

Patient, Know Thy Physician

Elizabeth A. Denman, MD

Amy C. Cannella, MD, MS, RhMSUS



**University of Nebraska
Medical Center**

COLLEGE OF MEDICINE

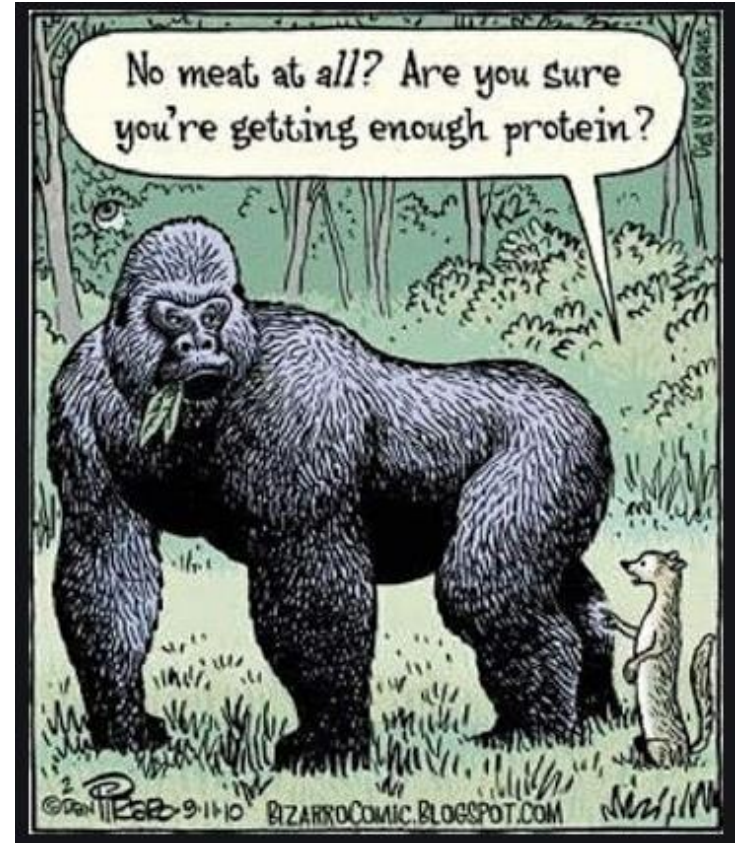
Goals and Objectives

- Recognize that most providers do not receive adequate (if any) training in lifestyle medicine
- Empower patients to talk with providers about lifestyle changes
- Explain the complexity of nutrition research

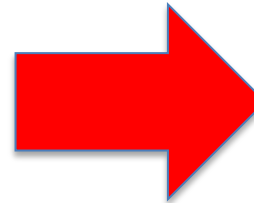
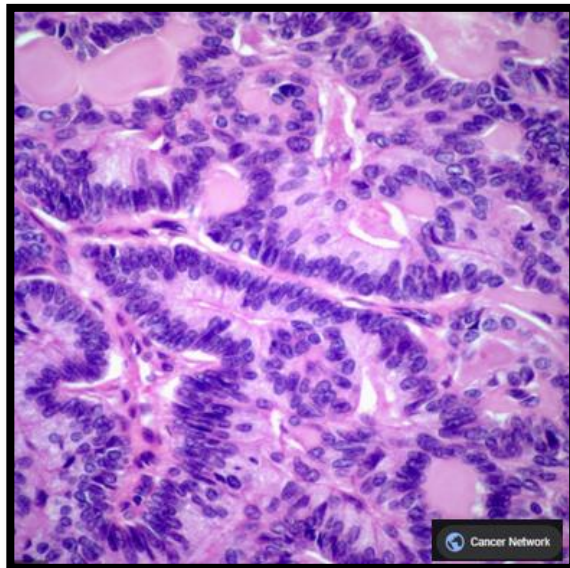
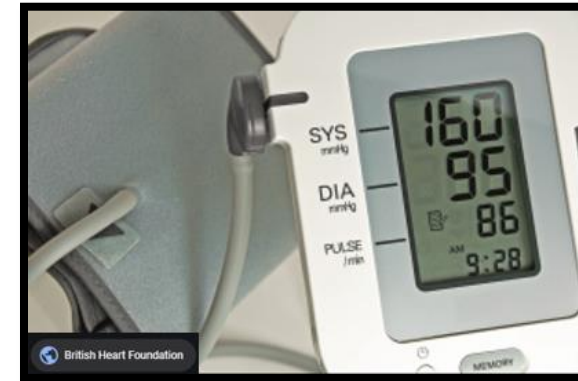


