

Nutrition Considerations for Exercise Referral Clients



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Introduction

❑ **Who am I?** p2

❑ **Aims:**

- To look at the importance of nutrition in achieving goals and retaining patients on exercise referral schemes

- To identify the level of nutritional advice that should be given by instructors

- To provide ideas on behaviour change strategies that can be used to help implement nutritional changes

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My position/background - very brief
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What is Exercise Referral?

❑ Exercise referral in context

- who? People with up to moderate risk conditions such as hypertension, obesity, high cholesterol, well controlled diabetes etc

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Britain

- why? Part of government targets to reduce health problems in

PT

- where? Council facilities, outdoors, community centres and

- when? If the GP or other medical professional feels it appropriate for the patient's treatment program

exercise

- What? 8-12 weeks or longer of supervised 1:1 or group

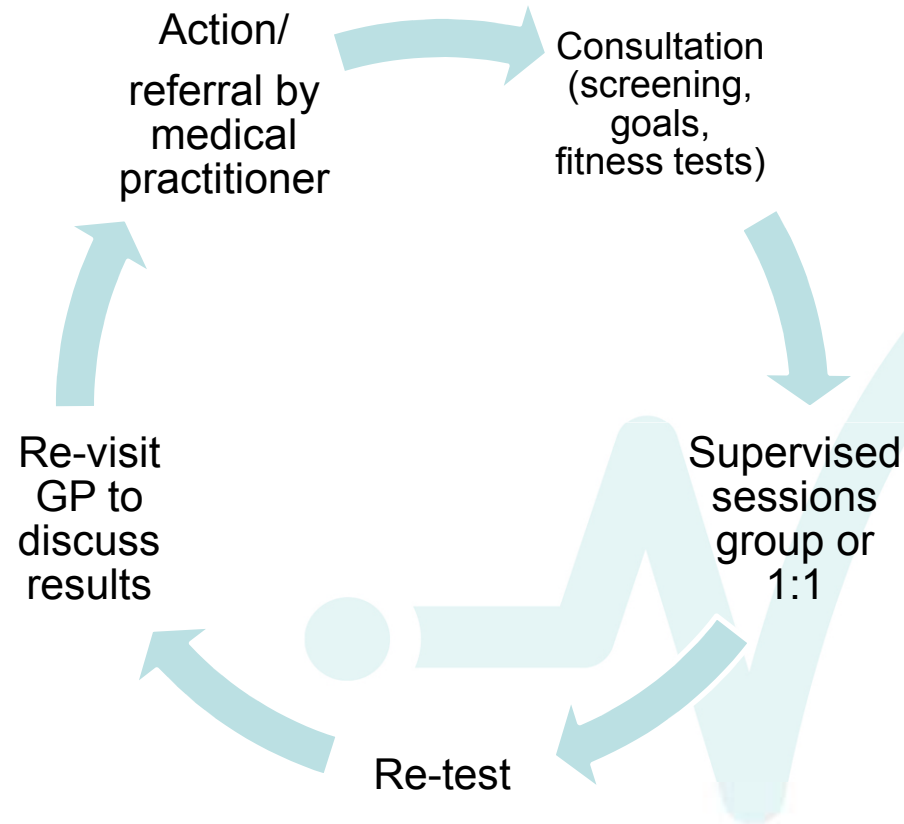
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There are other conditions like stroke, MS, and arthritis but these are beyond the scope of a 1-hour presentation

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What happens on a scheme?



Nutrition on referral schemes

- **Do exercise referral schemes work?**

- **63% adherence in West Midlands**

- **Wales – 362 patients referred, 192 took up the offer, 37 completed the scheme (10%)**

adherence

- **Leisure Opportunities report on New Forest adherence = 50%**

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- **RCT's suggest short-term benefits (6-12 weeks) but others show long-term benefits not seen (1 year)**

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Lots of reasons why - structure, support, patient selection, motivation BUT lack of nutritional support may also be a factor for lack of results/drop-out

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Nutrition on referral schemes

