

# FOOD FOR THOUGHT: OPENING YOUR PATIENTS' EYES TO CHANGE

## A UNIVERSE IN CONSTANT FLUX

Change is inevitable. The ancient Greek Heraclitus (535-475 BCE) debated change as the only certainty in life, and many thousand year old Buddhist teachings incorporate 'impermanence' as a basic fact of existence. However, beyond philosophical musings there is truth. We live in a universe where molecules arrange and rearrange themselves continuously, and whilst this may not be at the forefront of everyone's mind, we too (consciously or subconsciously) continuously aim to effect change in our patients. So if we, as Clinicians, are in the business of change, this begs the question: how well are you tracking it?

Change is easy to acknowledge when patients reach goals quickly; but how are you monitoring small incremental changes in cases taking several weeks or months? We have all met patients with complex cases and big expectations, who struggle with compliance, find the going slow, and after months incorrectly state "nothing has changed". Do you trawl back through case notes to demonstrate it and keep them on track?

Recordkeeping is a legal obligation in practice, but not always completed quickly or well. What if you were to adopt an efficient way to harness the change process to your advantage beyond written notes; instead incorporating measurement tools into each case to make visits faster, more focused information-gathering sessions? Not only is this a valid way to monitor progress; measurement tools can be powerful patient motivators.

## WHAT YOU MEASURE YOU CAN MANAGE

By definition, a measurement tool is an aid to collect data, evaluate and/or assess specific patient characteristics. Without taking measurements it is difficult, if not impossible, to manage each case efficiently and appropriately – leading to a potentially less rewarding outcome for both patients and yourself. Fortunately there is no restriction to what can be measured or how – though, wherever possible, these should be patient-led (meaning your patient decides what is most significant to monitor).

You likely already use measurement tools regularly. Examples include vitals (blood pressure, pulse rate, body temperature, respiratory rates), or weight, waist/hip ratios, waist circumference, etc. You may be using a menstrual health app, or requesting functional tests and serum biochemistry. However, these only really become a tool for measuring change if you have baseline results, then repeat measurements (or tests) to compare with.

Patient records should include the case history, treatment aims, strategy (your prescription), and a prognosis that includes expected time to treat, and it's this latter item that aligns well with measurement tools – after all, without measuring change along your established timeframe, how will you know if you are on track and/or should change tactic, seek a second opinion, or potentially refer?

## ADOPT A CLINICAL ALLY

With a chart, graph or another symptom tracker, keeping progress notes becomes more focused and, when completed consistently, a valuable ally in the Practitioner-Patient relationship. Progress notes in table form (or similar) quickly demonstrate to patients changes occurring over time – invaluable in long endometriosis cases, for example, where cycle length, pain days, sleep, stress and dietary adherence may all be documented in one table. When a really 'bad month' crops

up (as typically happens) and your patient is feeling fragile and fed-up, you only need show them how far they have come to re-motivate them to stick with your prescription. Tracking also reveals 'cause and effect', e.g. non-adherence to an anti-inflammatory diet vs. the number of painful days in a given month – a strong motivator and reminder how each patient needs to invest in their own wellbeing – nothing you say in those moments may be as powerful.

Beyond patient motivation, this method can also transform recordkeeping into a case evolution snapshot, documenting the changes we know happen (one way or another), neatly beside prescription repeats or modifications. Incorporating a notes field can capture confounding factors (e.g. a stressful period at work or a holiday), so when assessing overall trends you can take this into consideration. Incorporating at least one measurement tool (e.g. tracking three symptoms) into each case can save time recordkeeping, but also keeps appointments on track with patients whose goalposts change each visit. It also does something remarkable – it engages your patients. Ask every patient to track something daily (ideally) to report back to you; you may also be monitoring something for them each visit. This creates a three-way conversation between you and your patient, and them with themselves – a less passive process for patients. It also helps empower them in what should ideally be a collaboration anyway – something that really differentiates the complementary medicine (CM) approach.

## SIMPLE BUT EFFECTIVE

'Trackers' are only limited by imagination and are simple to develop and use. They give feedback on not only patient symptoms or activities, but also their accountability. One I use routinely with everyone is a simple chart to stick on the fridge (or wherever); simply requiring they tick off their daily prescription (i.e. herbs, nutrients, guided meditation,

Figure 1: Ticking Off Adherence to Diet and Lifestyle Recommendations Measures Patient Accountability.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Nuts and seeds 1 handful							
Healthy oils 2 tablespoons							
Starchy carbohydrates 1 to 2 small servings							
Fresh fruit 2 pieces / 1 cup							
Protein in each meal and snack							
Fresh vegetables minimum 5 cups							
Pure water 8 glasses							
Supplements							
30 minutes exercise							
30 minutes of fun and relaxation							

exercise, journaling, etc. [Figure 1]). The unexpected side-effect of implementing this is it rapidly reveals patients whose expectations are greater than their ability (or willingness) to participate in their health journey, for whatever reason. It's been helpful to capture this trend quickly and resolve it, then risk them walk away later thinking Natural Medicines don't work, when really their expectation was unrealistic for them at that time and a new goal required.

