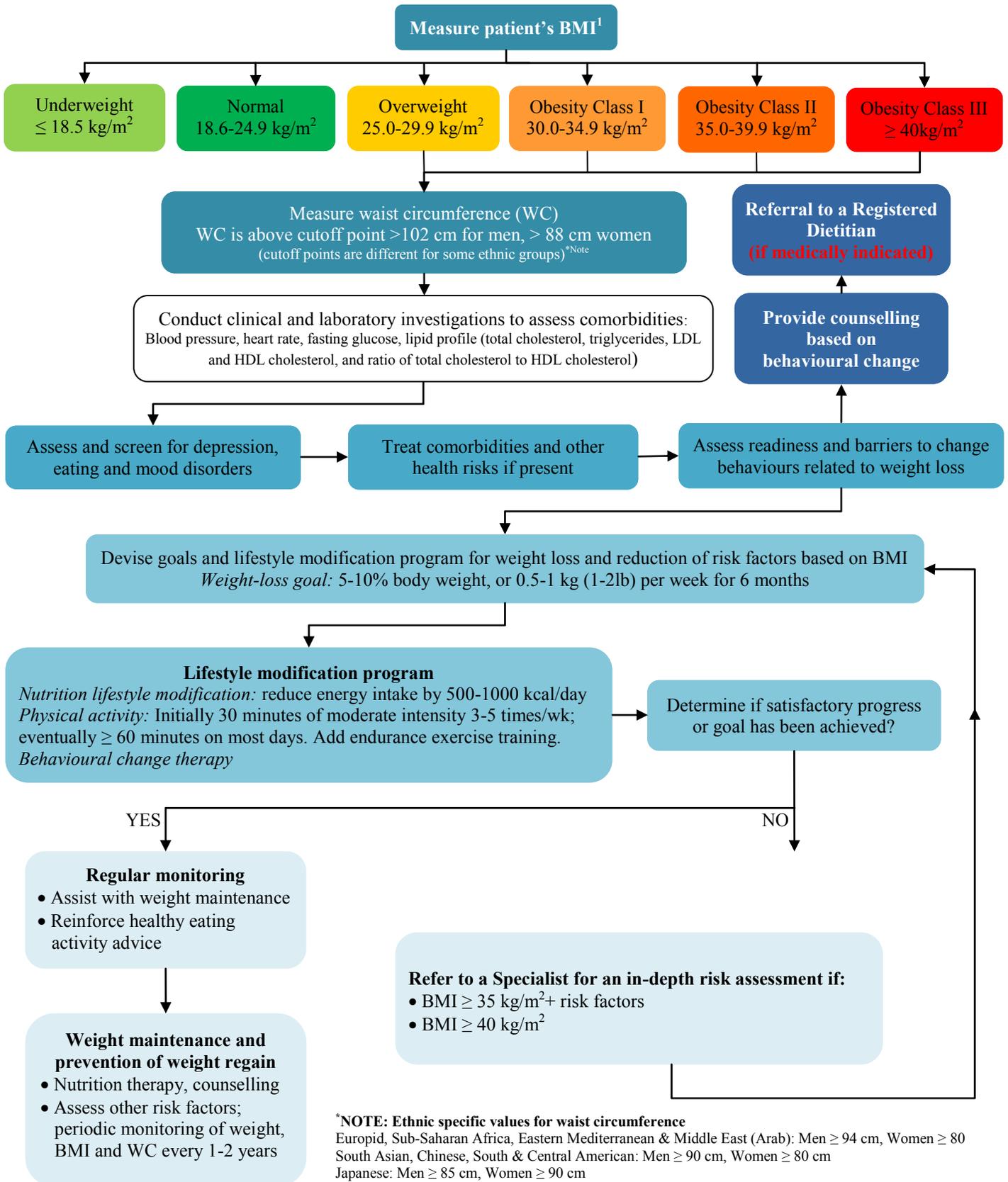




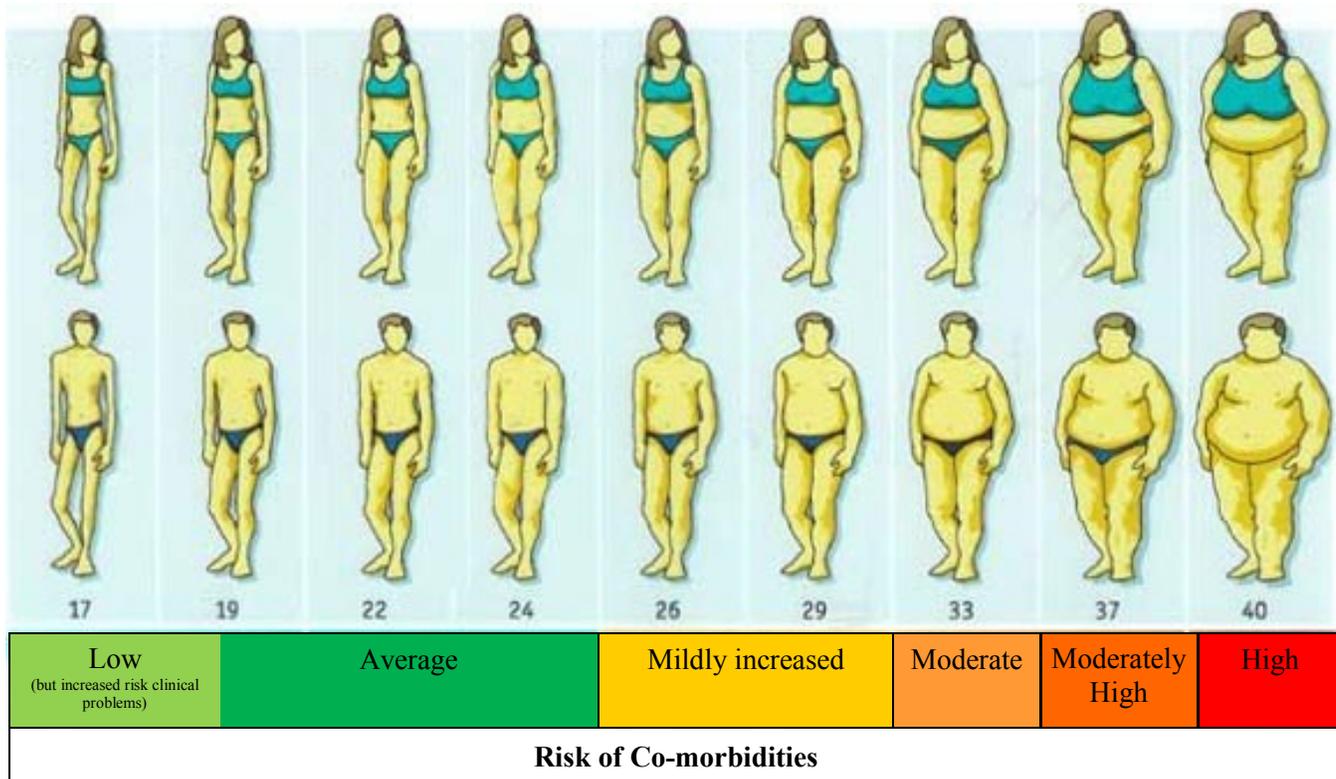
# NWT: Healthy Eating and Weight Management



Adapted from:

<sup>1</sup>Lau, DC., et al., (2007). 2006 Canadian clinical practice guidelines on the management and prevention of obesity in adults and children. CMAJ, 176(8).

## Body Mass Index (BMI) visuals<sup>1</sup>



### Important messages<sup>2,3</sup>

- **Health is more than numbers on a scale:** Small changes in body weight can reduce the risk of chronic diseases and medical conditions and improve your health.
- **Weight maintenance and prevention of weight regain requires long-term solutions:** Weight management strategies need to be realistic and sustainable because short-term quick fix solutions do not keep weight off.
  - Sustained weight loss of 5%–10% body weight is an ideal start.
- **Take control as soon as you can:** The sooner the root causes of weight gain is identified the more successful you will be at managing your weight.
- **Set up for success:** Identify a realistic and sustainable goal to reach and maintain your best weight while living a healthy lifestyle.
- **Everyone's weight loss is different:** Don't compare yourself to others.

### Healthy Eating tips

#### What:

- Colorful vegetables and fruits, lean protein, whole grains healthy fats
- Fiber-rich foods
- Traditional foods, lean protein and healthy fat with each meal
- Small, frequent meals; 3 meals, 2 snacks
- Smaller meal portions
- Drink water

#### When:

- Start the day with breakfast
- Eat about every 3 hours

#### Where:

- At the dinner table
- Not in front of the TV

#### How:

- Enjoy your food
- Eat mindfully, peacefully
- Share meal with friends/family

<sup>1</sup> Healthy Weights Forum. Retrieved from: <http://www.healthyweightforum.org/eng/calculators/bmi-visual-graph/>

<sup>2</sup> Lau, DC., et al., (2007). 2006 Canadian clinical practice guidelines on the management and prevention of obesity in adults and children. CMAJ, 176(8).

<sup>3</sup> Canadian Obesity network (2012). 5 A's of obesity management, Obesity facts. Retrieved from: [www.obesitynetwork.ca](http://www.obesitynetwork.ca)



# Weight Management Resources



## Refer to a Registered Dietitian in NWT

- Every regional health authority has access to a Registered Dietitian (RD). Please check your local health and social service provider to determine what is available in your community for you and your patient. The RD will be able to provide a list of community specific healthy eating/weight loss resources and programs.



