

Conversations Inviting Change: Low Calorie Diet Programme

The Total Diet Replacement approach is a chance for people to reset and view eating behaviours from a distance. **It involves:**

- 12 weeks of meal replacements (*4 a day*) providing around 800 kCal which contain all the essential vitamins and minerals needed.
- 2-2.5 litres of sugar free fluid, 100ml skimmed milk allowance, no alcohol and no food.

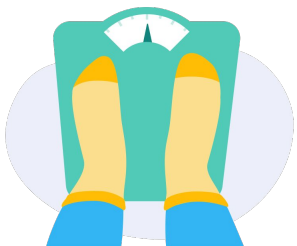


Benefits from a patient experience include:

Provides structure to the day, improvements in sleep, better ability to plan ahead, a sense of control over eating, having a sense of hope and having difficult but positive conversations with families about putting their needs first.

Overcoming the challenge of bringing up the topic of weight during conversations with patients

What gets in the way of discussing weight in practice?



- Concern about negative consequences
- Having time and resources to raise a sensitive topic
- Uncertainty about the fast changing medical advances in obesity care.
- Concern around damaging relationships with patients.
- Own body size

Raising the issue of weight - what works?

Brief intervention for Weight Loss trial (BWEL, 2016)

ASK - Open up the conversation around their weight

- *"Whilst you're here, please could I ask about your weight?"*
- *"Before you leave, could I check your weight today?"*
- *"While you're here, can I check your weight?"*

- Try to use more neutral language; avoid 'obese', 'obesity' and of course 'fat'.
- 'Healthy weight', or simply 'weight' is preferred
- Person centred can help too - 'people living with obesity'

ADVISE - Explain how best to change behaviour

- State the referral is available **FREE** in the opening sentences of the conversation, not after offering a referral and asking for a response.
- Keep interventions brief, 30 seconds seems to be optimal.
- Give factual information about a specific programme.
- Avoid making assumptions about a patient's diet or activity
- Confidence is key - being confident in what you're saying and your recommendation of the programme you are referring to builds confidence in the patient.

ASSIST - Refer for help and support

- **If patients receives the advice positively**, let them know the next steps to manage expectations, *i.e.*, *"Great. I will refer you to the service now. Oviva will be in touch via email with an initial sign up survey before getting you started on their programme."* Have follow up conversations and use supportive language.
- **If patient does not want to engage**, show acceptance of their wishes, use supportive language and provide them with any physical resources (*i.e.*, *flyer and FAQs*) to take away. It is good practice to put a note in your patient's records of any conversations you have about weight and the outcomes. This will enable other healthcare professionals to follow up on this conversation if appropriate.

If you have any questions about the programme, would like us to send any resources (*i.e.*, *patient flyer, FAQs*) or support on how to refer your patients, please don't hesitate to contact Oviva's service manager: Caroline.Hebberd@oviva.com.

Participant Story

Before Heidi, 53 started the programme she struggled to find the time to get support for her diabetes when she worked full time.

Heidi joined the NHS Low Calorie Diet Programme to **lose weight** and **improve her type 2 diabetes diagnosis**. She worked with her health coach via the Oviva app throughout the TDR phase and food reintroduction.

- **Has lost 21.8kg in 16 weeks**
- Aches and pains have diminished significantly
- Heidi is **no longer on any diabetes medications**
- Heidi has much more energy since losing weight
- **Feels motivated in reaching her target weight loss** throughout the remainder of the programme

“The programme so far has surpassed all my expectations and dreams. The improvements I have made to my health have been so worth the efforts. I am enjoying using the Oviva app!”



**Before the programme
Heidi weighed 104kg**



**16 weeks in, Heidi now
weighs 82.2kg**

References

Aveyard, P., Lewis, A., Tearne, S., Hood, K., Christian-Brown, A., Adab, P., Begh, R., Jolly, K., Daley, A., Farley, A. and Lycett, D., 2016. Screening and brief intervention for obesity in primary care: a parallel, two-arm, randomised trial. *The Lancet*, 388(10059), pp.2492-2500.

Blackburn, M., Stathi, A., Keogh, E. and Eccleston, C., 2015. Raising the topic of weight in general practice: perspectives of GPs and primary care nurses. *BMJ open*, 5(8), p.e008546.

Lawson, V., & Shoneye, C. ,2008. Overweight health professionals giving weight management advice: The perceptions of health professionals and overweight people. In *Healthy Weight, Healthy Lives: A Toolkit for developing local strategies*. Cross-Government Obesity Unit. London: Department of Health and Department for Children, Schools and Families.

P136 uptake, retention & outcomes in a digital low-calorie diet programme delivered to a geographically remote population living with type 2 diabetes (12 month service evaluation) KH Miller, C Jelinek, C Noble Jesus, F Schirman, Oviva UK Ltd, London, United Kingdom

For more about weight bias, including free, GP tailored training please visit <https://uconnruddcenter.org/research/weight-bias-stigma/healthcare-providers/>

