Family Practice Forum

Motivating Lifestyle Change

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The family physician has enormous opportunities to facilitate healthy lifestyle changes among his patients. It is believed that an unhealthy lifestyle may account for 50 percent of the mortality in the United States.[1] The family physician sees large numbers of well or asymptomatic at-risk patients in the course of practice. In addition, he or she sees other family members and has opportunities to interact with the family unit as a whole. The family, in turn, has powerful molding influences on the individual's health beliefs and actions. If the physician can realize the impact his attitudes and actions have on his families' health, beliefs, and behavior, the multiplication of effects can be considerable.

Personal Belief and Consistency

The first consideration in motivating patients' lifestyle changes is the physician's attitudes toward risk factors and the potential for reversing these risks. Do physicians believe they can succeed in assisting their patients to quit smoking? A positive attitude may be a predictor of success in this area. Similarly, do physicians view accidents as truly preventable? Is alcoholism seen as a disease and not a moral stigma?

Another facet is the physician's personal role-modeling influence. If physicians smoke or allow office staff to do so, patients get mixed messages and are less inclined to heed their advice. Personal beliefs and behaviors must be in line with what physicians desire for their patients and should be consistent with and reinforce the advice provided in the office.

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Focusing the Office Encounter

For physicians, the principal tool for promoting a patient's lifestyle change remains the office encounter. This opportunity should be structured to produce the greatest possible impact. The history and physical examination can be focused on perceived high-risk situations amenable to changes, such as alcohol abuse, tobacco abuse, and obesity. Specific history, including past history and family history, and health belief data about the patient's perception of the risk factor can be reviewed. Psychosocial factors including support systems should be explored and dealt with in this effort.

Two factors are critical in these ongoing opportunities. One, derived from social interaction theory, involves the increased likelihood of change occurring during transition points. The patient with an acute myocardial infarction is very receptive to health advice about quitting smoking. Similarly, the ambulatory patient presenting with gastritis who is a suspected alcohol abuser should be confronted. Likewise, by discussing the risks of emphysema and lung cancer with an adolescent who has an early smoker's cough when presenting for a school physical, the physician can precipitate an awareness which leads the patient to stop smoking.

The second factor involves communication theory. Patients are perhaps more aware of the hazards of cigarette smoking than the Bill of Rights. However, when physicians personalize information on smoking to the patient, they reinforce the knowledge and apply it directly. Although this may seem like planting seeds without expecting to be involved in the harvest, the continuity of family practice offers a lifetime to motivate and reinforce lifestyle changes in this manner.

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Behavior Modification

For most lifestyle change, the same principles of behavior modification used elsewhere can be relied upon as useful techniques. An initial strategy can be to ask the patient to keep a diary of the risk behavior: When does it occur most frequently? Under what circumstances does it occur? Is mood a variable? Are there identifiable "strokes" or reinforcers for the negative behavior? If the patient keeps a diary, it can serve as an indicator of motivation and compliance. From the data collected, a personal approach can be structured to reframe situations and teach patients how to become more responsible for their own health care. Instead of viewing such changes as giving up a vice, they can be taught to see it as gaining control of another aspect of life.

The Family Physician as an Agent of Change

Perhaps no professional is better equipped to become an agent of positive change for so many people. The family physician has in-depth knowledge of the patients he treats, their medical conditions and family history, who their relatives are, their personalities, including strengths and weaknesses, and their family system as a whole. He sees them at sensitive transition periods. He deals with them in very early stages of potential health risk situations (eg, tobacco, drugs) and in early stages as developing families. Being astute enough to ask the right questions and wise enough to know when action is indicated, the family physician can become a powerful force in his community. Involving the family in the effort to create a healthy lifestyle and facilitating better communication patterns among family members may be helpful.[2] Scheduling follow-up visits for lifestyle issues or incorporating them into other health care visits should be encouraged and reinforced by patient education whenever possible.

References

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2. Becker MH, Green LW: A family approach to compliance with medical treatment—a selective review of the literature. Int J Health Educ 18(3):173, 1975