

Curbing patients' risky behaviour

April 17 2013



Much of the burden of disease and ill health facing the NHS is as a result of 'risky' health behaviours such as smoking, excess drinking and over-eating. Given that time for counselling patients about this is limited, the biggest challenge facing clinicians is to find an efficient way of helping patients consider a change in behaviour and to take action.

A new study conducted by Cardiff University found that 91% of patients recalled a conversation about [unhealthy lifestyle](#) habits after consulting with [clinicians](#) trained in behavioural change counselling (BCC), compared to 55% of those who consulted with a clinician who was not trained, and significantly more intended to change after seeing the

trained clinicians. However, 12 months later there was little sign of increase in actual lasting behaviour change.

Professor Chris Butler, Director of the Cochrane Institute of Primary Care and Public Health, Cardiff School of Medicine, said: "This major trial in general practice speaks directly to current policy to 'make every consultation count'. We found that a blended learning training program in behaviour change counselling raised the frequency with which clinicians in primary care engaged their patients about health threatening behaviours, and patients intended to make changes more often. We now need to join this up with additional interventions to help patients actually make and sustain those changes."

BCC is a method derived from motivational interviewing. It emphasises skilful engagement with patients. Together, the patient and health professional choose which lifestyle behaviours the patient might focus on. It recognises that many people feel ambivalent about change, and would not necessarily respond well to straightforward advice. Instead, through BCC, patients are supported with information to make their own decisions about why and how they might change.

Professor Stephen Rollnick of the Institute of Primary Care & Public Health at Cardiff University led the intervention development. He said: "Our intervention sits best in a treatment culture that champions patients' efforts to make sound choices, not one based on nagging them to change. Lifestyle change is hard for everyone. Our intervention could be improved upon, and this might reap considerable rewards."

The trial is the first to evaluate the effects of training primary care clinicians in a blended learning programme dedicated to patient lifestyle behaviour change on [patients'](#) self reported measures of change for a range of risky behaviours, with outcomes assessed immediately after, and at three, and 12 months after a single routine general practice

consultation.

Findings from the Medical Research Council's National Prevention Research Initiative funded 'Preventing disease through opportunistic, rapid engagement by [primary care](#) teams using [behaviour change](#) counselling (PRE-EMPT)' study are published in the *British Medical Journal*.

Provided by Cardiff University

Citation: Curbing patients' risky behaviour (2013, April 17) retrieved 7 May 2024 from <https://medicalxpress.com/news/2013-04-curbing-patients-risky-behaviour.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.