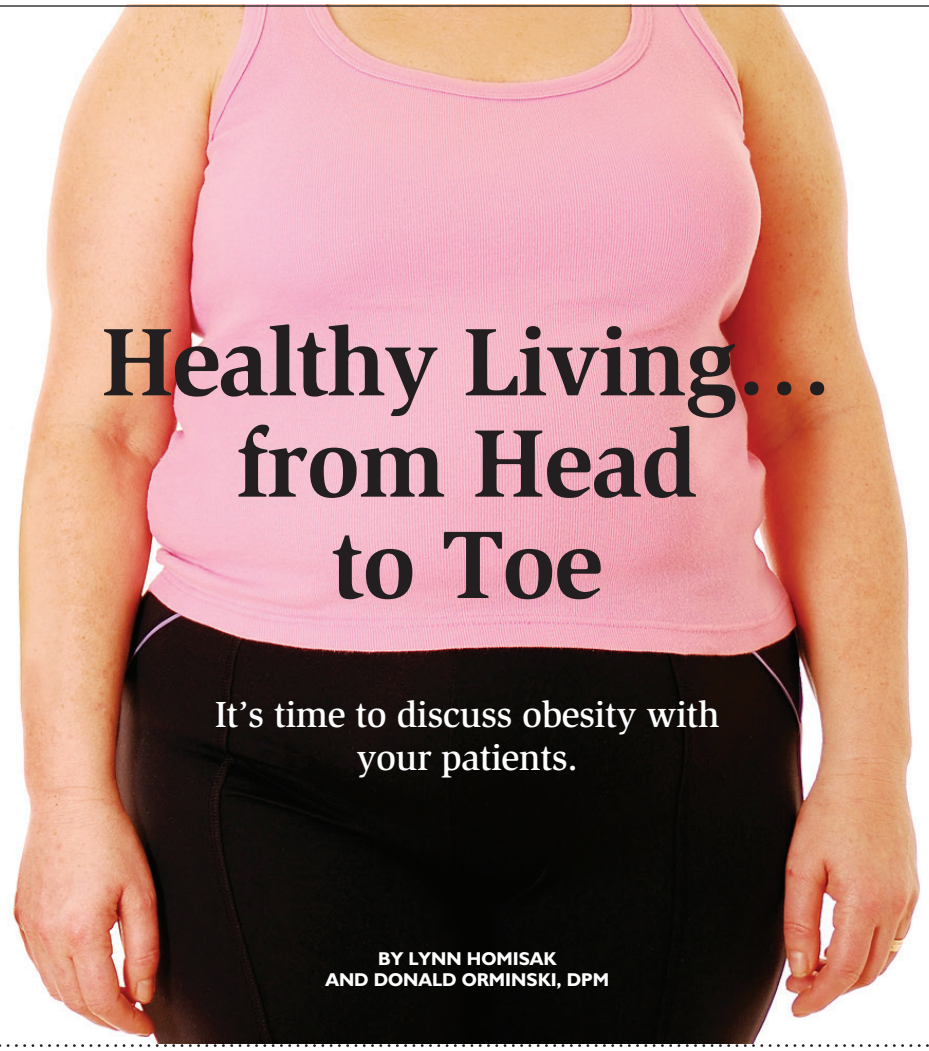

Healthy Living… from Head to Toe

It's time to discuss obesity with your patients.

BY LYNN HOMISAK
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Receptionist: "Welcome to our office, Mrs. Jones and thank you for filling out your paperwork. Oh wait, I see you didn't complete some questions regarding your health. Would you please take a few moments to do that now?"

Patient: "Yes, there were a number of questions I left intentionally blank. I fail to understand how this information is relevant to the pain in my foot. What does the medication I am taking, my weight, how many cigarettes I smoke, or the surgeries I have had in the past have to do with foot pain? I just want the doctor to look at my foot!"

The above exchange happens in most every office. Often. A patient's non-compliance is usually due to a lack of understanding, not an outright refusal to respond. They just can't seem to make the connection. Rather than have front desk staff fire back with a tired, habitual, "it's our policy" defense, or exclaim "the insurance companies make us do it!" they should be given the opportunity to professionally remedy the problem right up front with an empathetic, educated response. The reason Mrs. Jones needs to fill out her paperwork can be scripted out in such a way that will highlight the importance of her health records.

Receptionist: "I understand what you are saying, Mrs. Jones. Although it seems some of the information is irrelevant, it actually plays a major role in the quality care that we provide. If you think of our bodies as machines, it's easier to understand that all the connecting parts need to work together in order for them to run at top performance. When one part breaks down, it may trigger another or a potential series of further breakdowns, one of which may present as foot pain. As part of your professional healthcare team, Dr. _____ wants to make sure he/she has all the information before properly making an accurate diagnosis or initiating treatment. This is where your comprehensive health history comes in. We really appreciate your help by completing your entire section."

