

# How to do Effective Nutritional Counselling for People with Diabetes?

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## Overview

**D**iabetes is reaching epidemic proportions in India. Lifestyle changes form the cornerstone of successful diabetes management along with pharmacological treatment. In order to achieve meaningful changes in lifestyle behaviour, effective nutritional counselling is important.

This can be achieved using techniques like "person centred approach", "closing the loop" and positive reinforcement. This article discusses some of these techniques along with use of appropriate language when speaking to people with diabetes to foster collaborative care.

## Introduction

Diabetes mellitus is a global epidemic with India being one of the hardest hit countries. 1 in 6 adults with diabetes are from India. More than one million deaths are attributable to diabetes, the second highest among all IDF (International Diabetes Federation) regions in the world according to the recently released IDF 2019 atlas (9<sup>th</sup> edition).<sup>1</sup> Thus, prevention and appropriate treatment of diabetes is the need of the hour. The diabetes prevention programme showed that the progression of diabetes can be reduced by 58% by effective lifestyle interventions alone.<sup>2</sup>

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The term effective means to "be successful in producing an intended or desired result". Any communication with a person living with diabetes needs to be effective in order to produce a meaningful change in behaviour and ultimately improve health and influence outcomes. However, communication in diabetes is complex as a host of information needs to be conveyed to the person in a relatively short span of time. This is especially pertinent with regard to diet and lifestyle behaviours.

How to be effective in communicating with persons living with diabetes?

- 1) Positive reinforcement
- 2) Concise goals
- 3) Clear action points
- 4) Expectation setting
- 5) Closing the loop

1) Positive reinforcement: Diabetes is a complex and challenging disease involving many factors and variables. Stigma that has historically been attached to a diagnosis of diabetes can contribute to stress and feelings of shame and judgement. Every member of the health care team can serve people with diabetes more effectively through a respectful, inclusive, and person-centred approach.

Using language that is neutral, non-judgemental, and based on facts, actions, or physiology/biology, that is free from stigma, that is strengths based, respectful, inclusive, and imparts hope, which fosters

collaboration between patients and providers and is person centred is most likely to achieve behavioural change.<sup>3</sup>

So, the consultation can start with what the person is doing right. Attempts to exercise even if sporadic, restricting junk foods only to weekends are already steps in the right direction. Encouraging these behaviours while highlighting other areas of change motivates persons with diabetes for continued efforts.

2) Concise goals - Often, after a consultation, a patient is unclear on what exactly he or she is supposed to do. Once the person's nutritional status has been ascertained, the areas which need modification become clear. However, if there are many areas which need action, then prioritising key goals for current consultation need to be defined.

e.g. - If a person needs to decrease carbohydrate and fat intake, increase protein and fibre intake as well as cut back on junk food while increasing water consumption - these are too many changes for the person to make at one go. If it is attempted to be done at one go, it is very likely that none of the changes will be made.

The goal for this consultation can be reducing carbohydrate intake and shifting to more complex carbohydrates. This in itself is a change that will take time and effort to accomplish. The remaining modifications can be made slowly in subsequent consultations.

3) Clear action points - If the modification and action prescribed is vague, it is almost sure that the action will not be taken. If patient is told - reduce

carbohydrates and increase water intake - the person is often unsure how to actually do this.

Clear, actionable points that person can adopt into their daily life are the key to behavioural change.

Table 1: Clear actionable messages

Modification needed	Action desired	Communication
Reduce carbohydrate intake	Reduce carbohydrates by 30 gms per meal	Eat half a roti less with each meal
Increase protein intake per meal	Increase protein intake by 10 gms per meal	Fistful of legumes
Reduce empty calories/ junk food	Reduce 400 calories per day	Stop 4-5 daily biscuit consumption
Increase water intake	Drink 500 ml of water more per day	Drink one glass of water before each meal

4) Expectation setting: An important part of diabetes management is weight loss or weight maintenance especially in persons prescribed sulphonylureas or insulin. However, weight loss is a complex phenomenon - more than just calories in and calories out. Complex biological reactions starting from appetite and satiety centres in hypothalamus to efferent sympathetic activity, coexisting insulin resistance or hypothyroidism modulate the response of a person to change in diet. Setting achievable goals for quantum of weight loss prevent frustration, disappointment, reactionary emotional eating as a response of inability to achieve goals. Individualised, customised eating plans which take into person's values, preferences, exercise schedules, work timings, family responsibilities are more likely to meet expectations.

5) Closing the loop: We forget 40% of what we have heard especially if it involves new terms in 24 hours and 60% within 48 hours.<sup>4</sup> Thus, short-term reinforcement is important to ensure comprehension and aid reliable recall. This means that at the end of the consultation, the health care provider identifies three to four key messages that need to be remembered by the patient. She/He repeats them to ensure that the person has understood these messages and is able to carry out what is needed. After repeating the message, he assesses patient comprehension and recall. He clarifies any doubts and repeats the suggestions.

e.g. Nutritionist - So, Mrs S, we have decided that in order to reduce your carbohydrate intake and increase protein intake, you will try to eat at least half a chapatti less with each meal and add a fistful of legumes instead for greater satiety

Mrs S - OK. I have been eating 3 chapattis in lunch and dinner, will eat 2 and half or if possible only 2. Will try to include legumes in the menu

Nutritionist - Great. This will ensure your total carbohydrate intake reduces

but you still feel full with the increase in protein to ensure you don't feel hungry again as well improve glucose control.

#### Conclusion

In order to achieve intended results, we need to do effective nutritional counselling for persons living with diabetes. Employing techniques like positive reinforcement, concise goal setting, giving clear actionable points, setting realistic expectations and closing the loop of communication to ensure reliable comprehension and recall are most likely to achieve sustained lifestyle changes. This will ultimately result in better outcomes in persons living with diabetes.

#### References

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