

# A talk with your GP may prevent cardiovascular disease

April 14 2020

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Having a general practitioner (GP) who is trained in motivational interviewing may reduce your risk of getting cardiovascular disease. But only if you do not already have diabetes or are at risk of developing it.

This is shown by a new randomised study from Aarhus University.

More than half of all Danes above the age of 55 suffer some form of [cardiovascular disease](#). Most often the disease is caused by atherosclerosis of the arteries in the heart and brain. A study from Aarhus University now shows that a motivational interview with a GP can have a preventative effect. The results have just been published in the scientific journal *BJGP Open*.

"Our study suggests that [motivational interviewing](#) could be a promising method for reducing cardiovascular disease. As the name suggests, the purpose of motivational interviewing is to motivate the person to change their lifestyle, for example by exercising more, switching to a healthier diet or quitting smoking," says Torsten Lauritzen from Aarhus University, who is behind the study.

## Trained in motivation

The result derives from a survey which 175,000 patients aged 40-69 received from their general practitioner in connection with an initiative to fight diabetes. After completing the survey, each respondent could see whether he or she was at risk of having diabetes without knowing.

All the people in the risk group were encouraged to contact their own GP, and almost 26,000 of them did so. A quarter of these GPs were randomised and trained to carry out motivational interviewing, while the others provided advice in the normal way. The GPs who were trained in motivational interviewing were able to schedule a longer interview with the patient of around half an hour, and to follow up on normal consultations as required.

## No wagging fingers

After eight years, figures were calculated for the number of deaths among the patients and the number who had developed cardiovascular diseases requiring hospitalisation. For patients with diabetes and a high risk of diabetes, no difference in the incidence of cardiovascular disease or mortality was found, regardless of whether they had one of the GPs who had been trained in motivational interviewing or not. The risk of cardiovascular [disease](#) was reduced by 13 per cent among the patients without diabetes who talked to a GP who had been trained in motivational interviewing, compared to the group of patients whose GP had not received the training.

"The results are probably due to the fact that the patients are controlled by their inner motivation, and that via the interviewing, patients are helped to take the decision to change and maintain a new lifestyle, instead of being told that 'you have to change your lifestyle'. The survey raises our awareness about how we talk to our patients and that this can have a preventative effect," says Torsten Lauritzen.

Previous studies have shown that motivational interviewing may have a beneficial short term effect in changing someone's weight, level of exercise or smoking habits. It has also been shown that motivational interviewing results in more satisfied patients and that the [general practitioners](#) who conduct the interviews assess them as being effective. However, none of the previous studies have shown whether motivational interviewing can affect morbidity or mortality several years later.

## Background for the results:

The study is a register-based study. Of the 26,000 people who made an appointment with their GP, 1,615 were diagnosed with diabetes, while the message to 2,655 patients was that they had a high risk of diabetes. A total of 21,451 [patients](#) were told that they did not have diabetes or were not presently at risk of developing [diabetes](#).

**More information:** Morten Charles et al, The effect of training GPs in motivational interviewing on incident cardiovascular disease and mortality in people with screen-detected diabetes. Results from the ADDITION-Denmark randomised trial, *BJGP Open* (2020). [DOI: 10.3399/bjgpopen20X101012](https://doi.org/10.3399/bjgpopen20X101012)

Provided by Aarhus University

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