



PATIENT EDUCATION

## Peer to Peer: Talking to Your Patients About Weight & Smoking

DCPI Staff

*"No one is useless in this world who lightens the burden of another."* — Charles Dickens

From a health perspective, it's a grim reality, even in our increasingly health-conscious society: Too many people need to lose weight and too many people need to stop smoking. How can you help patients - and practice members, and perhaps even *yourself* - overcome these challenges? Let's start by hearing some suggestions from your chiropractic colleagues.

To help you enhance your practice and increase your bottom line, we ask practicing doctors of chiropractic like you for ideas and solutions that have been tested in real-world environments. Our latest question: "How do you address patients' poor lifestyle behaviors, specifically smoking and obesity? And how you tackle the challenge of even discussing these topics with patients who are obese and/or smoke?" Here's what your colleagues said when asked for their insights.



### Are They Willing to Change?

"The first thing I do is ask the patient if they are interested in changing," said Dr. Mike Fillat of San Diego, Calif. "If the answer is yes, we talk about ways to do that. I emphasize small, short-term goals, as I have found these patients need lots of little successes to eventually improve their overall lifestyle."

"I strongly feel that the first and foremost point that needs to be addressed, [but] is rarely addressed, is a patient's willingness and desire to address their obesity and/or smoking," said Bedford, Mass., chiropractor Dr. David Robinson. "What causes these issues is basically an addiction, which, by all rights is a psychological / emotional problem."

"This is where I firmly believe the *first* mode of intervention should be counseling. Thus, I strongly urge them to seek counseling first, group program or individual."

"Bottom line: A person's health is *their* responsibility. They either take responsibility for it or suffer the consequences. If they do not care about resolving these health issues, I do not care to waste my time attempting to cajole or convince them."

Dr. Ted Xenos of Astoria, N.Y., agreed with Dr. Robinson's emphasis on counseling and patient responsibility: "It is imperative that they put their own emotional stamp on why they need to stop these bad habits. Some patients might need a specialist in this scenario. Ultimately they need to be active in their own care and it will take them time to kick habits, but if you and the patient are vigilant, you can still help a few of them. Don't give up."

Dr. Gerald Lane of Newark, N.J., takes a unique approach to motivating his obese / [smoking](#) patients to change. He starts the conversation "with a short, informative statement about the impact of either problem on their longevity. I also tell them, 'If you have people you love and who love you, then you should know you will leave their lives sooner because of this problem. Also, you

will leave them in bad health, spending every minute wanting to take back the years you could have been healthy. You will miss out on wonderful events you could have been part of.' Then I stop talking and let them think about that or respond."

## The Power of Education

Several doctors addressed the weight issue specifically, stressing the importance of education as a key strategy to help patients:

"Since a majority of patients are dealing with pain and poor lifestyle choices, I educate them on [reducing inflammation](#) in their diet," said Dr. Robert Haley of Lyndhurst, N.J. "I give specific handouts that stress the importance of dietary changes, like incorporating more fruits and vegetables and reducing processed-food intake. I also stress the benefits of proper hydration."

Brunswick, Ga., DC John Crowley offers "monthly classes on nutrition, exercise, detox, and lifestyle choices. If someone is obese, the question I ask is, 'On a scale of 1-10, how happy are you with your body weight?' I also take patients shopping with me quarterly to learn how to read labels and buy healthy on a budget."

Dr. Xenos also stressed the power of education in motivating patients toward change: "When I ask if they smoke or drink during an initial; I take my own personal experience of how sick my relatives are. [I tell them] smoking has negative effects on the body, not only for weight loss, but also recovery from pain or muscle repair. During re-exams, I again emphasize that they are healing slower due to low oxygenation or that they need the exercise that will support their weight loss."

## Stay the Course

The best advice your colleagues may have offered when it comes to helping patients lose weight and/or quit smoking is a simple one: Stay the course. You can't expect patients to change lifestyle habits immediately; the road will likely be long and fraught with proverbial potholes. The key is to be their ally through the difficult process of change, a point emphasized by Dr. Xenos:

"Both of these problems are so personal that you can not expect patients to change right away, so be ready for the long haul and repeating yourself. I recently read that a person has to hear something seven times before making a change.

"I like to use personal experience myself in this situation. During an initial exam, I offer assistance with weight loss ("I used to be 270 lbs. myself"). I use a weight-loss program (because it worked on me, not because it pads my pocket). I assure them that I will be there to assist them."

For Dr. Shaneen Brown of Spartanburg, S.C., a long-term commitment to helping the patient change includes not only discovering the best way to intervene on their behalf, but also ensuring they continue to visit you for care:

"I have found that when discussing issues such as obesity, alcoholism, smoking, etc., most individuals already know or have an idea of where their problem lies. The most important step is figuring out where on the 'intervention spectrum' they fall. For instance, some individuals may be aware of their activities, but are in denial about how their actions are affecting their spinal and overall health. In turn, they would fall in the 'denial' spectrum and would constantly need educating in a way that [helps them] see the cause-and-effect relation with their actions.

"Others know the problem(s) and want to do good, but just needs some one to 'push' them or hold them accountable. These individuals would fall in the 'help' spectrum.

"Educating as much as you can is key, but also remember to be firm and address issues that will hinder their healing process. Not everyone is the same and some may have other external factors that may intervene with care, but all is not lost unless the patient (or practice member) stops coming for an adjustment. Until they stop coming, keep believing!"

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*Editor's note:* Interested in joining our focus pool and sharing your perspectives on chiropractic practice with your peers? Email [editorial@mpamedia.com](mailto:editorial@mpamedia.com). Every few months, we send out a new question and request your input / insights.