

VIDEO_ Low carb for doctors with Dr. David Unwin (Part 1)

Dr. David Unwin: Hello I'm Dr. David Unwin, I'm a GP working in the north of England. I've been here more or less in this office for 30 years now. For the last 20 years I've been quite involved in educating young doctors, so that's one of my great interest and then really the important thing is for the last five years I've been using the low-carb approach for my patients with type 2 diabetes.

And I'm really excited to share with you the brilliant results we've got here and the difference it's made to my life and the life of my patients. Just to say this in context, so we have 9000 patients here, where we have five doctors...

And I started first of all five years ago, I was anxious to help the people with pre-diabetes. Then the results were so great that we went on to people with type 2 diabetes. It's reached the point now that every year we're spending about 40,000 pounds less on drugs for diabetes than is average for this area and that is drawing quite a lot of international attention.

Although the drug budget savings are not why we are doing this. It's to do with the quality of medicine that we can do and the terrific rewards from working collaboratively with enthusiastic patients, because that is so new for me anyway.

And the purpose of these short videos is to share some of the things I've learned along the last four or five years, particularly the practical tips, so that you as viewers maybe get some stuff to take home and try out in your own surgeries.

So we'll be going through the sort of ideal patients that you might begin with, some easy patients to begin with. We'll be going through things that you should be measuring. Then the first steps in communicating about the low-carb approach with your patients, what's the really easy way to begin these conversations, how do we politely chat about obesity with the patient.

For me, I have avoided talking about obesity for years, because I thought it was rude. But we can do this politely. And then we need to think about what drugs might the patients already be on and what we're going to do about those.

Well, how about safety? Perhaps we ought to touch on that. What things might worry us? What are we going to do about those things? And I'm very interested in patient

motivation. This is all about behavior change, so we have to be interested in motivation.

What are the psychological steps that we can take towards motivating our patients to bring about change? So we'll be covering feedback as part of that. So I hope you are interested. As I said, this approach has made such a difference to me in this practice. I was ready to retire about five years ago. I'm still here, I'm enthusiastic... It's been a great journey, so let's make a start. Thank you.