Disclosures

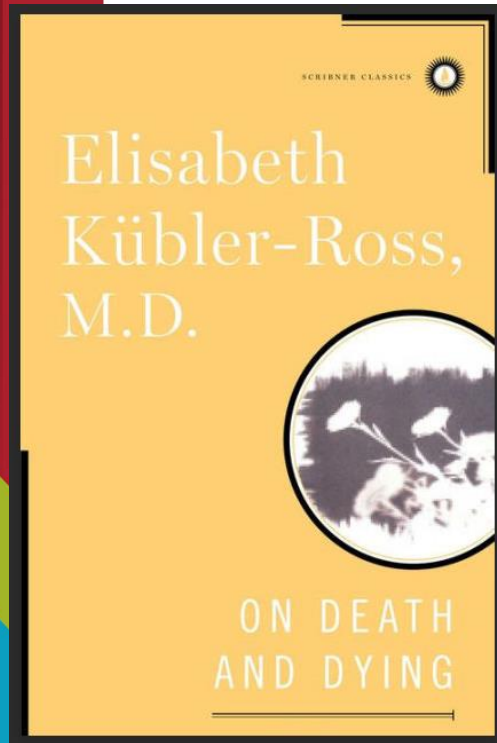
- **Denman: None**
- **Cannella: None**
- **We eat a WFPB diet**



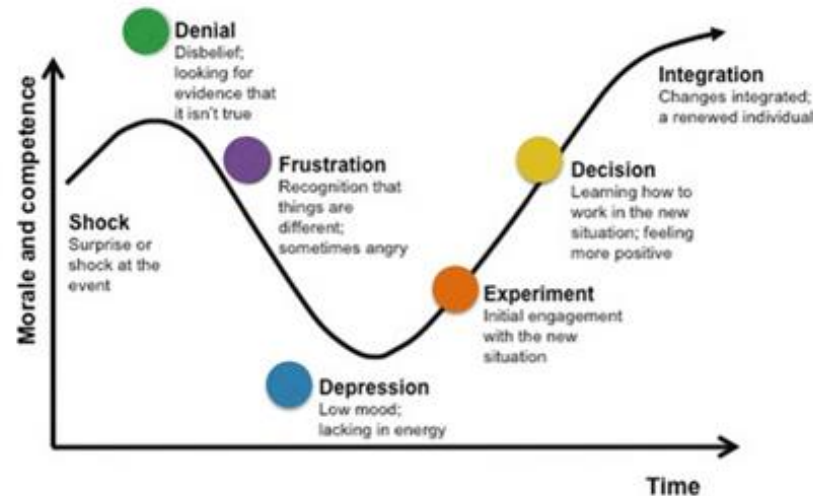
How did we get here?



How did we get here?



The Kübler-Ross change curve



Create Alignment

Maximize Communication

Spark Motivation

Develop Capability

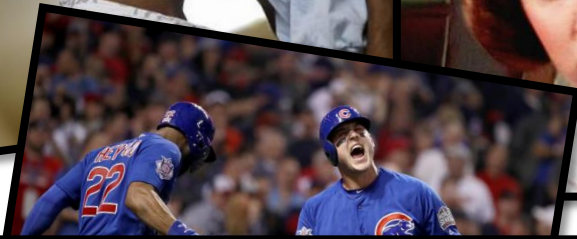
Share Knowledge

The "stages of dying" affect not only terminally ill patients. You can apply these lessons to everyday living.



What happened in 2016?

