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Going the distance with our patients

Many years ago, I had a patient I'll call "Hannah," who was well into her 80s and always came into the office with her daughter. She was a heavy smoker and had hypertension and type 2 diabetes.

At each visit, I would ask her if she still smoked and if she was interested in talking about quitting. At every visit, she would say that she was still smoking and didn't want to quit. My response was always something along the lines of: "When you're ready, we can talk more. But I think it is the most important thing you can do to improve your health." From there, we would discuss any concerns she or her daughter had.

It is our longitudinal relationships with patients that allow us to plant seeds and reap the benefits over time.

A few years shy of her 100th birthday, Hannah told me she had quit smoking. I was amazed and asked her why, after all these years, she'd done it.

"I quit," she said, "because I was tired of you nagging me, sonny!" And we both had a good laugh about that.

Hannah's story reminds me that, as family physicians, we often have an impact on our patients in ways we don't see in the short term. It is our longitudinal relationships with patients that allow us to plant seeds and reap the benefits over time.

It is these relationships that we can draw upon when counseling our patients with type 2 diabetes to address lifestyle issues such as exercise and a healthy diet. In this issue, McMullan et al¹ provide us with a rather hopeful review of the evidence in support of lifestyle changes. For our patients with type 2 diabetes, lifestyle changes can decrease A1C levels by 0.5% (with environmental changes related to diet)² and 0.7% (with moderate aerobic exercise).³ This is comparable to what is reported for the starting doses of most medications.⁴ In fact, a meta-analysis showed that a low-carbohydrate diet induced remission at 6 months in 32% of patients.⁵ (Caveat: The result was not controlled for weight loss as a possible confounding factor and an A1C cutoff of 6.5% was used.)

And yet, we often focus more on the various medications we can prescribe, with professional guidelines pointing the way.

The National Institute for Health and Care Excellence,⁶ American Diabetes Association,⁷ American College of Physicians,⁸ and American Academy of Family Physicians⁹ have followed the accumulating evidence that various medications improve outcomes—especially in patients at high risk or with established atherosclerotic cardiovascular disease. They have endorsed a stepwise pharmacologic approach beginning with metformin and recommend assessing each patient's comorbidities to guide whether to add a sodium glucose co-transporter 2 (SGLT2) inhibitor or another agent. Where the groups diverge is what that second agent should be (glucagon-like peptide 1 receptor agonist, SGLT2 inhibitor, or dipeptidyl peptidase-4 inhibitor).

■ **But what about lifestyle?** Each organization's guidelines address lifestyle changes as a foundation for managing patients with type 2 diabetes. But is that call loud enough? Do we heed it well enough?

Implementing lifestyle changes in office practice can be time consuming. Many clinicians lack adequate training or experience to gain any traction with it. Also, there is skepticism about success and sustainability.

I believe change starts when we recognize that while we have a priority list for each patient encounter, so do our patients. But they may not share that list with us unless we open the door by asking questions, such as:

- Of all the things you have heard about caring for your diabetes, what would you like to work on?
- What are you currently doing and what prevents you from meeting your goals?
- How would you like me to help you?

From there, we can start small and build on successes over time. We can go the distance with our patients. In the case of Han-

nah, I had the honor of caring for her until she died at age 104.

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References

1. McMullan S, Smith DK, Kimsey J. Maximizing lifestyle changes to manage type 2 diabetes. *J Fam Pract.* 2022;71:342-348. doi: 10.12788/jfp.0482
2. Craddock KA, ÓLaighin G, Finucane FM, et al. Diet behavior change techniques in type 2 diabetes: a systematic review and meta-analysis. *Diabetes Care.* 2017;40:1800-1810. doi: 10.2337/dc17-0462
3. Grace A, Chan E, Giallauria F, et al. Clinical outcomes and glycaemic responses to different aerobic exercise training intensities in type II diabetes: a systematic review and meta-analysis. *Cardiovasc Diabetol.* 2017;16:37. doi: 10.1186/s12933-017-0518-6
4. American Diabetes Association Professional Practice Committee. Pharmacologic approaches to glycemic treatment: Standards of Medical Care in Diabetes-2022. *Diabetes Care.* 2022;45(suppl 1):S125-S143. doi: 10.2337/dc22-S009
5. Goldenberg JZ, Day A, Brinkworth GD, et al. Efficacy and safety of low and very low carbohydrate diets for type 2 diabetes remission: systematic review and meta-analysis of published and unpublished randomized trial data. *BMJ.* 2021;372:m4743. doi: 10.1136/bmj.m4743
6. Moran GM, Bakhai C, Song SH, et al. Type 2 diabetes: summary of updated NICE guidance. *BMJ.* 2022;377:o775. doi: 10.1136/bmj.o775
7. American Diabetes Association. Introduction: Standards of Medical Care in Diabetes-2022. *Diabetes Care.* 2022;45(suppl 1):S1-S2. doi: <https://doi.org/10.2337/dc22-Sint>
8. Qaseem A, Barry MJ, Humphrey LL, et al. Oral pharmacologic treatment of type 2 diabetes mellitus: a clinical practice guideline update from the American College of Physicians. *Ann Intern Med.* 2017;166:279-290. doi: 10.7326/M16-1860

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