Incomplete Health History

Receiving an incomplete health history is one of many barriers doctors face in attempting to provide comprehensive care. If patients have difficulty understanding why or how their medical background contributes to their foot pain, they may really have a problem accepting how the quantity and type of food they

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eat also adds to their symptoms and the speed of their recovery.

Unfortunately, general discussion in today's society about nutrition tends to focus on the damage to our heart (clogged arteries, blood pressure) or our waistline. Other than the occasional reference to "putting your foot in your mouth", feet are probably the last thing patients think about in relation to proper nutrition! We can change that thought process. For our patient's wellbeing, we should.

Diet and Inflammation

Where does food come into the picture? Most professionals agree, with few exceptions, that there is an association between diet and inflammation. Drs. Andrew Weil, Mark Hyman, Nicholas Perricone, and Barry Sears, all contemporary nutritional experts, have written many books citing how Omega-3 fatty acids, antioxidants, and other nutrients do affect and help decrease or at least regulate inflammation by producing more anti-inflammatory prostaglandins, which are created by our bodies based on the foods that we eat. Therefore, wouldn't it be medically reasonable to correlate a patient who presents and is diagnosed with "inflammation" in their feet—a diagnosis often used in podiatry—with his/her own poor eating habits?

One objection to that concept is that the patient's primary care physician should be the one to address proper diet and that podiatrists should stick to what they know best…feet. Really? There doesn't seem to be any apprehension in podiatry to sit a patient down and explain the negative effects that smoking has on healing after foot surgery. Should that "health" advice only come from an MD? Dentists are not MDs, yet they do not hesitate to shed some light on what foods to avoid to prevent tooth decay with their patients and the impact that sugar has on oral health. Most MDs are willing to admit they are not as educated in nutrition as they are perceived to be. In fact, their curriculum offers little to no training in "nutrition"; neither does that of the DPM or DDS.

While conventional medicine has branched off into specialties, with each specialist focusing on an area of expertise, it makes no less sense for a DPM to introduce the relationship between an unhealthy lifestyle (smoking, obesity, and inactivity) and proper foot health while the patient is attentively sitting in their treatment chair, than it would be for an MD to offer advice to their hypertensive patient on the negative effects of salt.

Podiatrists commonly offer basic, preliminary dietary advice if a patient's lab work comes back indicating a high uric acid or glucose reading. Why then, is it any different for them to explain to their patients the role that certain foods play in their healing or guide them away from foods that are known to cause inflammation… or

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inform them that extra weight can contribute to their painful ambulation, not to mention their overall health?

Good Medicine

Introducing these types of discussions is not only relevant in certain situations, it is good medicine and in the patient's best interest. That is, of course, if we really do believe that all the connecting parts (of our body) work together. When these discussions are also accompanied with a professional referral for additional follow-up, they are the very definition of "coordination of care."

Why then, is the elephant in the room still being ignored in many offices? Perhaps because…

- Addressing weight is not a requirement; and since it is not required to be addressed—why go there?
- Obesity is a socially-sensitive topic and fear of insulting or hurting their patients' feelings (or worse yet, losing patients) is a deterrent;
- Doctors recognize that patients cannot be expected to take counsel from them seriously regarding weight if they, themselves, are not willing to follow their own advice and lead by example;
- It is perceived unethical, unlawful, and not within podiatry's scope of practice;
- The schedule does not allow for the extra time it will take to have this conversation;
- It is just easier to write a scrip rather than engage patients in what they assume might be an uncomfortable discussion.

Make no mistake. Studies show that we are an unhealthy nation and getting increasingly worse every year. Depending on which ones you read, statistics can vary; but none of them are favorable to obesity. According to a report published by the World Health Organization in January, 2015, more than 1.9 billion adults, 18 years and older, were overweight worldwide. Of these, over 600 million were obese.[1] In fact, more Americans who were previously overweight have now moved into the obese category, while the percentage who are at normal weight has remained stable since 2013.

Another report by the Center for Disease Control and Prevention in September, 2014 focuses on U.S. adults only, stating that one-third or 76 million are obese and that the medical costs for people who are obese were $1,429 higher than those of normal weight.[2] A related statistic from the Gallop poll shows the percentage of U.S. adults who are obese continued to trend upward in 2014, reaching 27.7%. This is the highest obesity rate Gallup and Healthways have measured in seven years of tracking it.[3]

Many factors have contributed to this growing crisis, one of them indisputably being unhealthy food choices. To blame is the overwhelming escalation in consumption of processed and pre-packaged food; the cheap, fast food alternative to home cooking that enables people to live fast-paced lives; the sugar (and sugar substitute) invasion; and the increased sodium content found in canned and (convenient) frozen foods. These are just the beginning. We can help our patients break this cycle, not by bending any podiatry scope of practice laws or by stepping on another professional's toes; instead, by educating them that poor eating habits result in unhealthy consequences.

