Talking with patients about dyslipidemia

By Sarah P. Towne, DO

“You have won a chance to visit the Fountain of Youth. It will allow you to live 20 years longer and to remain healthy and content until the end. But there’s a catch: You have to eat 30% less than you’re eating right now, and exercise 30% more. What will motivate you to do this?”

I have started conversations with patients this way. I find it gets their attention and establishes that they play a substantial part in the decision-making. In addition, this approach tends to shift the idea of lifestyle change from disease treatment (motivated by fear) to a positive and healthy mindset (motivated by a desire to feel better and reduce risk).

While many of us are good at explaining things so that patients understand, most of us have difficulty deciphering patient concerns. Often we are short on time. We can be judgmental in our attitudes toward patients who need to make lifestyle changes. Sometimes we face language or culture barriers.

Approximately 55% of patients’ problems and 45% of patients’ concerns are neither elicited by physicians nor disclosed by patients. Communication may be the No 1 ingredient to ensure that medical care actually takes care of patients’ needs. Remember the words of George Bernard Shaw: “The single biggest problem with communication is the illusion that it has taken place.”

DOs, however, may have an advantage in making sure this communication really takes place. The July 2003 issue of JAOA—The Journal of the American Osteopathic Association published an article investigating communication that concluded that osteopathic primary care physicians are more likely than allopathic physicians to use patients’ first names; explain etiologic factors to patients; and discuss the social, family and emotional impact of illnesses without spending more time with patients than allopathic primary care physicians do.

Involve yourself
As osteopathic physicians, we are of course aware that many of our patients have chronic conditions and risk factors that are best addressed by lifestyle change. We are also aware that the need for primary care physicians to become involved in this process is well-documented. But that doesn’t mean we always approach these situations with the right mind-set.

“My patients ought to know they should be eating more fruits and vegetables and fewer cheeseburgers with bacon,” we think to ourselves. If we look back, though, we see that nutritional recommendations have changed over the years. For example there are now good and bad fats, and this must be confusing to a lot of people. It’s difficult for patients to know what they should be considering and why. It becomes critical then for patients to understand their own situations and what they individually need to do—and to feel supported by their physicians in exploring their options for making better choices.

Providing this kind of support to patients isn’t easy, with reimbursement rates down and physicians feeling daily pressure to see more patients. But it’s essential to tailor conversations about lifestyle to individuals. Remember, they are patients, not numbers.

A 42-year-old man whose male relatives all died of cardiovascular disease around age 50 may either be very motivated to change or feel he is going to die anyway. An 82-year-old woman may feel it isn’t worth her while to make big changes at this late date. A young patient may feel “there’s time to do that when I’m older.”

Consider your options
So what works? Consider the two basic options: the carrot and the stick. It’s tempting to tell patients, “If you don’t do this, a bad thing is likely to happen.” This approach doesn’t seem to work well in the long term. Patients who have just had myocardial infarctions may be motivated by this for a while, but they gradually slip back into old behavior patterns.

Questions physicians should ask patients

Start to dialogue with your patients about cholesterol by asking:

■ Are you concerned about your cholesterol?

■ If so, why? (If patients have a specific concern and it is not addressed, they are less likely to adhere to your plan.)

■ Have you considered lifestyle changes?

■ What might be easiest to start with?
An alternative option is to take a positive approach. You might say, “You might feel better about yourself or more energetic if you made a few changes to tailor the particular carrot to the individual patient. Also, consider what would be easiest for each patient to start with and begin with small, manageable changes so that the patient can build on success.

Keep in mind that to some extent, quantity of time spent with patients is as critical as quality of time. Not only are frequent follow-up visits important to ensure that patients adhere to lipid-lowering medications, but they can also make lasting lifestyle changes.

During all encounters with these patients, use understandable language. Some patients have advanced degrees, so you can use sophisticated language with them, but you’ll want to use simpler language with patients with less formal education. Some patients want detailed explanations with references they can study. Others would prefer that they get all the information they need from you.

Be sure to write out instructions and explanations for patients so that they can refer to them at home. And check to make sure patients understand what you have told them and what you have written down.

If a patient speaks a language you do not know, call a translator. Language Line Services offers translators in more than 150 languages 24 hours a day, seven days a week. You can reach this service by calling (877) 886-3885.

And whenever you talk with patients, remember the words of Russell Hoban, “When you come right down to it, how many people speak the same language even when they speak the same language?”

The power of IDEAS
Here’s a mnemonic I use and share with students to help make sure patients get the right kind of care: IDEAS, which stands for inform, discuss, evaluate, agree and support.

“Inform” may seem obvious, but it’s an important reminder to us. Inform your patients, and inform yourself about each patient.

Discuss suggested changes—not only how your patients feel about them but also how you can offer support. You have two purposes for this discussion: You are trying to learn what makes your patients tick, and you are trying to explain to them the reasons for your concern.

Evaluate each patient’s readiness for change. As part of this evaluation, try to establish reasonable goals. Also evaluate your attitude. Do you believe you are wasting time and effort on trying to get a patient to change behavior? If so, you need to adjust your perception.

Agree on an action plan. Write it in the patient’s chart and write it down for the patient. It may help to have the patient sign the plan, indicating agreement. In developing the plan, ask the patient which steps might be easiest to begin with. Small successes may lead to larger ones. More than 50% of patients who have agreed to an action plan report making a behavior change consistent with that action plan.

Provide support by scheduling follow-up appointments every three months to reinforce your concerns and to help keep your patient motivated. If the patient has made even small progress toward lifestyle change, be a cheerleader.

What patients should understand before leaving your office
Before patients leave your office, make sure they have the answers to the following questions:

- What are my HDL-C and LDL-C numbers?
- What do they mean?
- What is my action plan?
- When should I follow up?

Resources
The following links are to additional educational resources:

- PubMed
  www.pubmed.com

- National Heart, Lung, and Blood Institute
  www.nhlbi.nih.gov/health/index.htm

- National Cholesterol Education Program
  www.nhlbi.nih.gov/about/ncep/index.htm

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