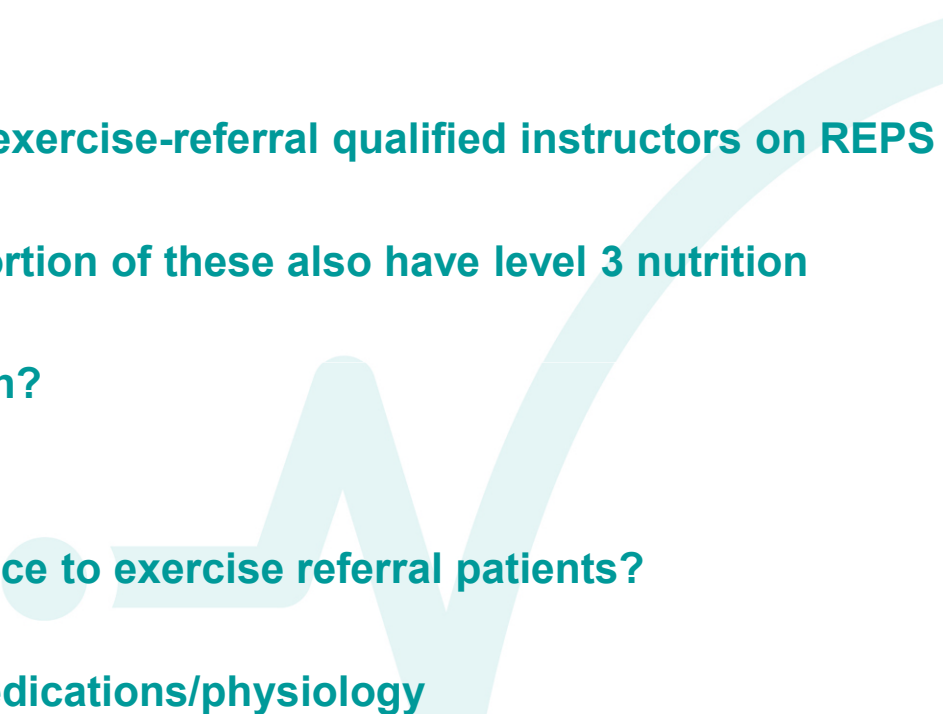
- **Very little emphasis placed on nutrition**
 - **The name itself**
 - **National Quality Assurance Framework doesn't refer to it**
 - **However, standards from Skills Active now include the need to know and understand nutritional principles for the management of conditions**

Why is it under-emphasised? Importance, knowledge, safety?

Nutrition on referral schemes

- **Is nutrition important?**
 - **Studies generally show 2-3 x greater weight-loss with dietary interventions than with exercise**
 - **Miller et al (1997) analysed 25 years of weight-loss studies**
 - **Key findings = Diet + exercise interventions achieved the greatest weight-loss and maintenance of weight-loss after one year when compared to exercise alone and diet alone**
 - **Less than 2% of schemes in Lancashire highlighted improving healthy eating as a goal of the scheme**

Nutrition on referral schemes

- **Are staff trained in nutrition?**
 - Nearly 2,000 exercise-referral qualified instructors on REPS
 - A large proportion of these also have level 3 nutrition
 - Is this enough?
 - **Is it safe to offer nutrition advice to exercise referral patients?**
 - Impact on medications/physiology
- 

Nutrition on referral schemes

| Pro's | Con's |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Helps decrease weight when used alongside exercise</p> <p>Good rapport with patients</p> <p>Proven to lower BP and cholesterol, and control blood glucose</p> <p>Contact time</p> <p>Links to improvements in mood/self-esteem</p> <p>Can make it easy to understand</p> <p>Many staff have level 3 qualification</p> <p>Aware of behaviour change mechanisms</p> | <p>Professional boundaries</p> <p>Some illnesses require specialist advice e.g. dietician/nutritional therapist</p> <p>Interaction with medications</p> <p>Level of knowledge sufficient? p5</p> <p>Patient's possible psychological issues with food</p> |

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Not to mention the fact that nutritional advice is often confusing with lots of contrasting views

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So should referral
instructors offer nutritional
advice?



Definitely yes.....

But only basic advice, more specific needs should be referred through GP to a dietician or therapist

So what advice should they give?

TASK: With the person next to you:

Write down three pieces of basic nutritional advice that you think could be given to obese patients and those with well controlled hypertension, high cholesterol and diabetes

So what advice should we give?

- **Limit alcohol**
- **Increase intake of fruit and vegetables**
- **Limit processed foods high in sugar and trans-fats**
- **Increase water intake**
- **Ensure adequate intake of Omega 3**
- **Eat low GI/GL**
- **Eat regularly across the day**