## Websites for healthcare providers

### Practice-based evidence in nutrition:

<http://www.pennutrition.com/index.aspx> (at a cost)

### Dietitians of Canada:

<http://www.dietitians.ca>

### Healthy eating:

<http://www.hss.gov.nt.ca/>

<http://www.heartandstroke.ca>

<http://healthycanadians.gc.ca>

## Websites for patients, families and communities

### Healthy eating information for northern residents:

<http://www.nutritionnorthcanada-nwt.ca>

### Useful tools for healthy eating:

<http://www.dietitians.ca/Your-Health.aspx>

<http://www.healthyalberta.com/HealthyEating/foodchecker.htm>

### Eating for a healthy weight:

<http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php>

### Healthy eating toolbox:

<http://www.hc-sc.gc.ca/fn-an/nutrition/part/tb-bo/index-eng.php>

<http://www.eatrightontario.ca/en/MenuPlanner.aspx#>

## Getting back on track<sup>1</sup>

- Eat healthy, traditional foods as often as possible.
- Avoid beating yourself up - remind yourself of your healthy eating habits.
- Aim for balance on most days eating from the food groups - grains, proteins, vegetables/fruit and dairy.
- Look for variety and be adventurous.
- Listen to your body, eat when you're hungry but stop when you are satisfied.
- Practice moderation.
- Don't try to change everything at once.
- Revisit your healthy eating plan, adjust your short- and long-term goals to be attainable.
- Ask friends and family to practice healthy eating with you.

## Weight and health<sup>2</sup>

- Regardless of weight, there are positive benefits to healthy eating which can influence mood, pain and health. Being overweight can put your health at risk.
  - 1) Life-threatening:** Heart disease, cancers (breast, colon, stomach)
  - 2) Leads to life-threatening diseases:** High blood pressure, high blood cholesterol, diabetes
  - 3) Pain & unhappiness:** Pain and arthritis in the knees and hips, back pain, fertility problems, polycystic ovary syndrome, hernia, gallstones, disturbed sleep, anxiety and depression, poor self-image and low self-esteem
  - 4) Disruptive & irritating:** Snoring, breathing difficulties, permanent tiredness, sweatiness and chafed skin, difficulty climbing stairs and fitting in seats, social stigma and isolation

<sup>1</sup>WebMD (2011).Healthy eating overview. Retrieved from: <http://www.webmd.com/food-recipes/tc/healthy-eating-overview>

<sup>2</sup>National Health Service (2006). Your weight, your health - how to take control of your weight.. Retrieved from: [www.dh.gov.uk/publications](http://www.dh.gov.uk/publications)

## Stages of Behavioural Change: Health Belief model<sup>1,2</sup>

Stages of Change	Goals for Primary Care Providers
Pre-contemplation	Patient has no interest in changing their behavior in the next 6 months. Explore barriers to change, roll with resistance and suggest discussion in next visit.
Contemplation	Patient ambivalent about changing, tend to make a change within 6 months. Help patient examine benefits/barriers to change, move toward a decision to change.
Preparation	Patient prepared to make a change within the next 30 days and begin to take steps. Help patient get ready to make a specific change, develop a plan together and begin to use skills learned from a registered dietitian.
Action	Patient has changed the behavior for the past 6 months. Praise, encourage, reinforce food choices and revise plan if necessary.
Maintenance	Patient has changed behavior for more than 6 months. Continue to support and guide patient, with a focus on long term relapse control.
Relapse/Recycle	Patient may cycle through stages several times before change is established. Begin at stage where the patient is, continue to support weight loss and dietary changes.

## 5 A's Model<sup>3</sup>

Q #1: **ASK** patient for permission to discuss healthy eating and/or weight.

“Would it be alright if we discuss healthy eating and your weight?”

“Are you concerned about your weight’s effect on your health and quality of life?”

- Be nonjudgmental and explore readiness for change.

Q #2: **ASSESS** patient’s BMI, waist circumference, and identify ‘root causes’ of weight gain.

Q #3: **ADVISE** patients on healthy eating, weight management and/or health risk of excess body weight with personalized messages about the impact on their health. Urge every person to decrease their weight and explain benefits of modest weight loss. Discuss treatment options.

“Now that we understand your situation can I recommend a plan of action to improve? The best thing you can do for your health is to decrease your body mass by 5-10%. I can help you with that.”

Q #4: **AGREE** on realistic weight loss and/or healthy eating strategies.

- Focus on sustainable goals (SMART: specific, manageable, attainable, realistic, timely).
- Provide problem-solving methods and skills for daily living, agree on treatment plan.
- Provide psychosocial support as part of the treatment.
- Help patient obtain extra treatment/social support in their environment (Registered Dietitian).

Q #5: **ASSIST** in scheduling follow-up appointments.

- Identify and address drivers and barriers to change.
- Provide education and resources for sustained weight management.
- Provide treatment follow-up and monitor change.

<sup>1</sup> Zimmerman GL., et al., (2000). A ‘stages of change’ approach to helping patients change behavior. *Am Fam Physician*, 1:61(5).

<sup>2</sup> Prochaska JO & DiClemente CC. (1982). Trans-theoretical therapy: Toward a more integrative model of change. *Psychother Theor Res Pract*, 19(3).

<sup>3</sup> Vallis, M., et al., (2013). Clinical Review: Modified 5 A’s Minimal intervention for obesity counseling in primary care. *Can Fam Physician*, 59(1).