

# Nutrition Considerations for Exercise Referral Clients



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# Introduction

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❑ 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

## Slide 2

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**p2**

**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 including hypertension, obesity, high cholesterol, well controlled diabetes etc p3
- why? Part of government targets to reduce health problems in Britain
- where? Council facilities, outdoors, community centres and PT
- when? If the GP or other medical professional feels it appropriate for the patient's treatment program
- What? 8-12 weeks or longer of supervised 1:1 or group exercise

### Slide 3

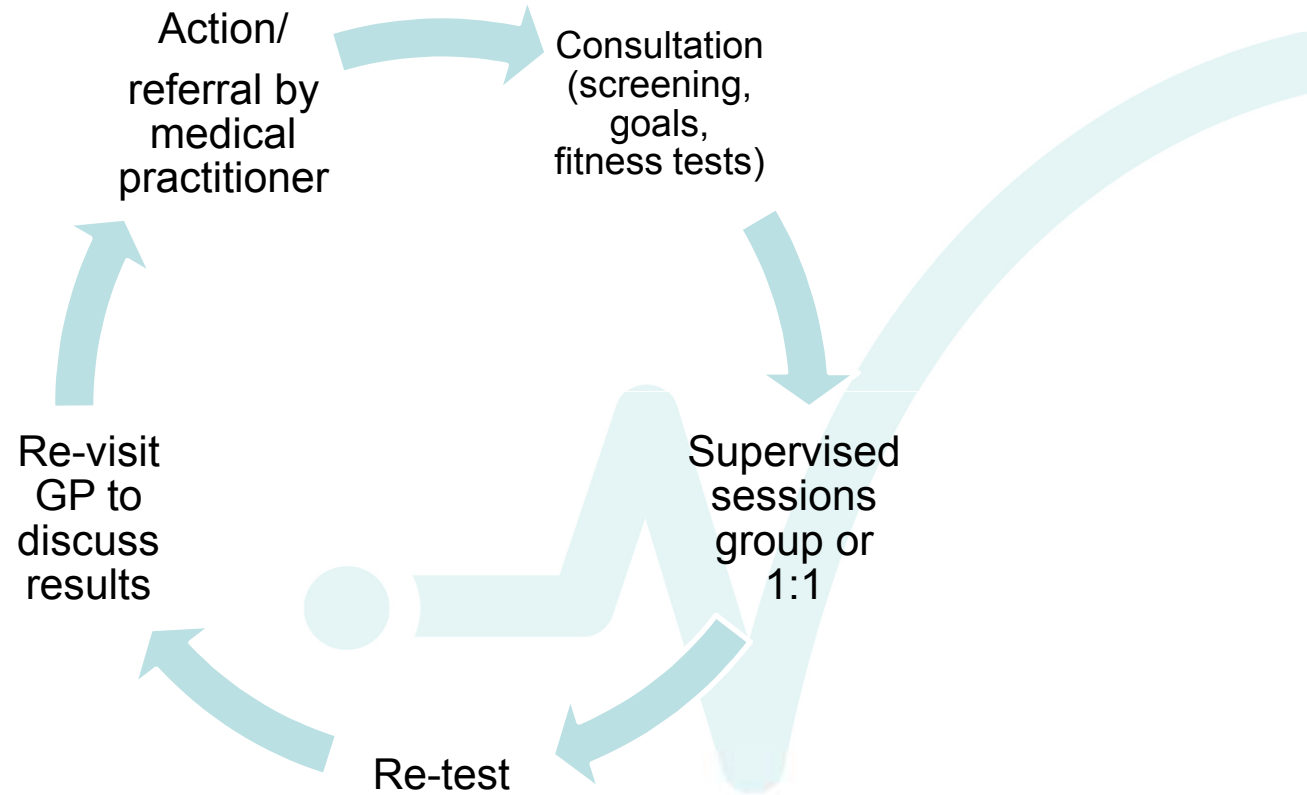
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**p3**

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%)**
  - **Leisure Opportunities report on New Forest adherence = 50% adherence** p4
- **RCT's suggest short-term benefits (6-12 weeks) but others show long-term benefits not seen (1 year)**