CBS
NEWS



Sat 4/23/2016 1:17 PM

Parecki, Daniel

Nutrition lecture series

Hello Dr. Cannella,

I just ran into Larisa Che, and she told me that you have a passion for nutrition and are frustrated (as I am) that there are few nutrition students for fall. she told me that you have a passion for nutrition and are frustrated (as I am) that the

There is a free lecture offered by the Institute of Functional Medicine titled "[Clinical Solutions for Addressing the underlying causes of](#) the course. I attached a few handouts they offer including their overview of phytonutrient dense foods, sample recipes with those for

Let me know if you're interested in helping out and I'll send some more details. If you have time to meet in person please let me know

Daniel Parecki, M3



International
Plant-Based Nutrition
Healthcare Conference

Anaheim Marriott / Anaheim, CA | September 21 - 24, 2016

Who should attend?

Physicians representing each and every practice specialty area, nurses and all allied health practitioners—those who are dedicated to empowering patients and clients with the ultimate prescription.

Visit www.pbnhc.com, watch videos of last year's attendees and faculty members, and register to be part of a medical education event that many have said was "life changing"—for themselves, for their families and for their medical practices and patients.

Conference Faculty

Learn from the **leading experts and researchers** about the preventive and healing power of plant-based nutrition.



2016 Conference Faculty

Above (left to right): Scott Stoll, Caldwell Esselstyn, Dean Ornish, J. Morris (Jim) Hicks, Kerry Graff, Robynne Chutkan, William Roberts, Laura Taylor Pridemore, Sahdeo Prasad, T. Colin Campbell, Jeff Moyer, Brenda Davis, Robert Ostfeld, Chad Sarno, Liana Lianov, Brendan Brazier, Michael Greger, Carol Bartolotto, Andy Bellatti, Michael Klaper and Michelle McMacken.

CME

CME Accredited
Nutrition
Rush University
Accredited
provide CME

Rush University
education
Category:
commensurate
education
& Accredited

Location

The quality
caliber of
Anaheim.

Arrive early
beach, plaza



Delicious

The conference
official Welcome
lunch. In addition
are included
venue that

What happened in 2016?

UNMC is 'Training the Physicians of Tomorrow'

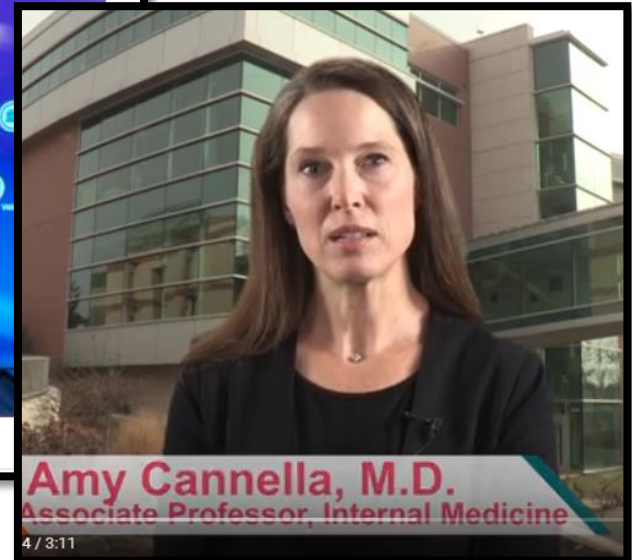
February 27, 2017

A New Way of Learning Medicine

Elizabeth Kumru | September 20, 2017



UNMC Students study the thoracic cavity on the iWall



Amy Cannella, M.D.
Associate Professor, Internal Medicine

Question

A 45 year-old physician is in a meeting to develop the new medical school curriculum. She says to her colleagues, “We have a great opportunity to educate our students on the use of nutrition as medicine.” Which of the following was their response?

- A) You really talk about this with your patients?
- B) They already learn about vitamin deficiencies.
- C) The nutrition data is not scientifically rigorous.
- D) Oh Amy, you are wacko, loveable but wacko.
- E) All of the above



Is There a Lack of Support for Whole-Food, Plant-Based Diets in the Medical Community?

