. The model identifies five stages of an individual's 'readiness to change' – precontemplation, contemplation, preparation, action and maintenance.

'This helps nurses identify where patients are in the cycle of change. We recognise there are always going to be challenges and lapses and look at how not to let a lapse become a collapse,' says Mary.

Although motivation and behavioural change is taught briefly in undergraduate adult nurse training, it is easy for nurses to forget, says Emma Croghan, an independent nurse consultant specialising in public health and behavioural change, and Mary's co-trainer.

'As clinicians, we often want to solve people's issues for them. If you could give me a magic wand to make people not smoke or to lose weight, I would. Combining our human approach and nursing skills, we can provide emotional and physical support that is credible and evidence based,' she says.

'Nurses are increasingly finding themselves charged with tackling obesity as part of their job. There aren't enough community dietitians, so there are local and political pressures on nurses to deliver this.'

Emma thinks the 'active helping' approach taught on the course provides the best way forward (see box). 'We need to support people to make changes that are evidence based. This approach is very pragmatic, based on principles of change management.'



Mary Wood (left), psychotherapist/ chief executive, with course attendee Irene Harding, district nursing sister

what is available locally, as well as teaching them simple exercises to pass on to patients.

'I really valued getting information on how to refer people to clubs and leisure centres,' says Irene Harding, district nursing sister at Newham PCT in London who also attended the course in March. 'I have one patient who is housebound and I have taught him simple exercises that he can do in the house.'

She says that learning to centre her approach on the stages of change model has been crucial. 'People have to be ready to comply with changes. It's about reassuring the individual so they can make the decisions.'

Interestingly, a consultation after the publication of the DH's care pathway in May 2006 highlighted that behavioural issues – such as how often and where people eat, and the impact of emotional states on eating habits, were not adequately addressed. A revised version has addressed this.

Emma adds that the NICE and DH guidelines published earlier this year recognise the importance of behavioural change. 'They emphasise how difficult it is to change and the sociology and psychology as well as the biology. Health professionals have a tendency to "clinicalise" the process but you need to hold a mirror up to patients and encourage them to self-care,' she insists.

Her co-trainer Mary, however, thinks there is still some way to go.

'There is a lot of shaming in society and within the health service,' she says. 'The NICE guidelines recommend that children as young as 12 should be offered bariatric surgery. There are a lot of psychological implications of that surgery that are often completely ignored.'

'We should be going back to putting people in charge of their own lives. The NHS can't do it for everybody. We can help nurses to effectively deal with the number one public health issue of our time.' ■

On the course, nurses such as Salma Ali, practice manager at Greengate Medical Centre in east London, who attended the course in March, are encouraged to examine their personal approach to healthy eating.

'I've been struggling with weight problems myself. I used to try diets and didn't really realise the health risks attached,' she admits. 'In our practice we have a lot of patients who have diabetes or hypertension and who don't realise that weight is an issue. I wanted to understand it better first myself, in order to help them.'

Salma says that learning to ask questions such as 'do you realise why you are here?', 'what do you find the hardest about losing weight?' and 'what will motivate you?' has

been far more effective than what she describes as 'earbashing'.

'Many patients have said to me that, in the past, they have been made to feel awful and demoralised by health professionals. They thank me and say: "You didn't make me feel fat and ugly".'

She recalls counselling an Asian woman in her 30s who had recently lost her husband. 'She had a 10-year-old boy and was frightened to go out alone. There was no point in telling her to go to the gym. Through the course, I found out about a local Asian walking club that I recommended. I didn't know half of what was out there.'

Mary and Emma feel it is vital to arm health professionals with information on

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