You can measure anything, but several measurements will reveal more than a single measurement. An example is weight loss – you could use scales, but better still, capture physical measurements too (circumference of the neck, bust/chest, waist, hip, biceps, thighs, calves). Showing changes in centimetres becomes a huge motivating factor if (when!) the scales become 'stuck'. If you want to step your practice up a notch then investing in a bioelectrical impedance analysis device such as Quadscan and taking VLA program training allows you to show patients the subtle internal body composition changes occurring regardless of what the scales say (Figure 2). I've yet to meet a patient not itching to view their VLA report and see parameters changing – nothing else has come close.

**Figure 2: VLA Reports are Highly Motivating as They Track Numerous Parameters Over Time.**



That said, all tracking reports can motivate patients; even blood pressure and pulse rates viewed in a graph, or table. Seeing reductions in systolic/diastolic readings in hypertensive cases, or pulse readings reduce as fitness increases and/or anxiety levels decrease over time is very rewarding for patients and allows them to see overall trends, even if measurements rise and fall short-term; keeping them on board when it feels a bit tough (or slow) for them.

Showing a person how far they have come using hard data can reassure even tough cases – if they can get this far then they can get even further along their path to wellbeing... that maybe how they are feeling today is due to xyz situation. My experience here is that actually seeing the change is more convincing and has more impact than hearing an opinion. Rolling out this method yourself can be as simple as creating a basic 'fridge chart' to give patients and a table in the file to track a few symptoms – you'll discover the tools that work best for you over time.

## CREATING YOUR MEASUREMENT TOOLKIT

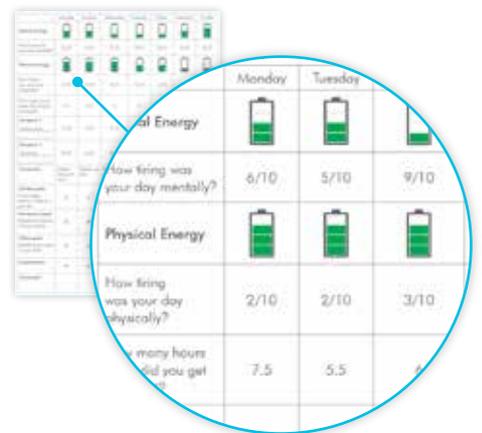
Beyond bespoke charts, numerous other options exist. Intake questionnaires become progress checks when used periodically; for example the Metagenics Health Appraisal Questionnaire (HAQ) is commonly used by Practitioners initially, but how many of you also use it at the three- and/or six-month mark? This shows you (and patients) what has changed and/or resolved and reveals the next 'priority' system – great for ongoing patient relationships. Areas with little change become an opportunity to reflect on the 'why'. Was it not an area of focus or is something else going on that needs investigation? Perhaps detox was indicated, however your patients stress levels too high initially to make the dietary changes required. Once their vitality has increased the HAQ may point to detox as the next priority (plus addressing gut microbiome imbalance will likely lead to further mood improvements, optimising the original goals). The HAQ is a great tool for identifying specific systems requiring attention to help you and your patient make those decisions, as well as measure progress.

Look also to the tracking tools in many of the 'Your Guide To' series of patient booklets for inspiration; beyond this lies your imagination! For example, if someone's goal is to feel 'happier', though you may immediately be considering inflammation and maladaptive neuroplasticity, or perhaps you focus upon neurotransmitter functionality, but in the absence of a fMRI in the clinic room, how will you track your patient's subjective experience of 'happy'?

This is where more abstract tools can help measure change. Borrowing from the creative therapies, some tools adapt well to a Naturopathic setting even if you are not a mental health professional. An example is simply to draw (or obtain images of) a glass and ask "can you show me how full your happy/positive/energy/mood cup is right now?" (Substituting your patient's actual words so they resonate with this activity.) They simply have to shade this in (morning and evening can work well) and bring this in each visit so you can keep a copy. A similar concept exists in the Your Guide to Energy patient booklet where a battery icon represents the amount

of energy a person has (Figure 3). You simply adapt this idea to suit your patient's priority symptom/s.

**Figure 3: More Abstract Measurements Such as Energy Level, Mood and Emotions Can be Captured Using Visual Tools.**



Tracking hours of sleep is straightforward, and rating stress/energy/pain using a 1 to 10 scale is also simple. However, discuss with your patient what the numbers will actually mean first, i.e. will a 1 or a zero mean no pain? Does a 10 pain score mean staying in bed? Patients may not remember, so note what each 'score' means so two weeks' later when your patient's daily headache passes more quickly than usual they can accurately score it a 6, because they were up and able to carry out everyday activities.

Update progress notes first thing each visit; patients soon learn to expect this and it helps keep appointments on topic and on time. Remember, recall can be difficult for people so have patients tracking something daily, rather than weekly where possible.

## LET YOUR PATIENTS SEE THEIR CHANGE

Effecting change in our patients is largely what they come to us for help with. Knowing that change is inevitable – take advantage of this universal constant to not only steer them in the desired direction, but capture changes as they occur. Choose measurement tools based upon what is important to them – this keeps everyone focused and relevant, even over the long-haul. Noting even small, incremental changes over time is a valuable motivating force, keeping them on their chosen path. Remember, you may be asking your patients to 'be' the change they desire; but you may get further with them if you help them 'see' the changes too. 🧠

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References available at [metagenics.com.au](http://metagenics.com.au)