Maximilian Andreas Storz, MD¹

Perm J 2019;23:18-068

E-pub: 12/20/2018

<https://doi.org/10.7812/TPP/18-068>

- Doctors may fear ridicule by colleagues and patients (this is real)
- Barriers
 - Time
 - Training
 - Economic Interests
 - Need a shift from corporate-funded industry-tailored recommendations



15 Minutes in the Life of YOUR Physician

- Review Chart
 - Review labs, x-rays, procedures
 - Reconcile medications
- Perform History and Physical
- Make Diagnosis and Plan
- Click Boxes
 - Order additional testing
 - Write Prescriptions
- Document Visit
- Billing & Coding
- Communicate with other providers
- Follow-Up

It is often not feasible to add the requisite time needed for nutritional counseling

External ID	Name
712172	Sucked into jet engine
875915	Sucked into jet engine, initial encounter
875917	Sucked into jet engine, sequela
875916	Sucked into jet engine, subsequent encounter

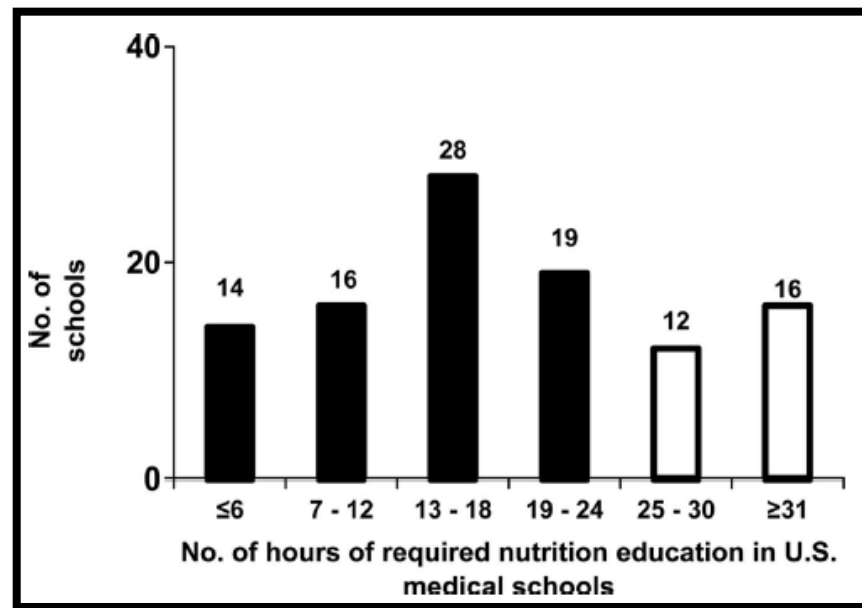
**Your doctor is not a super-hero,
but a mere human**



Nutrition Education in U.S. Medical Schools: Latest Update of a National Survey

Kelly M. Adams, MPH, RD, Martin Kohlmeier, MD, and Steven H. Zeisel, MD, PhD

- National Academy of Science recommends ≥ 25 hours of nutrition education
- 105/127 Medical schools responded to a survey
- Average of 19.6 hours of nutrition education (range 0-70)
- Difficult to capture data for integrated curricula
- 79% of instructors favored more nutrition education



Perceptions of Nutrition Education in the Current Medical School Curriculum

Robin L. Danek, MPH; Kathryn L. Berlin, PhD; Gabi N. Waite, PhD; Roy W. Geib, PhD

- Interviewed 62 medical students and residents from Indiana University School of Medicine (Terra Haute)
- Barriers
 - Inadequate nutrition education and knowledge
 - Not performed by practicing physicians during shadowing
 - Inadequate behavioral counseling skills

Subtheme	Quotations
Nutrition education in current curriculum	<p>"It wasn't even lightly emphasized."</p> <p>"Nutrition is probably number one on the list of things that are not addressed."</p>

Behavioral counseling	<p>"We don't have the vocabulary, we don't have the ability to pull a diagram that is something that they can understand."</p> <p>"I need to figure out a realistic way to ...make it [lifestyle changes] understandable."</p> <p>"I need to know...how to explain it and how to get through to my patients in a way that they're not just going to be overwhelmed and be like I can't do this...there's got to be a way that I can get across to them."</p>
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Behavioral counseling	<p>changes] understandable."</p> <p>"I need to know...how to explain it and how to get through to my patients in a way that they're not just going to be overwhelmed and be like I can't do this...there's got to be a way that I can get across to them."</p>
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Communication practices for delivering health behaviour change conversations in primary care: a systematic review and thematic synthesis

