

Tackling
Cholesterol
Together

Diet and Behaviour Change

Welcome to the fifth in a series of webinars as part of the national education programme Tackling Cholesterol Together.

Delivered in partnership by The NHS Accelerated Access Collaborative (AAC), The AHSN Network and the cholesterol charity, HEART UK

The webinar will start at 1pm

November 2021

All programme content, recordings and next webinar and clinic bookings will be housed in the HEART UK pages. Visit the site for the **new** e-Learning modules on diet, launching late November <https://www.heartuk.org.uk/tackling-cholesterol-together/home>

Lowering Cholesterol!

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Housekeeping

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-
- **This meeting will be recorded** and will be made available in the HEART UK Tackling Cholesterol Together pages

 - **There will be time** to stop and ask questions at the end of each section

 - **Feel free to ask questions** or upvote questions in the chat function when it becomes available

 - **Any questions that we are not able to cover in the Q&A** sections today will be addressed following the event

 - **Any questions you provided** during registration will be covered during the session



Agenda

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	Topic	Presenter
01	Webinar objectives. Management of CVD burden as a holistic approach	Sue Critchley
02	What do we mean by behaviour change, person centred care and dietary behaviour change?	Samantha Howard
03	Role plays	Behaviour Change Training
04	Capturing Thoughts. How does motivational interviewing fit in?	Samantha Howard
05	Close and next steps	Sue Critchley

01

Consider the principles and transferable skills of behavioural change approaches in the context of diet

02

Highlight the NHS Long Term Plan and NICE and **think** about our own application of person centred care and behavioural approaches, regardless of base profession

03

After watching role play, reflect and **discuss** the content and identify key phrases and cues

04

See how motivational interviewing fits in to behavioural approaches



CVD Burden Remains a Significant Unmet Need across all risk factors



CVD in the UK¹

- >7 million people have CVD
- CVD has an annual total healthcare cost of £9 billion
- CVD is one of the biggest causes of death despite the availability of medical interventions and strategies

The NHS Long-Term Plan:²

Up to 10 year outlook for a variety of healthcare topics

- Cholesterol was highlighted for the first time in a decade
- CV risk management is a combined approach: ABC (AF, Blood pressure, Cholesterol)

167,000 deaths/year from CVD; **44,000** are premature¹

Improve early detection and treatment of CVD
NHS Long-Term Plan²

>100,000 hospital admissions/year for an MI¹
>100,000 strokes/year¹

Prevent 150,000 heart attacks, strokes and dementia cases
NHS Long-Term Plan²

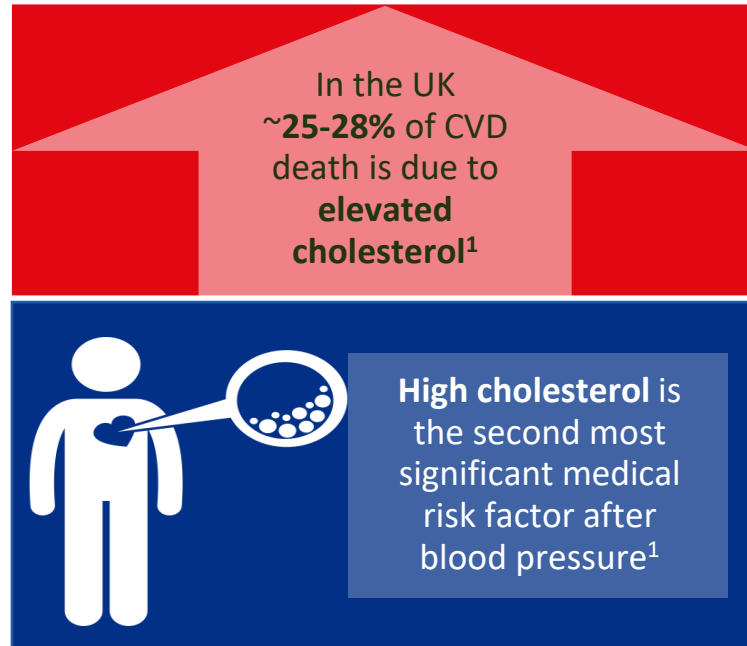
Up to **260,000** people in the UK have HeFH³