Here are examples of some general tips you can certainly share with them:

- Reinforce to your patients with diabetes that certain foods will raise their blood glucose levels and others which will help keep it regulated.
- Discuss how the trifecta of sugar, salt, and fat found in most fast foods today is harmful, especially when eaten regularly, or how they actually trigger cravings.
- Portion control; changing their current eating habits.
- Eating a more "whole" diet and consciously avoiding (or at least limiting) unwanted saturated and trans fats.
- How being more observant and knowledgeable by reading labels when they go shopping will help reduce their sodium intake—and maybe even the swelling in their feet!
- The fact that anti-oxidant-rich foods like vegetables and fruits will deliver more necessary nutrients than typical junk food.

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• The benefits of replacing soda with water to flush toxins and other irritants that can contribute to inflammation out of the system.

• Suggest integrating 15 minutes of "movement" into each day (as mild or aggressive as they can tolerate) and build up to their level of comfort. Explain that sometimes, it's only a matter of parking a few blocks from their final destination and walking the rest of the way that helps put this in perspective for them.

Don't think for one minute that sharing tips like these with your patients suggests you've crossed over to the natural, holistic, or "quack science" side of medicine. All you are proposing are simple changes in lifestyle which will help put your patient on an all-around healthier track for his/her own well-being.

In their book, *Ultra-Prevention*,[4] Drs. Hyman and Liponis discuss a number of their own case histories demonstrating how dietary changes have, in their experiences, decreased patient symptoms and helped to prevent new ones from occurring. Many DPMs acknowledge that diet can play an important role and have integrated patient education as part of the current care plan for their obese patients which, by the way, also includes a referral to a PCP, nutritionist, registered dietician or certified health coach. Partnering with these professionals will guide patients in a healthier direction. In addition, they effectively work with those individuals who are more resistant to change and serve as the supportive mentor that many patients in this position need.

Keep in mind that this is an excellent referral resource for the practice. Go the extra mile and make it happen. Suggest that, as a convenience, your staff will make the appointments for them. The more frequently you refer out, the more of an opportunity you'll create for mutual referrals. Think of it. If you're seeing patients who can benefit from some advanced nutritional advice, chances are good that they're seeing others who are complaining of foot-related symptoms and require the services of a podiatrist. Building long-lasting professional relationships with these individuals can have a rewarding outcome for everyone involved.

Overweight people put excessive pressure on their feet. That's a fact. Every pound of body weight puts three pounds of force through the foot while walking.[5] For a person who weighs 250 lbs., that amounts to a substantial 750 lbs. of force on the feet with each step. By these standards, plantar fasciitis/heel pain, foot injuries, and tendonitis, some of our profession's most commonly treated conditions, will of course be at a much higher risk to the overweight and obese population.

Last month, Mr. Biggs, a 300+ lb. male patient, was seen by his podiatrist, Dr. Pod, for heel pain, a condition he states he has suffered with for more than three months. His level of pain at that time was off the pain scale charts. He was given an injection to reduce the inflammation and pain, a night splint (which he said was uncomfortable, so never wore it), a low dye strapping (lasted only a day with minimal relief), and a prescription for an oral anti-inflammatory (which he took as directed). He was re-appointed for one month.

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Today, he returns for his follow-up visit, limping slowly into the treatment room with assistance from a walker. He states there is little to no improvement. Dr. Pod re-injects him, re-straps him, insists he give the night splint another try, recommends icing at home and refills his anti-inflammatory medicine, explaining that his condition did not happen overnight, so the expectation to heal overnight is also not likely. The only difference, this time, is that Mr. Biggs is not re-appointed. He is instead instructed to call if the pain persists after finishing this additional dosage of meds.

Having witnessed the above, my health coaching background prompted me to probe a little deeper. I asked Dr. Pod after she left the treatment room, "I noticed you didn't mention to the patient that his weight may have been a contributing factor to his condition. Do you think a simple request like, `Tell me about the kinds of food you eat' would have initiated that discussion?" The doctor nodded in agreement. "I suppose so," she said. "I just don't feel comfortable talking to patients about their weight. It's a touchy subject."