C. Albury^{1*} , A. Hall², A. Syed³, S. Ziebland¹, E. Stokoe⁴, N. Roberts⁵, H. Webb⁶ and P. Aveyard¹

- Providers fear that discussing health behaviors will be poorly perceived by patients
- Behavior change conversation methods
 - Direct questions: “Do you smoke?” → variably effective
 - Link to relevant health concern: “your smoking is worsening your asthma” → variably effective, but can lead to resistance and hostility
 - Patient initiated: “Doc, can you help me stop smoking?” → **rare but very effective**

Bringing up the topic can bring out the best advice from your provider!



Start the conversation with your provider

- Make this your agenda
- Start the visit with this topic
 - “I am interested in making a lifestyle change.....”
 - “I have been learning about nutrition and health, and wonder.....”
 - “What do you know about plant-based nutrition...”
 - “Can you help me with my nutrition goals?”
- Outline your motivations



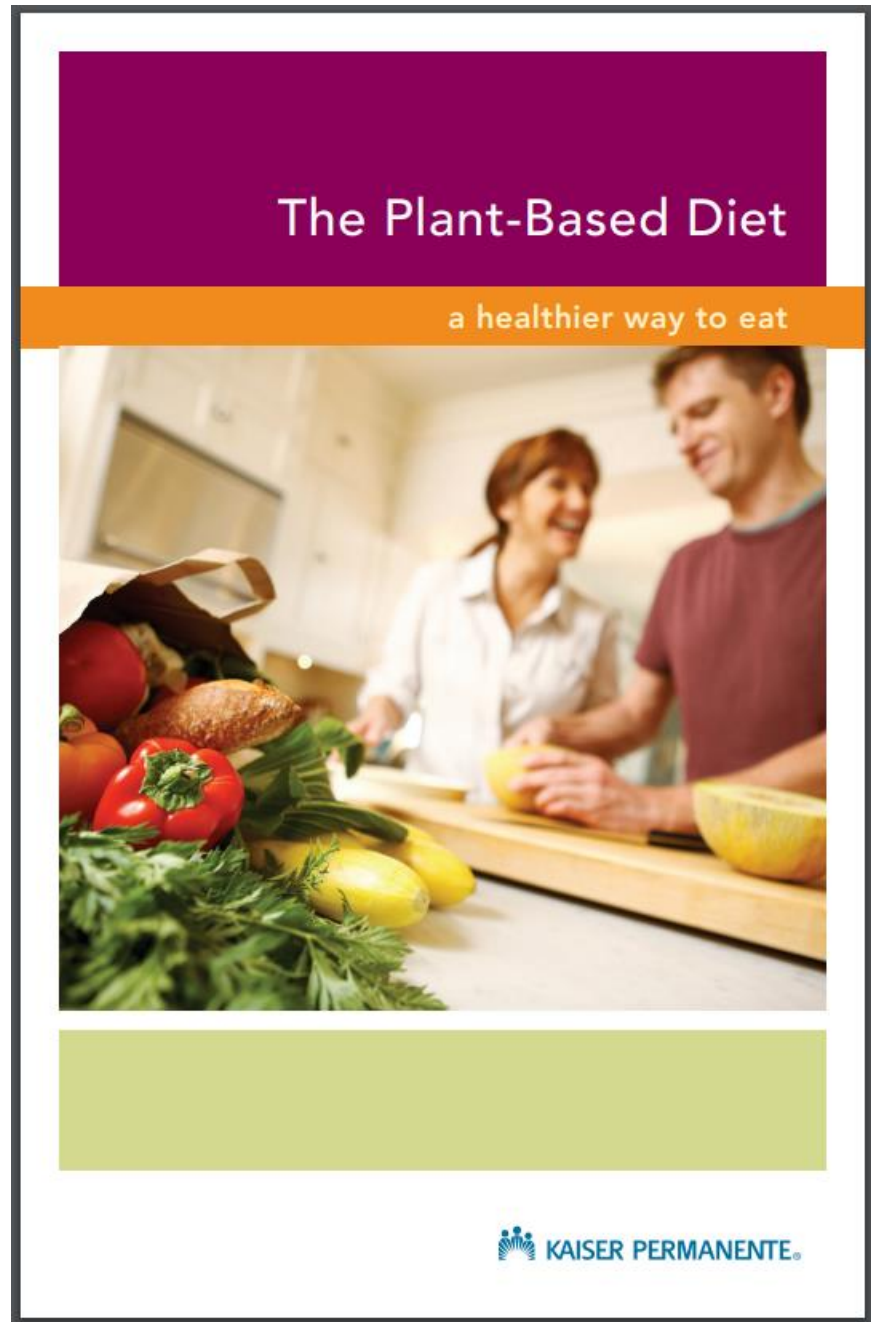
Make a plan with your provider

- Individualize your plan
- Monitoring is required in certain health conditions
 - High Blood Pressure
 - Diabetes
 - High Cholesterol
- DO NOT stop your medications without talking to your provider
- Follow-up at appropriate intervals



Patient References

<http://kphealthyme.com/Healthy-Eating-Active-Living-Programs/Education-libraries/Plant-Based-Diet.aspx>



Controversial Studies Say It's OK to Eat Red Meat

By Debbie Koenig



Red and processed meat are OK to eat, controversial new guidelines claim. Don't believe it, leading experts say

By Sandee LaMotte, CNN

🕒 Updated 11:01 PM ET, Mon September 30, 2019

HEALTH

The Actual Reason Meat Is Not Healthy

Nutrition studies leave out a crucial factor.

JAMES HAMBLIN OCT 10, 2019

The Atlantic

Red and Processed Meat Consumption and Risk for All-Cause Mortality and Cardiometabolic Outcomes

A Systematic Review and Meta-analysis of Cohort Studies