Expand access to genetic testing for identification of FH cases to at least 25% in 5 years
NHS Long-Term Plan²

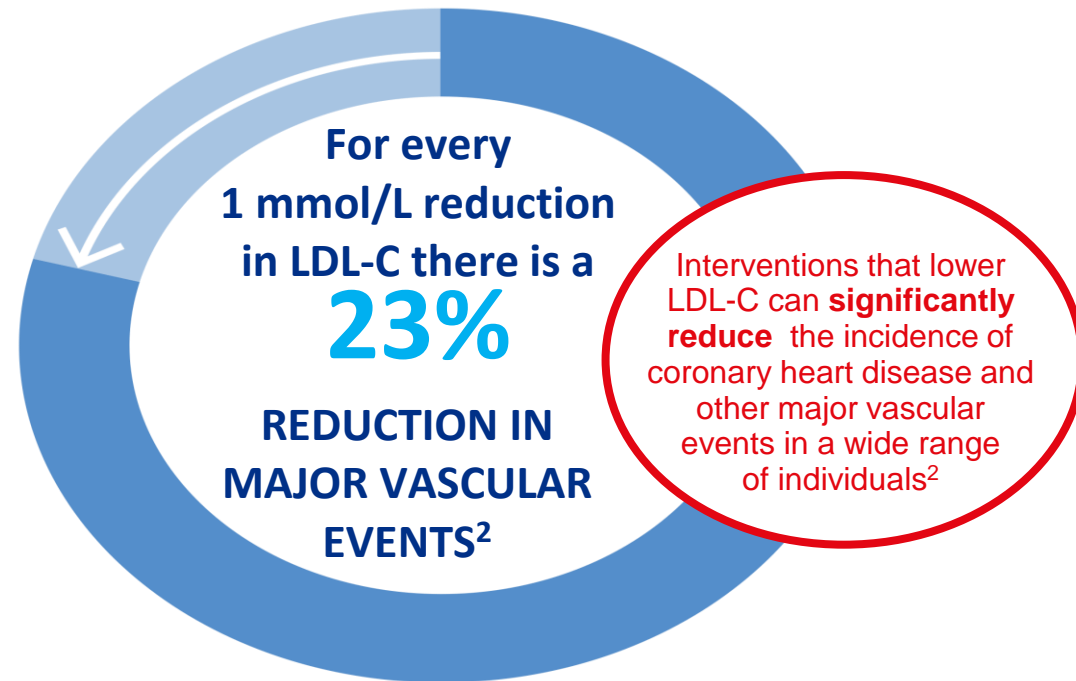
• AF, atrial fibrillation; CV, cardiovascular; CVD, cardiovascular disease; FH, familial hypercholesterolaemia; HeFH, heterozygous familial hypercholesterolaemia; MI, myocardial infarction.

• 1. BHF. UK Factsheet, August 2019. Available at: <https://www.bhf.org.uk/what-we-do/our-research/heart-statistics>. Accessed November 2019;
2. NHS Long-Term Plan. Available at: <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>;
3. NICE Clinical Guidance [CG71]. Available at: <https://www.nice.org.uk/guidance/cg71/>. Accessed December 2019.

Why is cholesterol management so important in CVD prevention?



CVD, cardiovascular disease; LDL-C low density lipoprotein cholesterol



02

What do we mean by behaviour change, person centred care and dietary behaviour change?

