

How doctors can help their patients make heart-healthy lifestyle changes

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Lifestyle change is a powerful, proven way for a person to prevent heart disease. But to make healthy changes stick, people often need a little

help.

Primary care doctors could offer crucial assistance in connecting patients with counseling that's been shown to make a difference. But because of time constraints or other barriers, those doctors often don't.

A new report offers guidance on how to change that.

The scientific statement, published Thursday in the American Heart Association journal *Circulation*, summarizes research showing the benefits of behavioral counseling. It also offers practical ways for busy health care professionals to help patients get that kind of care—care that goes beyond the typical 15-minute annual appointment.

Deepika Laddu, who led the group that wrote the statement, said it's not usually enough for a patient to simply recognize the need to change their eating or exercise habits.

"It's one thing to say, 'I'm going to reduce the amount of fat in my diet.' But they need support to say, 'I'm going to maintain that as a lifestyle,'" said Laddu, an assistant professor of physical therapy in the College of Applied Health Sciences at the University of Illinois at Chicago.

Such support might involve guidance on planning a healthy diet or setting realistic exercise goals. It also could involve checking in regularly to make sure those plans and goals stay on track.

But "providers don't have time," Laddu said. "They may not have the resources in place. There also are system-related factors," such as the bureaucracies behind referral policies or reimbursement.

The report spells out the importance of overcoming such barriers by summarizing research on programs delivered in primary care or

community settings that have been shown to work in people who are middle-aged or older. "We're providing the best-practice approaches of what has been done and what has successfully been shown to improve health behaviors—not for a short period of time, but for a long time," Laddu said.

One example is the Diabetes Prevention Program, said report co-author Dr. Jun Ma, a professor of medicine at the University of Illinois at Chicago. It's a well-studied intervention that includes lifestyle coaches who meet regularly with participants. It's been shown to work as well or better than medication at reducing risk factors for heart disease.

But it still tends to be much easier for a physician to write a prescription than to enroll someone in such a program, Ma said. "They do not have the same system or infrastructure to just prescribe a behavioral intervention."

Overworked primary care professionals shouldn't be expected to do all the work themselves, Ma said. "Typical clinicians are not trained to be behavioral counselors or health coaches. So, it needs a team-based approach. We need to have people properly trained in behavioral counseling to be on the care team."

To help with that, the report offers doctors links to lists of community programs—available through the Centers for Disease Control and Prevention, the YMCA and others—that they can use to refer patients. And it explains how programs might qualify for insurance coverage under the Affordable Care Act.

Ma said even if a practice has not been making use of behavioral approaches, the statement is written to fit in with the way physicians are trained to guide patients. So, the hope is it systematically makes it easier for doctors to assist patients and arrange care for those who need it.

The report is a starting point for changing the way doctors promote health in light of long-term trends showing an aging population with growing levels of heart disease, Laddu said.

"I don't know if our health care system is going to be equipped for handling the rising burden of [heart disease](#) that is expected unless we make a change now," she said, "and unless we help providers understand what tools are available and increase the awareness of what can be done beyond the constraints of their 15-minute window."

When a patient is ready for change, Laddu said, the health care team also needs to take accountability and say, "I need to help my patient change," whether that's directly helping a patient or "arranging the support system so that their patient can get the care that they need, when they need it, for as long as they need it."

More information: Deepika Laddu et al, Health Behavior Change Programs in Primary Care and Community Practices for Cardiovascular Disease Prevention and Risk Factor Management Among Midlife and Older Adults: A Scientific Statement From the American Heart Association, *Circulation* (2021). [DOI: 10.1161/CIR.0000000000001026](https://doi.org/10.1161/CIR.0000000000001026)

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