## Slide 5

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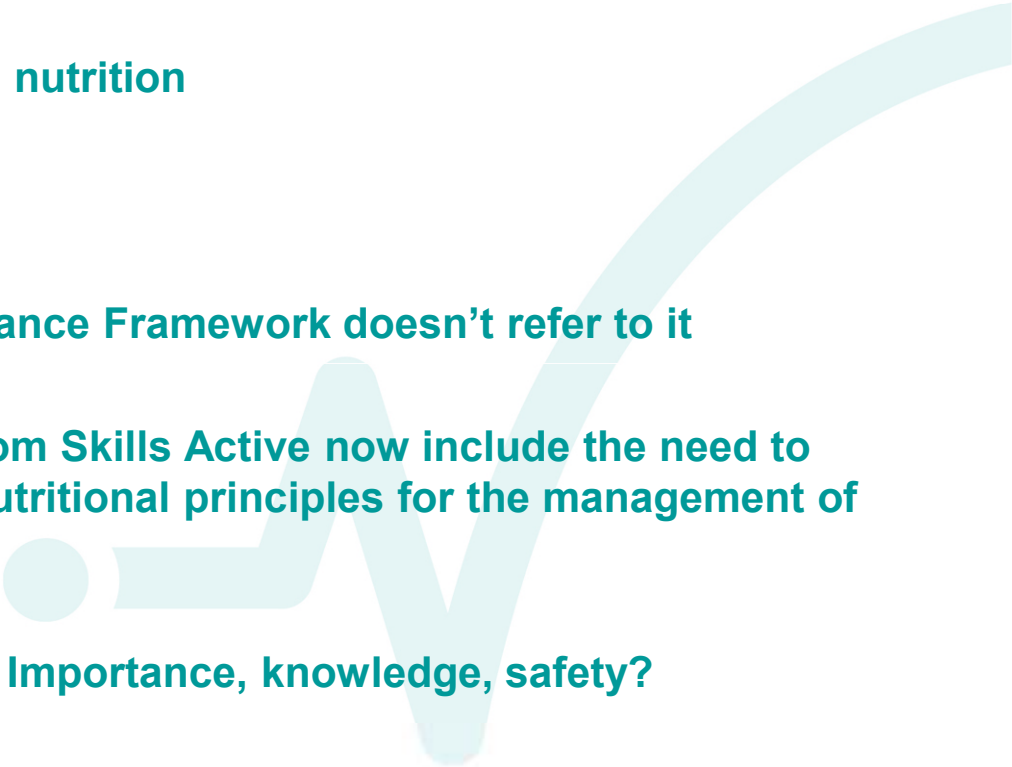
**p4**

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

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- **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?**
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# 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>

**Slide 9**

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**p5**

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?



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Definitely yes.....

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

# So what advice should they give?

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**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

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# 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

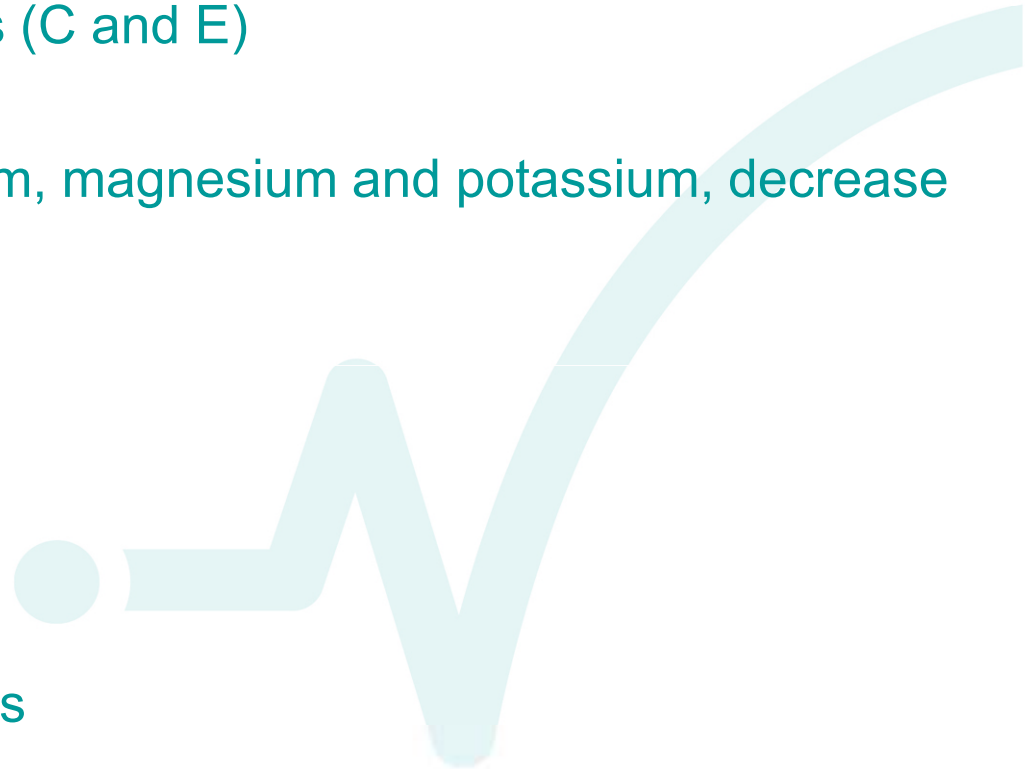
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- All of these nutritional changes are basic and can generally be applied to anyone
- How do we implement these with patients who have low motivation and self-esteem?
  - Evidence from randomised controlled trials
  - Experience of various practitioners

# Hypertension

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- Antioxidants and vitamins (C and E)
- Minerals (increase calcium, magnesium and potassium, decrease sodium)
- Fish oils
- Lysine
- LIMIT sugar and trans-fats



# Hypercholesterolemia

- Trans-fats, sugar and alcohol more dangerous than saturated fats
- Dietary cholesterol is NOT to blame
- Plant sterols
- Oats
- Nuts
- Even drinking enough water and eating regularly helps



# Obesity and diabetes

- Low GI/GL
- Regular eating and not missing meals
- Quality over quantity
- Limit refined sugars, trans-fats, alcohol and stimulants
- Chromium



# 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

**Slide 18**

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**p6**

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

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- Listening
- Feeling
- Seeing

Try this observation challenge!



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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):<sup>p8</sup>

- 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**

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

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- **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?**

# 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

# Summary

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

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Any questions?

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