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Hippocrate clearly stated that:« let food be your first medicine »

The link between nutrition, physical activity and health is not challenged today. By improving lifestyle, cardiovascular disease risk can be reduced. Most epidemiological studies that analysed nutritional factors involved in non-communicable diseases prevention highlighted the importance of fruit and vegetables (F&V), both in prevention and in management of type 2 diabetes and obesity. Also, World Health Organization (WHO) pinpointed that the prescription of healthy diet and physical activity should be fully integrated in medical consultation.

This newsletter states the importance of General Practitioners (GPs) in managing the intervention on patients' lifestyle changes during medical consultations.

In the first two articles, two young GPs reported the results of their Doctor of Medicine dissertation that were presented during the pre-Egea symposium (c.f. GFVN n°45) :

- Estelle Tang has pointed out the potential difficulties to improve the lifestyle of patients suffering from cardiovascular disease, although many studies have clearly shown the efficacy of personnalised nutrition in secondary or tertiary prevention. A multidisciplinary follow-up program allowing constant support to patients, reported a net increase of F&V consumption among ¾ of these patients. The author also emphasized the importance of motivational interviewing to help patients change their behaviour.
- Dariny Rughoo discussed the new trend of vegetarian/vegan diet. These patients were avidly interested to receive nutritional information and advice from their GPs. However, the latter seemed to be not at ease to do so, somehow probably because of lack of education in this particular controversial area. Therefore, it's important to envisage better education in clinical nutrition during medical curriculum or continuing education.

Another topic of concern is doctors' stigmatization of patients suffering from obesity. This is mainly linked with the belief that body weight is under voluntary control and that obesity is just the consequence of excessive food intake, imbalanced diet together with physical inactivity. However, lots of studies claimed that obesity is a disease. This stigmatization results in collapsed self-esteem, deteriorated body image, increased eating disorders, avoidance of physical activity, depression, and avoiding medical consultation despite the fact that they need to be supported by their doctors.

Sophie Bucher Della Torre presents a recent study carried out at the University Hospital of Geneva. It aims to delineate knowledge, attitudes and beliefs of the medical/paramedical personnel involved in obesity management. Stigmatization level was lower in this hospital as compared to previous investigations. Moreover, healthcare professionals complained about a lack of education in obesity management. However 80% did know about nutrition guidelines related to F&V consumption.

In conclusion, patients want and need to receive objective support, information and practical advice from their GPs concerning lifestyle and nutrition. That's why their knowledge in clinical nutrition should be improved. Having an insight and practicing motivational interviewing will help patients to change their behaviour.

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Obstacles and factors promoting lifestyle changes among patients with ischemic heart disease

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Ischemic heart disease is the leading cause of mortality worldwide[1,2] and in France it constitutes the 1st source of expenditures for medical care[3]. Given this pathology's numerous complications, preventing its occurrence or its recurrence is crucial. Lifestyle changes such as smoking cessation, an increase in daily consumption (at least 5 portions per day according to the National Health and Nutrition Program in France - PNNS), and moderate physical activity seem to play important roles in a decreased risk for ischemic heart disease[4].

The primary goal of this qualitative study is to define the constraints faced by some patients suffering from ischemic heart disease with regard to following hygiene and dietary recommendations. Its secondary goal is to develop practices for preventive outpatient medicine in terms of secondary prevention and to improve patients' observance of hygiene and dietary rules.

Interviews were conducted with 14 patients with ischemic heart disease who live in the Rhône-Alpes-Auvergne region in France.

Obstacles to lifestyle changes

1/ Cultural dietary habits

The primary obstacle mentioned by most patients was the pleasure of eating, smoking, and drinking alcohol.

All of the interviewed patients had a "Western" style diet defined by significant consumption of red meat, sugars, alcohol, processed foods, and few F&V. Furthermore, they were sedentary because of urbanization and the development of technologies and leisure activities such as television.

These patients emphasized that the dietary advice they had been provided was difficult to follow because it did not take the cultural dimension of their diet into account.

On the contrary, these patients who craved F&V in addition to the Western diet, succeeded in improving their dietary habits more easily.

2/ Immediate social environment

Lifestyle change was easier for patients who had encouraging friends and family who did not make them feel guilty, unlike the other patients.

3/ Patient awareness and following recommendations

Patients with a clear understanding of the recommendations were aware of the effect of diet on coronary pathology and the risk of recurrence. It was easy for them to change their lifestyles, unlike the others.