Dena Zeraatkar, MSc; Mi Ah Han, MD, PhD; Gordon H. Guyatt, MD, MSc; Robin W.M. Vernooij, PhD; Regina El Dib, PhD; Kevin Cheung, MD, MSc; Kirolos Milio, BSc; Max Zworth, BSc; Jessica J. Bartoszko, HBSc; Claudia Valli, MSc; Montserrat Rabassa, PhD; Yung Lee, BHSc; Joanna Zajac, PhD; Anna Prokop-Dorner, PhD; Calvin Lo, BHSc; Malgorzata M. Bala, PhD; Pablo Alonso-Coello, MD, PhD; Steven E. Hanna, PhD; and Bradley C. Johnston, PhD

Conclusion: The magnitude of association between red and processed meat consumption and all-cause mortality and adverse cardiometabolic outcomes is very small, and the evidence is of low certainty.



Ann Intern Med. doi:10.7326/M19-0655

For author affiliations, see end of text.

This article was published at Annals.org on 1 October 2019.

Cardiometabolic Outcomes				RR (95% CI)	GRADE Certainty of Evidence	In-Language Summary
Outcome	Studies, n	Participants, n	Follow-up, y	on 1000 Over		
All-cause mortality	8	893 436	9-28	0.93 (0.87-1.00)	Very low due to observational design, imprecision†‡	are uncertain of the effects of unprocessed ed meat on all-cause mortality.
Cardiovascular mortality	7	874 896	9-28	0.90 (0.88-0.91)	Very low due to observational design, risk of bias§	are uncertain of the effects of unprocessed ed meat on cardiovascular mortality.
Cardiovascular disease	3	191 803	8-26			are uncertain of the effects of unprocessed ed meat on cardiovascular disease.
Stroke (fatal and nonfatal)	6	254 742	12-26	0.95 (0.85-1.06)	Very low due to observational design, imprecision	duction in unprocessed ed meat may have little or no effect on stroke.
Fatal stroke	3	671 259	Median, 5.5-15.6			are uncertain of the effects of unprocessed ed meat on fatal stroke.
MI (fatal and nonfatal)	1	55 171	Median, 1	0.94 (0.90-0.98)	Low due to observational design	are uncertain of the effects of unprocessed ed meat on MI.
Type 2 diabetes††	6	293 869	5-28	0.94 (0.89-0.99)	Very low due to observational design, risk of bias¶	duction in unprocessed ed meat may result in a very small decrease in type 2 diabetes.
				0.93 (0.87-0.99)	Very low due to observational design, risk of bias**	
				0.90 (0.88-0.92)	Low due to observational design	



What does this mean?

