Counseling Patients About A Healthy Diet

This Clinical Advisory provides a useful strategy to quickly and effectively talk to patients about dietary habits. It is not intended to promote a particular dietary intervention, but rather to provide a grounding to assist patients in navigating the vast sea of information about diet and its effect on health.

The Evidence: Recent publication of data from the National Health and Nutrition Examination Survey (NHANES) has shown that the vast majority of the US population have a suboptimal diet.[i] The evidence around nutrition assessment and dietary counseling shows that it rarely occurs during conventional medicine primary care or inpatient visits.[ii] Integrative healthcare (IH) is an ideal setting to have a conversation about the importance of a good diet for particular clinical conditions and for general wellness even in the absence of a specific disease.

IH providers are uniquely positioned to counsel patients about their diet. Patients who seek out IH practitioners tend to be more interested in self-efficacy and open to life-style changes recommended by a trusted clinician. A good starting point is a brief inquiry about diet and a patient's interest in pursuing a more complete dietary assessment.

The Challenge: Providing dietary advice.
The abundance of dietary information is overwhelming, often contradictory, and may or may not be helpful for an individual patient. Helping patients through this confusing morass can be of value. Patients' need for dietary advice can be driven by their unique clinical circumstances such as the presence of a health related condition, e.g. diabetes, hypertension, cardiovascular disease, gluten intolerance, etc.; by a desire for enhanced wellness through weight loss, improved fitness; or pursuing lifestyle change such as a vegetarian regimen. Evidence for some of these dietary recommendations is available and can be shared with patients to assist in decisions about diet. The Cochrane Collaboration (http://www.cochrane.org), for example, provides systematic reviews of the literature that can be helpful in sorting out what makes scientific sense from that which is mere hype.

Here's How You Can Help: Ask about diet.
Asking patients an open-ended question on the initial intake form is a quick and easy way to start the conversation. "How would you describe your diet?" is a simple and non-threatening opening. And further asking about their interest in dietary counseling such as, "Are you interested in advice about your diet?" can be a lead in for a more in-depth nutrition history and intervention.

Understanding whether or not a patient is interested in improving their diet is the necessary first step. A patient will only be taken where they are willing to go. Some patients may not be interested at all in dietary advice and pushing the issue with them may be counterproductive and compromise the therapeutic relationship that you hope to establish. Assessing a patient's willingness to change can point to the appropriate path forward. The Trans Theoretical Model (TTM) of behavior change is

a useful tool that can show a patient and their provider how interested they are in dietary counseling and behavior change. (See side bar.)

Katz and Meller[iii] published a review of several currently popular diet plans (see Table 1) and concluded that while no diet plan is clearly the best or clearly evidence based, there are some general guidelines that have been proven to promote wellness and prevent disease. In summary these are:

- Eat a diet comprised preferentially of minimally processed foods direct from nature and food made up of such ingredients,
- A diet comprised mostly of plants, and
- A diet in which animal foods themselves are the products of pure plant foods.

Michael Pollan has put this more succinctly: "Eat food, not too much, mostly plants."

STAGES OF CHANGE

Prochaska and Di Clemente[iv] proposed the Transtheoretical Model that incorporates Stages of Change that can help clinicians evaluate where a patient is in the change process. Interventions like dietary advice are more effective when tailored to the stage of change.

Precontemplation: People in this stage do not intend to take action in the foreseeable future. Dietary advice is not likely to be accepted and offering it at this stage may be counterproductive.

Preparation: People in this stage typically have already taken at least some significant action with regard to dietary change. These are most likely to be open to dietary advice and interested in evidence -based information about diet.

Action: People in this stage have made specific overt modifications in their diet. A complete nutrition history with these patients can be helpful to fine-tune their dietary approach.

Maintenance: People in this stage are less likely to revert to old diet habits. They are increasingly confident they can continue their changes. Continued affirmative support for these patients can assist the maintenance of a good diet. Perhaps it is "OK" to deviate from the chosen dietary regimen on occasion.

Termination: People in this stage are not tempted at all to deviate. They have 100% self-efficacy. Not everyone can achieve 100% compliance and occasional deviation from their chosen diet is likely which indicates a lifetime of maintenance.

Table 1.