Some highlighted the difficulty of understanding and interpreting health-related messages from PNNS. Patients feel confused when associating these messages with agri-food advertisements promoting food with poor nutrition quality.

4/ Lack of time

Several patients mentioned the feeling that they lack time. This represents a major obstacle to physical activity and the consumption of vegetables, which are considered foods that are more difficult and time-consuming to cook.

The increasingly sedentary nature of work as well as technological progress (such as television) provokes this feeling of a lack of time, and limits the motivation to engage in physical activity and cooking, which are considered additional chores.

5/ Professional relationship with patient health

Among the primary obstacles, patients underlined a lack of support and explanation. Given that the average consultation in general practice lasts for 18 minutes[5], it seems difficult to address multiple subjects including lifestyle. The doctor should encourage the patient to make a subsequent appointment dedicated to hygiene and dietary questions.

6/ Physiopathological factors

Other factors come into play, such as a family history of cardiovascular disease, as well as ageing and its consequences (menopause,rheumatological pathologies that limit physical activity...).

What are the solutions?

1. Regular, multidisciplinary follow-up in order to constantly re-evaluate and support long-term efforts. A study has shown an increase in consumption of F&V among 72% of the patients who follow an intervention program based on patient support from their family and a multidisciplinary team, compared to 35% among other patients[5].

2. Motivating the patient through an individual-centric approach: the doctor must respect the patient's free will, all while supporting them. Three relational qualities are required to construct a trust relationship: authenticity, empathy, and unconditional positive regard[6].

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Based on: Tang E. Habitudes alimentaires et hygiène de vie des patients ayant une cardiopathie ischémique : Etude qualitative des freins et des facteurs favorisant le changement de mode de vie. Dissertation for the State diploma of Doctor in Medicine. 2019.

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Lifestyle choices, expectations, and questions of vegetarian and vegan patients: toward better care at the general practitioner's office?

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Primary prevention in medicine is at the heart of strategies for avoiding the appearance of chronic diseases such as cardiovascular disease, obesity, diabetes, and cancer. It has been clearly shown that a healthy and varied diet has a key role in preventing these diseases[1]. Nutrition occupies an essential place in the health of the French, who are concerned and are asking their doctors for advice[2].

A new phase of dietary transition toward vegetarianism/veganism

At the end of the twentieth century, evidence indicating an association of the appearance of cardiovascular diseases and cancers with excessive consumption of animal fats enabled update of new recommendations that now aim to reduce our consumption of red and processed meat[3].

Furthermore, because of health crises affecting the meat sector in the agri-food industry, mad cow disease in 1996, animal living conditions and slaughter methods[4,5], as well as growing environmental awareness, France has seen a rise in vegetarianism[a] and veganism[b]. French consumers are therefore beginning a new phase of dietary transition.

In order to better understand this population, this descriptive and qualitative study aims to examine lifestyle choices, expectations, and questions of vegetarian and vegan patients in the office.

Semi-directed interviews were carried out with 16 vegetarian and vegan adults in France (10 vegetarians and 6 vegans).

Motivations and beliefs of vegetarians/vegans

The primary motivations and beliefs are ethical in the first place, environmental, and philosophical. Also, the family environment influences some toward this change in dietary behaviour. Other strongly rooted reasons such as health, the avian flu health scandal, financial, and culinary distaste have encouraged this change.

Many difficulties are encountered and predominate in the family, social, and professional environments.

Various sources of information concerning the vegetarian/vegan diet

Internet remains the most accessible source for individuals. Doctors are currently not the first source toward whom the patient turns to gather material and find information about their diet.

Fourteen patients discussed the topic with their doctor. Collectively, they felt that they were reticent with regard to diet, regardless of the initial reason for the visit. Five of the six vegans spontaneously asked whether they have to take B12 vitamin supplement out of concern for deficiencies, but no B12 supplements were prescribed by a doctor.

Vegetarians/vegans ask for nutritional advice and medical follow-up care

Eleven of the sixteen people interviewed felt their doctors lacked theoretical knowledge about their diets. However, they were more likely to turn toward their doctor if they seemed to know more about the topic, showing that, despite other evidence, there is a certain level of confidence in the medical establishment for advice and a desire to choose them as the first person to consult.

Their expectations were numerous and obviously focused on nutritional advice and their dietary transition. They requested medical follow-up by setting up timely medical check-ups to detect deficiencies based on clinical evidence that the doctor should take into account.