Samantha Howard MNutr RD
HCPC Registered Dietitian
Director of Behaviour Change Training



Behaviour Change



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***“They happen naturally everyday:
conversations about change”***



Miller & Rollnick (2013). Motivational Interviewing. Third Edition. Helping People Change



Examples of dietary behaviour change



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- Eating more fruit and vegetables
- Reducing foods high in saturated fats and swapping to foods which contain unsaturated fat
- Including breakfast
- Reducing high calorie snacks e.g. biscuits and chocolate and replacing with lower calorie alternatives
- Batch cooking
- Cooking more food from scratch
- Making a packed lunch rather than relying on fast food
- Including products with plant stanols and sterols

Poll

1

We let our patients do all the talking and decide what they would like to discuss

2

We listen to our patients and work with them to help them come up with their own solutions

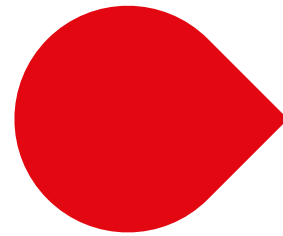
3

We plan our session in advance and ensure we pass on all the information we have prepared



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Poll results



NHS Long Term Plan (January 2019)



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1.37. ... the NHS also needs a more fundamental shift in how we work alongside patients and individuals to deliver more **person-centred care**, recognising – as National Voices has championed – the importance of **‘what matters to someone’ is not just ‘what’s the matter with someone’**.

Since individuals’ values and preferences differ, ensuring choice and sharing control can meaningfully improve care outcomes.


Creating genuine partnerships requires professionals to work differently, as well as a systematic approach to **engaging patients in decisions about their health and wellbeing**. We will support and help train staff to have the conversations which help patients make the decisions that are right for them.

Definitions



“A Behavioural Approach is client-centred and directive”

John Foreyt (2009)



“The main principles of this approach include the modification of current behaviour patterns, new adaptive learning, problem solving and a collaborative relationship between client and therapist”

(HDA 2003)



NICE definitions – Behaviour Change Individual Approaches – January 2014



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Behaviour Change Interventions

Behaviour change interventions involve sets of techniques, used together, which aim to change the health behaviours of individuals, communities or whole populations.

Behaviour Change Practitioner

Anyone who delivers behaviour change techniques and interventions can be a behaviour change practitioner, regardless of their professional background, as long as they have received specific training in these techniques. However, not all practitioners can deliver all interventions or techniques.

03

What does a behavioural approach look like?

Role Play

Samantha Howard MNutr RD

HCPC Registered Dietitian

Director of Behaviour Change Training

And

Dr Lynda Rigley PhD

HCPC Registered Freelance Dietitian

Director of Sunlight Nutrition Limited





Referral to dietitian



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Thank you for seeing this 59-year-old lady for dietary advice.
Following a routine health check her lipid results have come back as follows:-

Total Cholesterol = 7mmol/ L

Non-HDL-C = 6.1mmol/ L

HDL-C = 0.9mmol/L

TC: HDL ratio = 7.8

She is postmenopausal, overweight, with a BMI of 29, but otherwise is fit and healthy, with no family history of heart disease.



04

Thoughts?



How does motivational interviewing fit in?



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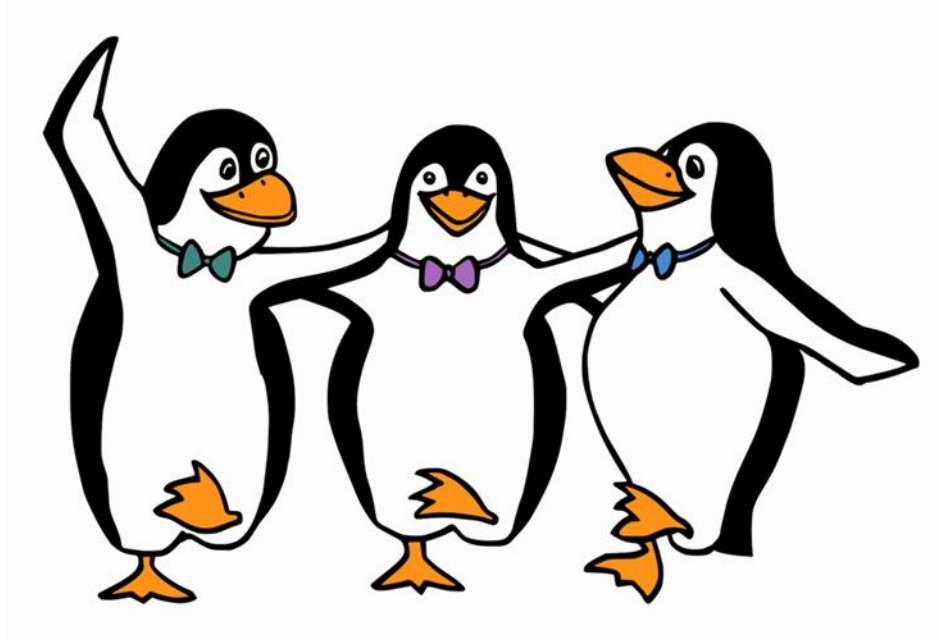


