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doi: 10.12788/jfp.0660

# Tools—and rules— to support behavior change

**C**hanging behavior is hard. And at nearly every clinical encounter, we counsel/encourage/remind/help (choose a verb) our patients to make a change—to do something hard. We tell them they need to increase their physical activity, get more sleep, or alter their eating habits. We know that if they make the needed changes, they can improve their health and possibly lengthen their lives. But we also know (from the systematic reviews the US Preventive Services Task Force [USPSTF] uses to make its recommendations) that brief counseling in our offices is largely ineffective unless we connect patients to resources to support the recommended change.

As examples, the USPSTF currently recommends the following (both grade “B”):

- offer or refer adults with cardiovascular disease risk factors to behavioral counseling interventions to promote a healthy diet and physical activity.<sup>1</sup>
- offer or refer adults with a body mass index of 30 or higher to intensive, multi-component behavioral interventions.<sup>2</sup>

To support our patients when making recommendations such as these, we might refer them to a dietitian for intensive counseling and meal-planning guidance.

**This 2-step rule is tech-free and can be applied by patients in a few seconds to make healthier food choices.**

The American Diabetes Association says that patients seeking to manage their diabetes and prediabetes “can start by working with a registered dietitian nutritionist ... to make an eating plan that works for [them].”<sup>3</sup> However, this kind of resource is unavailable to many of our patients.

So what else can we do?

We can help patients decide what to buy in the grocery aisle. Nutrition labels are useful, but they are limited by their complexity and requisite level of health literacy.<sup>4</sup> Even the concept of “calories” is not so intuitive. This challenge with interpreting calories led me (in some of my prior work) to explore a potentially more useful approach: conveying calorie information as physical activity equivalents.<sup>5</sup>

In this issue of *The Journal of Family Practice*, Dong and colleagues present their findings on whether a simple equation (the Altman Rule) that uses information on nutrition labels may be a reasonable proxy for an even more difficult concept—glycemic load.<sup>6</sup> The idea is that consumers (eg, patients with diabetes) can use this rule to help them in their decision-making at the grocery store (or the convenience store or gas station, for that matter, where the high-glycemic-load carbohydrates may be even more tempting). The 2-step rule is tech-free and can be applied in a few seconds. Their research demonstrated that the rule is a reasonable proxy for glycemic load for packaged carbohydrates (eg, chips, cereals, crackers, granola bars). Caveats acknowledged, foods that meet the rule are likely to be healthier choices.

Looking ahead, I would like to see whether counseling patients about the Altman Rule leads to their use of it, and how that translates into healthier eating, lower A1C,

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The objective of this research was to investigate the relationship between GL and the Altman Rule, rather than to conduct an exhaustive analysis of the Altman Rule for every possible food category. Studying the relationship between the Altman Rule and GL in other categories of food is an objective for future research. The data so far support a relationship between these entities. The likelihood of the nutrition facts of foods changing without the GL changing (or vice versa) is very low. As such, the Altman Rule still seems to be a reasonable proxy of GL.

## CONCLUSIONS

Research indicates that point-of-sale tools, such as Guiding Stars, NuVal, and other stop-light tools, can successfully alter consumers' behaviors.<sup>9</sup> These tools can be helpful but are not available in many supermarkets. Despite the limitations, the Altman Rule is a useful decision aid that is accessible to all consumers no matter where they live or shop and is easy to use and remember.

The Altman rule can be used in clinical practice by health care professionals, such as physicians, nurse practitioners, physician assistants, dietitians, and health coaches. It also has the potential to be used in commercial settings, such as grocery stores, to help consumers easily identify healthier convenience foods. This has public health implications, as the rule can both empower consumers and potentially incentivize food manufacturers to upgrade their products nutritionally.

Additional research would be useful to

evaluate consumers' preferences and perceptions about how user-friendly the Altman Rule is at the point of sale with packaged carbohydrate foods. This would help to further understand how the use of information on food packaging can motivate healthier decisions—thereby helping to alleviate the burden of chronic disease.

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and ideally better health. For now, the Altman Rule is worth learning about (see page 286). It may serve as another tool that you can use to support your patients when you ask them to do the hard work of making healthier food choices.

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