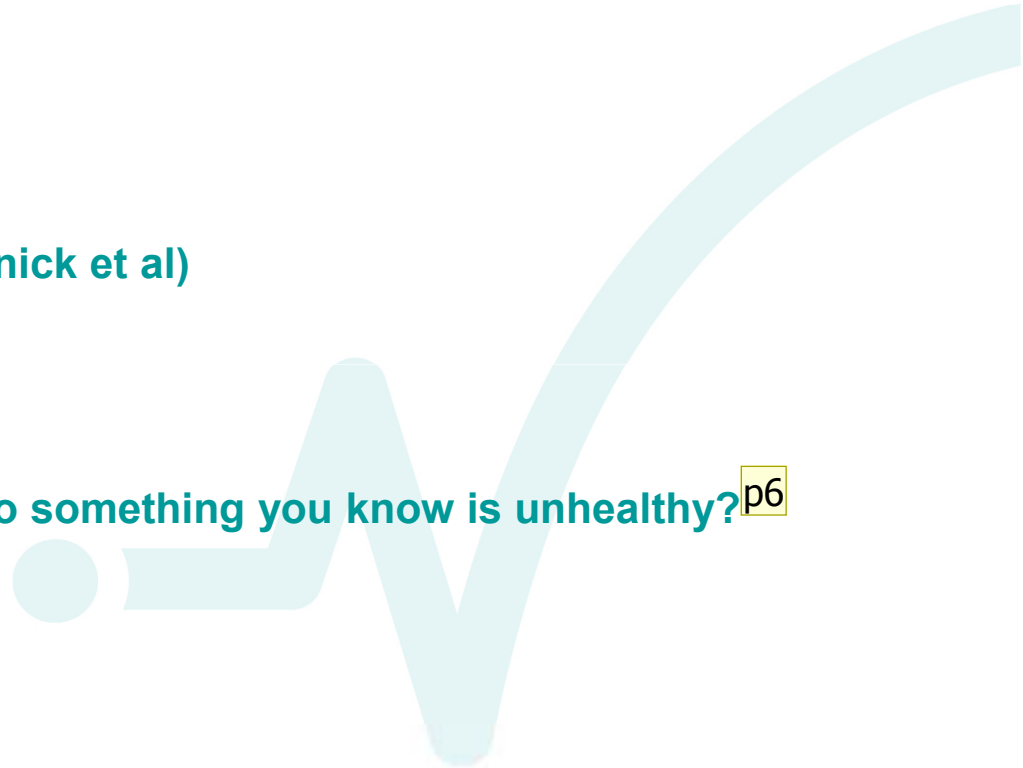


Behaviour change

- All of these nutritional changes are basic and can generally be applied to anyone
- How do we implement these with patients who have low motivation and self-esteem?
 - Evidence from randomised controlled trials
 - Experience of various practitioners

Behaviour change - Education

- **Education = empowerment**
- **Not enough alone (Kelly, Rollnick et al)**
- **Hands up how many of you do something you know is unhealthy?** p6



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You know it is bad for you? You know ways in which you could change this? So why don't you?

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Behaviour change – beliefs and values

- **Changes must either match these or go deeper and alter beliefs and values**
- **Example 1 (values): Woman who ‘couldn’t lose weight and daughter was recovering from an eating disorder**
- **Example 2 (beliefs): Woman who believed that being lighter made her a better runner and therefore would limit her food for days if she ate anything bad**
- **Example 3 (values): Man who was overweight and lived alone, borderline glucose levels but loved ‘tasty’ food and alcohol**
- **Example 4 (beliefs): Man who thought that exercise kills you!**

Behaviour change – change one thing

- Prevents patient being overwhelmed
- Prof Mike Kelly, NICE guidelines Sep 09
- Don't jump ahead of the stage of change
- MEND/FIA More Active 4 Life Campaign



moreactive 4 life

Behaviour change - observation

- Listening
- Feeling
- Seeing

Try this observation challenge!



YouTube - selective attention test



Behaviour change – SMART goals

- **500+ studies show that SMART goals are more effective than simply urging people to get on with a task as soon as possible (Latham 2003)**
- **Allows accurate evaluation**
- **Challenge and feelings of accomplishment**
- **Sense of purpose to behaviour changes**
- **Where are they now and where are they going?**
- **See SMART handout**

Behaviour change - ownership

- **Client to take ownership of changes (Rollnick et al)**
- **Goals must be AGREED by both parties**
- **Barriers and ways to overcome them should be identified by the patient and not the instructor**
- **Bandler and Grinder - rather than suggest possible ways to overcome barriers ask patient to ask themselves what skills/resources they require to help overcome these**
 - if they don't know ask them to think of a problem they have overcome. How did they do this? Could these skills be transferred?

Behaviour change – support networks

- **Support networks**

UNC Centre for Health Promotion and Disease Prevention (2008): p8

- 1) Directly supporting change
- 2) Creating an environment for change
- 3) Developing skills in building support

Types of support:

- 1) Emotional support
- 2) Tangible support
- 3) Education
- 4) Appraisal support (assisting in self-evaluation)

- **Studies show it is critical but unsure of best way to help – again patient is the best person to tell you this**

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Identified different types of support and ways in which people can help
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Behaviour change – Positive or negative goals

- **Positive often best but patient dependant**
- **‘I want to lose weight’ or ‘I want to gain energy and look and feel better’**
- **‘If you don’t change you’ll have serious medical issues’ or ‘By making changes you can really improve your blood glucose control and health’**
- **If you need to flip the negative goal. Why do you want to lose weight? What will you gain?**

Summary

- Horses for courses - many other ways
- Be flexible in your approach
- Focus on patient-centred decisions (empowerment)

Moving forwards

- **Include simple nutritional advice with your patients based on your skill-set and qualifications**
- **Future courses will map to the new standards and include nutritional advice.**
- **Possible specialist courses in nutrition**
- **Patients should be given more choice about how they want to become healthier**
 - exercise referral (gym or classes)
 - cookery school (Jamie Oliver in Rotherham as an example)
 - Green Gym
 - walking groups

Any questions?

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