Avoiding the Subject

Dr. Donald Orminski of Yakima, Washington feels that avoiding the subject of weight is more compromising to the patient's progress than is the feeling of temporary discomfort. He explains how he personally communicates with his patients: "In the years I have been in practice, I have tried various approaches when introducing the concept of weight loss to my patients. It has been met with as varied a reception as one can imagine, from gratitude to complete rejection, depending on my approach. In my opinion, the most consistent, non-confrontational approach is the truth. People who are overweight already know they have a problem. As their podiatrist, a diplomatic exploration and education of what the patient has as a goal is an opportunity to discuss weight loss and management of their foot and ankle pain.

Patients will read through the statement, `Oh you just need to lose a few pounds,' and intuitively know you may be kind, but not really honest. The statement in itself is the easy way out and is a complete disservice to doctor and patient. What patients hear and what the doctor tells them may be completely dissonant to the doctor's intent. Many doctors are uncomfortable with any discussion of obesity, but with such a significant portion of the population falling into this category, it is incumbent on the treating podiatrist to inform patients (or

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friends and family) of the long-term consequences of obesity, including disabling arthritis, diabetes, or cardiac disease leading to permanent disability, which leads to a shortened lifespan.

Typically, I will open a discussion with the patient by asking what goals s/he would like to achieve. Somewhere in the following conversation they will invariably mention, "I would like to lose some weight, but I can't because I can't even walk and my other doctor told me to exercise."

It is this statement which allows the truth to come forth, explaining how joint damage occurs in the foot, ankle, knees, and hips over the years of repetitive micro-trauma as well as previously mentioned co-morbidities of obesity. I tell patients my job is to help them achieve their health-directed goals. Analogies of wear and tear relating to a topic they understand are helpful for opening a meaningful dialogue. Patients appreciate the truth. One example: explaining how simply dispensing an orthotic will not be the end of their treatment but only the beginning of a life style change. Impactful questions might include, 'How do you see your health in ten years?' 'What can I do to help you?'

I candidly tell them a good quality orthotic will be helpful, but will probably fail their expectations unless we approach their pain as a team. Being knowledgeable about nutrition, specific exercise routines, and a proper weight management program sets a different tone for a more trusting relationship. In today's world, patients easily recognize and differentiate between the'trusted, knowledge-based, concerned doctor,' versus the 'kind doctor.'

The dialogue between an obese patient and doctor can be uncomfortable, whether it is their primary care physician or podiatrist. Many times the fear of losing the patient inhibits doctors from speaking the truth about a very necessary subject. The odds are that most patients will appreciate the truth, and that they hear it very rarely. Who are we, as their treating doctors, to not tell the truth? Telling the truth is liberating to doctors and their patients.

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It is certainly not uncommon to see patients who, in addition to their foot problems, also suffer with multiple medical conditions. In fact, a majority of adults in the U.S. understand that foot symptoms can be an important indicator of other serious health problems. Symptoms such as foot edema might suggest a systemic disorder, i.e., kidney disease, heart disease, or high blood pressure. Eating disorders and poor nutrition can predispose women to early osteoporosis and an increased risk of stress fractures of their foot/feet. Many times, foot symptoms are a wake-up call to check for diabetes, which, when caught early enough, can very often prevent amputations. That is why the podiatrist, in many cases, may be the first person people see for symptoms that initiate in their feet, i.e., poor circulation, neuropathy, osteoporosis, joint stiffness, gout, sores, infrequent infections, and edema. It is logical that in some cases, genetics, as opposed to food, is primarily responsible for foot symptoms and complications. At the same time, it would be naïve to think that there is absolutely no relationship between ailments and a patient's diet.

Podiatry's Role

Does this article suggest that podiatrists be their patient's `sole' counselor when it comes to nutrition? No. But they can be an ethical and conscientious part of the first alert team by:

1) being knowledgeable,

2) integrating patient education and discussion into their protocol,

3) offering general guidelines to a better lifestyle, and

4) making appropriate referrals a part of their coordinated prescription for healing.

Podiatrists are integral, collaborative members of the healthcare team and as such, should be involved in improving their patient's overall quality of life. Although not intended to deliver a nutritional message, the lyrics of the old spiritual song, Dem Bones, ("The foot bone's connected to the heel bone, etc.") declares that everything is connected—head to toe.

According to the *New York Times*,[6] only 39 percent of obese people surveyed had ever been told by a healthcare provider that they were obese. This lack of dialogue hurts patients. Are you the doctor who feels that looking the other way and avoiding the uncomfortable "weight and diet" discussion (as it relates to their feet) with your patients is just easier and less confrontational? Or, are you the doctor who has a knowledge-based understanding of the association between food and healthy living and sees the value of educating patients that what they eat... can affect their feet. Sometimes the message falls on deaf ears, sometimes it saves lives; but in the name of good health—isn't it a conversation worth having? **PM**

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