Motivational Interviewing is a collaborative conversation style for strengthening a person's own motivation and commitment to change

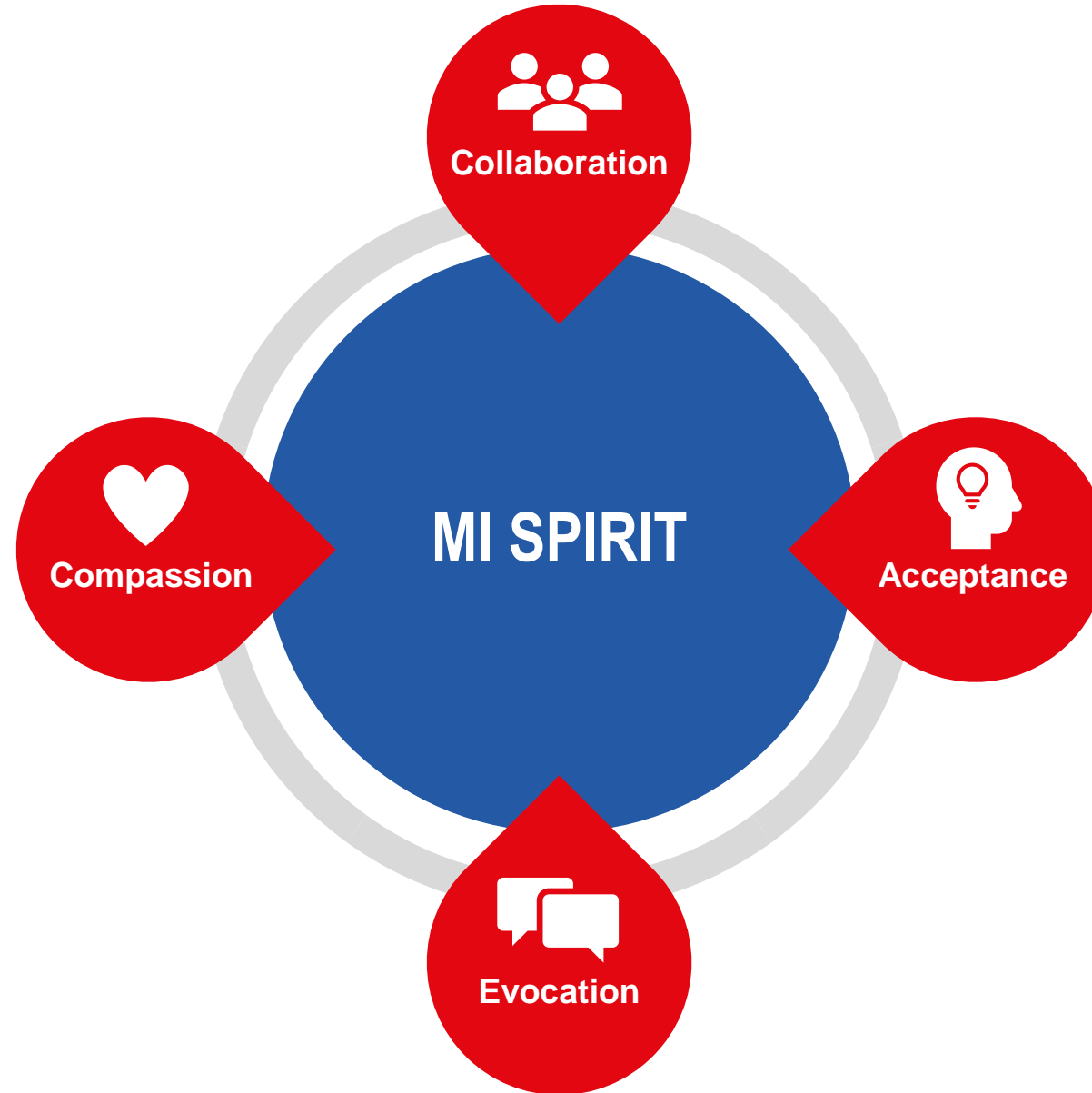


Miller & Rollnick (2013). Motivational Interviewing. Third Edition. Helping People Change

A dance not a wrestle



The Underlying Spirit of MI



Q&A round up

Next steps:

Develop your communication skills with today's presenters:

Modular learning: Part One: person centred communication skills; Part Two: Motivational Approaches (based on Motivational Interviewing); Part 3: Cognitive Behavioural Approaches. Shorter online modules, practical sessions, Group Facilitation Skills Training course, workshops and bespoke training options are also available.

Further information and training dates can be found on the website [Behaviour Change Training | BCT](https://www.bctonline.co.uk) ([bctonline.co.uk](https://www.bctonline.co.uk)) or you can email admin@bctonline.co.uk

Join us for the next webinar:

Weds 24th November 12-1pm: Post Cardiovascular disease event management

Dr Rani Katib Consultant Pharmacist in Cardiology and Cardiovascular Research. Leeds Institute of Cardiovascular and Metabolic Medicine

Dr Marc Bailey Associate Professor of Vascular Medicine & BHF Intermediate Clinical Research Fellow. Honorary Senior Clinical Lecturer in Vascular Surgery

Professor Stephen Wheatcroft interventional cardiologist and vascular biologist Leeds NHS Trust and University of Leeds

Join us for an informal case based interactive clinic on post CVD event management:

Weds 1st Dec 1-2pm

All programme content, recordings and next webinar bookings will be housed in the HEART UK pages. Visit the site for the new e-Learning modules on Identifying FH in primary care, Statin Intolerance, and the Lipid Management Pathway

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Thank you

This webinar has now finished.