Table 1 Basic varieties of dietary patterns[a]

Dietary pattern	Defining characteristics	Rationale
Low carbohydrate, including high protein, of either animal or plant origin	The particular focus is on the restriction of total carbohydrate intake from all sources below some threshold, reasonably set at the lower limit of the recommended range established by the Institute of Medicine, or 45% of daily calories.	Of recent and widespread interest and use; associated with a substantial literature; relates to one of the three macronutrient classes.
Low fat, including vegetarian and traditional Asian	The particular focus is on the restriction of total fat intake from all sources below some threshold, reasonably set at the lower limit of the recommended range established by the Institute of Medicine, or 20% of daily calories. Vegetarian diets are mostly plant based but typically include dairy and eggs and may selectively include other animal products, such as fish and other seafood.	Of long-standing and widespread interest and use; associated with a very extensive research literature; relevant to large, free-living populations; encompasses a broad theme with many distinct variants; relates to one of the three macronutrient classes.
Low glycemic	The particular focus is on limiting the glycemic load of the overall diet by restricting the intake of foods with a high glycemic index and/or glycemic load. This often extends to the exclusion of certain vegetables and many if not all fruits. No particular threshold value for glycemic load is consistently invoked.	Of widespread interest and use; directly relevant to diabetes and related conditions of considerable public health importance; associated with an extensive research literature; pertains to the quality of one of the macronutrient classes (the glycemic load may be considered a proxy measure of carbohydrate quality).
Mediterranean	The particular focus is on mimicking the common themes of the traditional dietary pattern that prevails in Mediterranean countries: an emphasis on olive oil, vegetables, fruits, nuts and seeds, beans and legumes, selective dairy intake, and whole grains; often fish and other seafood; and quite limited consumption of meat. Moderate wine intake is often explicitly included as well.	Of long-standing and widespread interest and use; relevant to large, free-living populations; representative of traditional ethnic and regional practice; associated with an extensive research literature; pertains in part to the quality of one of the macronutrient classes (Mediterranean diets are often viewed as emphasizing healthful fat).

Table 1 Basic varieties of dietary patterns[a]

Dietary pattern	Defining characteristics	Rationale
Mixed, balanced	This category refers generally to diets that include both plant and animal foods and conform to authoritative dietary guidelines, such as the Dietary Reference Intakes of the Institute of Medicine, the Dietary Guidelines for Americans, and the Dietary Recommendations of the World Health Organization.	Of long-standing and widespread interest and use; closest approximations of currently prevailing Western diets; associated with an extensive research literature, including intervention trials devised and conducted by the National Institutes of Health (e.g., DASH and DPP).
Paleolithic	The particular focus is on emulating the dietary pattern of our Stone Age ancestors, with an emphasis on avoiding processed foods and the preferential intake of vegetables, fruits, nuts and seeds, and lean meats. In principle at least, dairy and grains are excluded entirely.	An informed approximation of the native human diet; of growing, recent interest; associated with a substantial research literature; pertains in part to the quality of one of the macronutrient classes (Paleolithic diets are often viewed as emphasizing lean protein).
Vegan	These are diets that exclude all animal products, including dairy and eggs. In principle at least, all animal products are excluded entirely.	Of widespread interest and use; relevant to large, free-living populations; representative of traditional ethnic and regional practice; relevant to important public health considerations beyond individual human health, including ethics, animal husbandry, food-borne infections, and environmental sustainability; associated with an extensive research literature.
Other	Not applicable.	Some attention to a wide variety of dietary patterns that are less generalizable, and with a more idiosyncratic focus (e.g., gluten-free, calorie restriction, raw), is warranted given widespread, if periodic or temporary, attention in popular culture.

Abbreviations:
DASH, Dietary Approaches to Stop Hypertension
DPP, Diabetes Prevention Program.

[a]Although the proposed scheme is neither definitive nor entirely comprehensive, it captures the most important dietary variants based on real-world application; the volume of relevant literature; population-level and cultural relevance; and emphasis on the quantity or quality of one or more of the major macronutrient groups (i.e., protein, fat, and carbohydrate).

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[i] Rehm CD, Peñalvo JL, Afshin A, Mozaffarian D. Dietary Intake Among US Adults, 1999-2012. JAMA. 2016;315(23):2542-2553. doi:10.1001/jama.2016.7491.

[ii] Anis NA, Lee RE, Ellerbeck EF, Nazir N, Greiner KA, and Ahluwalia JS, Direct observation of physician counseling on dietary habits and exercise: patient, physician, and office correlates. Prev Med 38 (2004) 198-202.

[iii] Katz DL, Meller S. Can We Say What Diet Is Best for Health? Reproduced with permission of Annual Review of Public Health, Volume 35 © 2014 by Annual Reviews http://www.annualreviews.org. Annual Review of Public Health. Vol. 35: 83-103 (Volume publication date March 2014) DOI: 10.1146/annurev-publhealth-032013-182351. Accessed 6/14/2016 at http://www.annualreviews.org/doi/full/10.1146/annurev-publhealth-032013-182351

[iv]Prochaska, JO.; DiClemente, CC. The transtheoretical approach. In: Norcross, JC; Goldfried, MR. (eds.) Handbook of psychotherapy integration. 2nd ed. New York: Oxford University Press; 2005. P. 147-171. ISBN 0 19 516579-9.