- **Small effect size** **conspires** with low **quality heterogenous data** to promote a conclusion that may or may not be the truth.
- The best way to study an intervention is a double-blind, randomized and placebo-controlled study
 - Turkey vs Tofurkey
- **Anecdotes are powerful**, but not “scientifically rigorous”
- The current science is “buyer beware”
- Common sense should reign supreme

A parallel curriculum in lifestyle medicine

Rachele Pojednic and Elizabeth Frates

Institute of Lifestyle Medicine, Joslin Diabetes Center, Harvard Medical School, Boston, Massachusetts, USA

- 2009 Harvard Medical School
- Student-led and faculty advised curriculum
- Lunch and Learn
- Fulfilling a gap until core curricula developed

Table 1. Learning objectives for each Lifestyle Medicine topic

Lifestyle Medicine topic	Core objectives
Introduction to Lifestyle Medicine (LM)	Identify the core competencies of Lifestyle Medicine Review the history of LM; identify landmark medical studies in LM
Exercise and physical activity	Review the benefits of exercise Introduce a risk-stratification system Demonstrate how to write an exercise prescription Review effective counselling techniques for exercise counselling Encourage students to write their own exercise prescription
Diet and nutrition	Discuss the evolution of dietary guidelines Determine what constitutes a healthy diet Review effective counselling techniques for nutrition Introduce the roles of dietitians, nutritionists and health coaches
Self-care	Define self-care in relation to doctors Determine the importance of self-care with relation to burnout, health and wellbeing Review the literature on how a doctor's health habits affect patients
Behaviour change	Introduce the transtheoretical model of change Discuss the evolution of the 5 'A's Identify the difference between the coach approach and the expert approach Review the literature on the coach approach in medicine
Motivational interviewing (MI)	Introduce MI core concepts Practice reflections, affirmations, open-ended questions and summaries Discuss the process of elicit-provide-elicit Review the literature using MI in medicine
Positive psychology (PP)	Discuss the history of the field of PP Review the literature about the use of PP in medicine Relate positive psychology to the life of a health practitioner, both personally and professionally

UNMC Lifestyle Medicine Interest Group

AWARD: \$1,000

Remember
the
Email??

Application #1: Integrative Medicine Interest Group

UNMC COMAA Student Proposal Form

Contact Name: Elizabeth McGinn

Contact Role (circle): ☒ Student ☐ Faculty

Organization: Integrative Medicine Interest Group

Contact Phone: 4026691214

Contact Email Address: Elizabeth.McGinn@unmc.edu

Faculty Sponsor*: Dr. Amy Cannella

Faculty Email Address: acannella@unmc.edu

Amount Requested: \$1500

Date Funds are Needed: 8/21/2017

Anticipated End Date of Event/Activity: 12/15/2017

Please attach a document that describes the proposed use of the funds. Include the following:

UNMC College of Medicine Alumni Engagement Council

MEMORANDUM OF AGREEMENT

Integrative Medicine Interest Group

This memorandum of agreement is between the UNMC Alumni Office on behalf of the UNMC College of Medicine Alumni Engagement Council (COMAEC), Integrative Medicine Interest Group The COMAEC agrees to provide \$825 to the Nutrition Lecture Series Course.



UNMC Lifestyle Medicine Interest Group

- Lunch and Learn
- Inter-professional
- Four Lectures
 - Introduction
 - Denman/Cannella
 - Nutrition
 - Melissa Sherlock
 - Sleep
 - Mike Summers, MD
 - Physical Activity
 - Peter Pellerito, BS
- Need to add other topics



Still Wacko?

- Phase 3 of the UNMC TPT Curriculum
- We have been asked to develop a **Lifestyle Medicine Component**
- Growing interest among faculty, residents and students



Thank You!