Furthermore, following the change in their dietary habits, they considered how best to balance their meals and the importance of detecting specific nutrition deficiencies.

It seems that have not yet found their place today in the support of vegetarian and vegan patients.

To conclude, medical care can be improved by establishing the patient's expectations, which are primarily: taking their lifestyle choices into account, medical follow-up with suitable nutrition advice, and medical check-ups on a case-by-case basis for detecting deficiencies.

a. *a diet excluding all animal flesh (meat, fish, shellfish, and insects)*

b. *a more restrictive diet excluding all animal flesh and all consumption of animal products, particularly dairy, eggs, and honey*

Based on: Rughoo D. Le choix de vie, les attentes et questionnements des patients végétariens et végétaliens : vers une meilleure prise en charge au cabinet de médecine générale ? Dissertation for the State diploma of Doctor in Medicine. 2019.

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Knowledge, attitudes, representations and declared practices of nurses and physicians about obesity in a university hospital: training is essential

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Individuals that are overweight or obese experience stigmatization and multiple forms of discrimination because of their weight in various settings, such as education, media, employment and also health care[1]. Indeed, healthcare providers (HCPs) have been documented to have weight bias[1]. Yet, weight bias has serious consequences at the psychological, medical and social levels[2]. Individuals with obesity who report being teased or victimized because of their weight have an increased risk of depression, low self-esteem, poor body image, stress and other psychiatric disorders[3,4]. Globally, weight bias reduces quality of life[5] and may also increase vulnerability to maladaptive eating behaviours, such as binge eating disorder, and physical activity avoidance, thus reinforcing a vicious circle for patients with obesity[6-8].

Despite their crucial role in prevention and treatment of excess weight, some HCPs feel a lack of competence in taking care of patients with obesity and sometimes doubt of the long-term efficacy of their actions[9,10]. A first step would be that all HCPs are aware of current recommendations regarding regular physical activity, healthy eating, and treatment goals and approaches for adults and children with obesity, in order to avoid cacophony and ensure coherent messages. Knowledge of current guidelines and attitudes to prevent stigmatization are especially important. Therefore, this study aimed to assess knowledge, attitudes, beliefs, perception of opportunity for intervention, declared practices and the need for training and material of nurses and physicians about obesity in a Swiss University Hospital.

834 physicians and nurses participated in an online survey

We developed a questionnaire based on literature, exploratory interviews and expert committee review. It included 110 items and was divided into four parts

1. Professional and personal characteristics, including training related to obesity;
2. Knowledge of current recommendations regarding nutrition, physical activity, definitions and treatment goals;
3. Attitudes towards obesity and patients with obesity and
4. Reported practices.

After a pre-test with 15 physicians and nurses, the questionnaire was sent online to all nurses and physicians (n = 3452) of various departments of the Swiss University Hospital. The questionnaire was anonymous and a local ethical commission approved the study protocol.

A total of 834 HCPs (72% female) participated in the survey (response rate: 24.2%).

Most participants had no education related to obesity or did not remember it

During their study, almost 70% of the participants declared either having never received any education related to obesity or did not remember having received such training. Only 13% (n = 108) received a postgraduate training related to obesity.

Participants declared a low level of negative attitudes towards individuals living with obesity. However, the results highlighted a lack of knowledge to diagnose obesity in adults and children, as well as confidence and training to care for patients with obesity. One-third of providers did not know how to calculate body mass index (BMI).

Regarding nutrition guidelines, 60% of subjects knew how to compose a healthy balanced meal, 81% did know the recommended fruit and vegetable intake and 53% did know the recommended frequency of high-density food consumption. For physical activity, 72% and 31% of responders knew the current international guidelines for adults and children.

Half of providers felt it was part of their role to take care of patients with obesity, even if 55% of them had the feeling that they did not have adequate training. A vast majority (93.8%) of participants were convinced that an interdisciplinary team is needed for the treatment of obesity.

Training should be improved

HCPs are in the front line to assess, diagnose and manage patients with obesity. Our study demonstrates that nurses and physicians working in a university hospital showed a low level of negative attitudes but a lack of knowledge and skills on obesity management. Therefore, training should be improved in this population to ensure adequate and coherent messages and equal access to evidence-based treatment for patients living with obesity.

Based on: Bucher Della Torre S. et al. Knowledge, attitudes, representations and declared practices of nurses and physicians about obesity in a university hospital: training is essential. Clin Obes. 2018; 8(2):122-130.

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