

Video - low carb for doctors (part 8)

Dr. David Unwin: I'm fascinated really by the idea that so many of the modern diseases we have now are about choices that we all make, lifestyle choices. And if we are going to make any inroad into all these modern diseases we need to perhaps show an interest in behavior change. And really if you're going to do that you need to find an expert in behavior change and there I call psychologists.

So I have been lucky enough to be married to a psychologist and she's been teaching me the importance of motivation, because core to behavior change is motivation. And we've been working on a simple model for all of us to try and use in clinical practice.

And I'm hoping to illustrate this with a patient who has consented to appear with us today, Andrew, who will be coming on with me next, but we have also done a much longer interview with my wife for any viewers that are interested and there will be a link to that interview alongside this. So let's just begin with the bones of what we've been using. Always a good idea to begin with what the patients are hoping for.

We've discovered that the clearer a patient is about what they're hoping for the more likely they are to achieve that goal. So an inquiry about their hopes is time very well spent. And this is done in two parts. It's great to find out if things work out really well for you, "What's life going to be like?" So we call that "the miracle question".

So whatever problems you've got, there's been some kind of a miracle. If this works out really well how will you be in a year's time? What will life look like? And then you'll learn a lot about your patients in a cheerful way. And then the next question is well if that is your goal, you know, to breathe perfectly, run a marathon or whatever, what would be a small step towards that goal?

And again get detail. Find out not vaguely, but exactly what that patient might want to do before they come and see you next time. So these are small realistic steps towards the goal. Talking about goals you'll find it so much more cheerful than talking about problems.

Talking about problems is miserable and carries you, you know, "how long have I been depressed?", "I'm so depressed" "when was I last depressed?", this kind of thing, or shall we talk about, "What would life be like without depression?", "What would I hope to do?" and you can see immediately it's more cheerful.

Let's talk about life without depression. So these are their hopes and the small steps. Then the next part of this is reflecting with patients, reflecting on the results. So when you review them it's so useful to ask them what changes they have noticed and that's cheerful for you because you're getting them to say, "Oh, I can do this, I can do that".

But it's great for the patients because they get in the habit of telling you good stuff that they've done. We've taught patients really to tell us what's bad in their lives, but it's very refreshing to talk about what they've done that has worked and how that feels and that actually encourages them to go further. The final aspect of this approach is giving feedback. So that I'm very interested in the different ways that we give feedback to patient, with complimentary to them. Those compliments should be specific about what they have done that is good.

So we don't just say they're good, we say they are determined or they are resilient to these kind of things. Make your compliments sincere and specific where possible. That's feedback but there are other more interesting ways of giving feedback. I love giving graphs. So nearly all of our clinical systems now can generate graphs of progress.

And I print off hundreds of graphs to do with weight, waist, hemoglobin A1c, triglyceride levels and the patients really like that as feedback. And of course those pieces of feedback are going to the wider world because they take them back to their families.

So I am always on the lookout for the opportunities of giving sincere compliments, but also feedback in whatever form and I think that encourages patients then to do more of what works. So I hope you can see that's just a flavor of that, it is a cheerful way to deal with clinical practice and I hope you will watch the next little clip with Andrew where I'm trying to demonstrate that.

Dr. David Unwin: So... You are about here... So I just think this is so amazing that is where in January... And we're only in August now... Fantastic. I mean how do you feel when you look at that? That's where you were.

Andrew: Happy and sad that I let myself going into those things. It's mainly shame I suppose.

Dr. David Unwin: But you just... it's amazing what you've achieved. And I suppose that brings us naturally on. If this process carries on brilliantly, what will be the absolutely best results for you, what do you want?

Andrew: Gain stamina. Maybe even do a 5K or something like that... Just like cooking-under-a-minute bowl, I wonder--

Dr. David Unwin: I wanted you to think big. What would you really love to be doing in a year's time?

Andrew: Running regularly. And without pain, without blue inhaler.

