Integrating Nutrition Education into Clinical Practice

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The physician-patient interaction is a prime opportunity for patients to appreciate the link between nutrition and health. Integrating nutrition education into clinical practice has challenges and opportunities, which can be considered from three distinct, yet overlapping perspectives: physician, patient, and self [1].

Even for physicians who understand the importance of nutrition and intent to practice nutrition education, there are numerous barriers including brief contact times, lack of financial incentives, competing demands, skepticism of the effectiveness of nutrition education, fear of offending patients, lack of a clear approach to nutritional counseling in clinical practice, and inadequate training, skills, and tools [2, 3]. These challenges and barriers can be addressed with tactics and tools that are simple, effective, affordable, and scalable, thereby making nutrition counseling feasible with only incremental burden in physicians’ time and energy.

Tactics for physicians include: (1) Assess BMI at every visit. A weight gain of one or two pounds per year is insignificant, but a trend can progress to a clinically significant weight gain over a decade. (2) Add obesity or overweight on the problem list alongside other chronic problems, such as hypertension and diabetes. This prompts the physician to think about and manage obesity/overweight as a separate condition. (3) Assess diet. This can be done in a time-efficient fashion by any dietary assessment method that is easy to administer and provides immediate feedback by identifying areas of improvement that address nutrition priorities [4]. (4) Acknowledge risk. Patients may not appreciate the risks, given the high prevalence of overweight and obesity in today’s world. (5) Be mindful of language. For example, say “a person with obesity” rather than “obese person.” (6) Write a prescription. Like other medical conditions (e.g., hypertension), prescriptions for dietary advice can be powerful, e.g., “cook once per weekend with your family.”

When trying to incorporate healthier eating habits into their lives, patients report many of the same barriers that physicians face when
counseling patients about nutrition – lack of time, competing demands, skepticism of the effectiveness of nutrition change, lack of a straightforward approach to following healthy nutrition at home or work, fear of offending family members, and inadequate skills and personal tools. A focus on psychology, technology, and team approach can pay dividends. Concepts such as mindless eating, decision fatigue, and food environment should be included in nutrition counseling. Digitally savvy patients can maintain healthy nutrition habits through numerous apps for tracking of behaviors and counseling. Any change requires persistence and can be more successful if a team is employed. Such a team includes the patient, his/her environment, other components of the healthcare team (e.g., dietician, counselors), and the physician serving as a pivot to leverage the expertise of other members of the team.

An approach to nutrition education that addresses challenges faced by both physicians and patients is a Culinary Shared Medical Appointment. Bringing a group of 8–10 patients together for a session lasting 90 minutes offers a more relaxed environment to discuss both medicine and nutrition, and offers an opportunity to engage in cooking of simple recipes, tasting, and eating together. Patients re-learn to enjoy food in the company of others and get reconditioned to associate healthy food with authentic pleasure: the pleasure of real food, enhanced by its visual, acoustic, tactile, and gustatory qualities.

Many physicians do not prioritize personal wellness and eating habits. Looking inward and taking care of themselves not only reduces the probability of burnout but also translates to providing better care for patients [4]. Healthcare professionals should take advantage of their influential role in promoting healthy nutrition. By understanding challenges faced both by physicians and patients, practicing physicians can use simple tactics to seamlessly integrate nutrition education in clinical practice.

Reference