



New Communication Method Helps Families Change Lifestyle Behaviors

The average body mass of participants who received motivational interviewing had decreased by 2.6 points on the body mass index scale.

Physicians and registered dietitians who are trained in a new communication method called motivational interviewing may be able to help families change lifestyle behaviors, according to a study by a pediatrician at Brenner Children's Hospital, part of Wake Forest University Baptist Medical Center.

Robert Schwartz, M.D., and colleagues conducted a nonrandomized clinical trial in which they asked 91 families about their dietary habits and lifestyle choices.

"This is an exciting new approach to personal counseling in the pediatrician's office," Schwartz said. "We know that knowledge will not necessarily change behaviors; we are working to find ways to motivate patients to adopt healthier lifestyles. The unique thing about this study is we are learning how to get parents motivated to change their behavioral patterns."

Schwartz and 15 other pediatricians who participate in the Pediatric Research in Office Settings, a national practice-based research network, and five registered dietitians divided families into three groups: a control group, a minimal intervention and an intensive intervention. The control group received no motivational interviewing by a physician or registered dietitian. The minimal intervention group received physician-only counseling and the intensive group received motivational counseling by both a physician and a registered dietitian.

Families were asked about their eating habits, TV viewing, and activity behaviors in all three groups. They used new techniques to help patient's address health issues.

"We know that just talking to patients about good food choices doesn't work," Schwartz said. "Most families know whether they are making good lifestyle choices, but there are skills that pediatricians can learn to help families move toward making changes in their health behaviors. For example, we teach physicians to ask open-ended questions. Open-ended questions yield more information for emotional and behavioral issues like obesity and help the physician understand the patient's perspective as well as barriers to behavior changes.

"We also give physicians tools to help them assess their patient's interest and confidence in making a behavior change. Ultimately, we are placing the responsibility for health behavior change in the family's lap and we are hopeful that this will result in improved outcomes."

Overall, 94 percent of the parents who received motivational interviewing said it helped them think

about changing their family's eating habits. And at a follow-up six months later, the average body mass of participants who received motivational interviewing had decreased by 2.6 points on the body mass index scale. There was a decrease of 0.6 points in the control group and 1.9 points in the minimal intervention group. Based on the small size of the study, these results were not statistically significant, which means they could have occurred by chance.

"We encourage small changes which can lead to success," Schwartz said. "We help families find new alternatives to dining out, drinking sugary drinks, TV viewing and ways to increase the family's physical activity. We ask parents 'What are your goals' and help them find ways to change their behavior in order to achieve those goals."

"This was a pilot study and a preliminary step to begin turning this obesity epidemic around," he said. "We are looking to develop more motivational strategies. The physicians and health care providers who participated in this study say it helped them talk with their patients more effectively. That's a win-win for everyone."

Results from his study are in the May issue of Archives of Pediatrics and Adolescent Medicine.

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FACT:

Association between metabolic syndrome and CVD can not be explained entirely by hyperglycemia. A Chinese study of the cardiovascular incidence relating to diabetes, pre-diabetes, and the metabolic syndrome showed that the Both hypertension and dyslipidemia, which are common in people with metabolic syndrome, are likely to play an equal or greater role in the causation of CVD. Thus, the increased CVD risk in individuals with impaired fasting glucose or diabetes was largely driven by the coexistence of multiple metabolic disorders, rather than hyperglycemia alone. *American Heart Journal, 153 (552-558): Liu J, Grundy S, Wang W, Smith S Jr, Vega G, Wu Z, Zeng Z, Wang W, Zhao D Ten-year risk of cardiovascular incidence related to diabetes, prediabetes, and the metabolic syndrome*

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