Dr. David Unwin: Yeah, without blue inhalers. And what else in a year's time if this process goes really well? Tell me what else we would like to see happening?

Andrew: Lots of training, encourage kids to do the same.

Dr. David Unwin: Tell me a little bit about that.

Andrew: I am a gymnastics coach I see quite a few bigger kids coming in, and I would like to try and say, "Well, I did it and let's see what we can do with you, guys." Trying to improve their fitness as well, because, you know, one hour a week doesn't replace the rest of the week of damage that is possibly being done.

Dr. David Unwin: So if that's your goal, what would be some small steps towards that? What are you going to do to nudge you along that process?

Andrew: So I'm going to concentrate in the gym and improve my muscular size. Not to be Mr. Big or anything like that, I just want to be in proportion, but look like an advocate for fitness, so opposed to, you know, a victim of fat.

Dr. David Unwin: So those would be some of the steps towards that. You mean working more in the gym...

Andrew: Probably working more in the gym, not necessarily make it the main priority, but in general fitness. Maybe Iron Club meat diet a bit there.

Dr. David Unwin: So when we meet again in a month, what are you hoping for you'll have achieved by that time?

Andrew: Gone lighter than 15.5--

Dr. David Unwin: So you'd like the weight loss to continue?

Andrew: Yeah, the weight loss to continue, to get rid of the wobbly bits and then start looking at increasingly my weight in the way... with muscle instead perhaps. Basically my body composition in one way or another.

Dr. David Unwin: And it's so useful to have your distant goal and be as clear as possible about what that goal is. I love the idea of 5 km. I will do one with you, we could do the Parkrun. That's a 5 km, that'll be perfect. So I love that distant goal. And then another thing, the idea that you've got some small steps on the way that are doable.

Andrew: Yeah.

Dr. David Unwin: And then the more realistic you make those small steps, the more likely you are to do it.

Andrew: I like looking at the figures, I mean especially the figures on tape but I mean seeing improvement on a graph or regression whichever--

Dr. David Unwin: You need feedback, don't you?

Andrew: Yeah.

Dr. David Unwin: You want to know how you're doing. And that's why I always give you the graphs because that's evidence for you. "Wow!", you know, your weight graph is so dramatic, your waist graph is dramatic, and I think if we can add, you know, with more feedback things like your peak flow which would give you an idea of how your breathing is, that would build confidence.

Andrew: Yes.

Dr. David Unwin: And would give you an idea of, "That's what I'm aiming for." So another idea of mine is this, let's get the basic spirometry test for you, more feedback. It's interesting to see where it is now because it's sometimes ago since I have had one, but I didn't like the news I was getting. So basics, really, it was just nightmare. But now you're getting good feedback.

Andrew: Yes.

Dr. David Unwin: So just to reflect for a moment, how is your asthma better now than it was six months ago?

Andrew: I haven't got my blue inhaler with me.

Dr. David Unwin: That's amazing.

Andrew: As much as you want to slap me on the hand, before it used to be always there in my pocket, ready to go. I was going through... on a bad week... best puffing inhaler a week and just the blue inhaler.

Dr. David Unwin: Because that's 200 puffs, isn't it?

Andrew: Yeah.

Dr. David Unwin: And what are you doing now with the inhalers? The blue inhaler.

Andrew: Last time I had my blue inhaler was probably two and a half week ago.

Dr. David Unwin: Now it's like a miracle to me, I'm so excited about that.

Dr. David Unwin: So you've just seen me there with Andrew. I hope you were able to see that I was using some of those techniques where I was asking him to talk to me about his goals, some small practical steps towards those goals and then we were talking about feedback.

You saw me doing that in measuring his waist and reflecting on how big his waist had been previously. In addition I know that Andrew does value the graphs that we produce and he does take them home and he is very proud of them.

So that's the use of feedback. Perhaps you could also see what a cheerful relationship I have with Andrew and is part of that that he's agreed to do this video with us so to that the practice is essentially cheerful, reflective and positive.