

FROM THE PRESIDENT'S DESK



Why is Prevention So Difficult?

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As physicians, we talk about prevention most of the day. If we see someone's weight or BMI start to rise we have a talk about the dangers of diabetes, followed by our talk about the benefits of exercise and eating healthy.

The next time the patient comes in, it is not surprising to see no change, or worse, the patient has gained even more weight. Blood glucose test numbers are on the rise.

When crossing the street and faced with an oncoming car, we quicken our steps to get out of the way to avoid a tragedy. But when faced with getting type 2 diabetes, the link between making poor food choices, not exercising, and gaining weight does not always impact patient change.

Would patients rather get type 2 diabetes than change their unhealthy habits? In speaking with physicians, it almost seems that way.

What Can Physicians Do Differently?

Instead of telling, listen. Create an environment where you are asking questions and listening to the patient's response. You may find out that the patient has psychosocial issues that need to be addressed. Anxiety and depression are two very common psychological issues that affect patients with diabetes. The patient may need to be referred for counseling or medication to control these condition(s). Once addressed, patients may be more compliant and willing to take responsibility for their health.

Take the time to have these conversations. A colleague shared with me that spending longer than the typical 15-minute visit with his prediabetes and diabetes patients yielded positive results. He asked questions about the patients' exercise habits, and listened. In one case, the patient was not doing any exercise. When the physician asked why, the patient said that he was too tired when he got home from work to exercise.

The physician agreed that, he too, felt exhausted after work. He knew how the patient was feeling. They were then having a conversation about mutual feelings toward exercise. The physician confided that he really had to push himself to exercise for 30 minutes and it was difficult some days. The patient looked up and said, "I believe it is difficult for you." The patient promised to try to exercise two to three times per week. The shift being the patient taking responsibility for his behavior and health.

Television's Impact on Health

Television is an especially insidious part of our culture that affects our health. Not only does every two hours of TV increase a patient's risk of diabetes exponentially, it also increases the risk of heart disease and early death.

The more hours of television watched, the more likely people are to be overweight or obese. A companion to inactivity while watching television is the unhealthy snacking habit – chips, cookies, etc. – the worst processed foods available. Suggest to patients that they begin to cut out at least some of the snacks, use portion control or switch to healthier options.

Negotiate with patients about the television they watch. It is unlikely that they will give up TV altogether, but suggest that in place of one hour of TV they take a 30-minute walk. In the winter months, patients might walk around a nearby mall or on a treadmill.

Small Changes Can Make a Big Difference

Resist the temptation to tell patients all the things they could be doing differently. This only serves to overwhelm them and make them feel hopeless. Change one thing at a time, even if it seems small, and discuss it. Have the patient share with you why it will be important to make that change. You have gotten a commitment from the patient to make the change. That is the best you can DO.

Osteopathically Yours,

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REFERENCE:

Harvard T.H. Chan School of Public Health. Simple Steps to Preventing Diabetes. Website. www.hsph.harvard.edu. Accessed June 21, 2018