Today's slides and recording will be available after the webinar on the HEART UK pages. Visit the site for the **new** e-Learning modules on diet launching in November. Identifying FH in primary care, Statin Intolerance, and the Lipid Management Pathway modules also available.

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References



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Links to NICE

[Overview | Behaviour change: individual approaches | Guidance | NICE](#) – definitions used are in Section 6 of this document

[Overview | Behaviour change: general approaches | Guidance | NICE](#) – an additional reference, for background information

NHS Long Term Plan

[NHS Long Term Plan v1.2 August 2019](#) – the quote is on Pages 24 & 25

John Foreyt is a Professor in the Department of Medicine and the Department of Psychiatry and Behavioral Sciences at Baylor College of Medicine, Houston. His work can be found here [John FOREYT | Professor | Ph.D. | Baylor College of Medicine, TX | BCM | Department of Medicine \(researchgate.net\)](#)

This quote was given after personal communication between John Foreyt and Dymrna Pearson and is based on this reference: Rollnick S, Butler C, McCambridge J, Kinnersley P, Elwyn G, Resnicow K.(2005) *Consultations About Changing Behaviour*. BMJ2005;331:96.

HDA - Health Development Agency. The management of obesity and overweight: an analysis of reviews of diet, physical activity and behavioural approaches. London: HDA. (2003). The Health Development Agency which was abolished in 2005 and their work became part of Public Health England.

Further reading:

Behaviour Change Taxonomy

[The Behavior Change Technique Taxonomy \(v1\) of 93 Hierarchically Clustered Techniques: Building an International Consensus for the Reporting of Behavior Change Interventions - CORE Reader BCTTv1_PDF_version.pdf \(digitalwellbeing.org\)](#)