



Reflecting on practice, Helping not harming in dietetic practice

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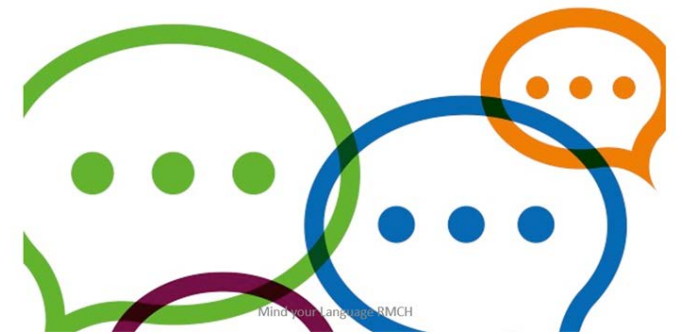
Reflecting on
practice,
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- Prevention of T1DE using a holistic approach to language and dietary messages
- Parents reported problems around food in diabetes
- Problem solving
- Weight stigma
- Views of CYP living with obesity
- Nutrition burn out
- Resources



Language Matters

Language and diabetes



Language Matters

Four principles guided this work and served as a core set of beliefs for the paper:

- ▶ Diabetes is a complex and challenging disease involving many factors and variables
- ▶ Stigma that has historically been attached to a diagnosis of diabetes can contribute to stress and feelings of shame and judgment
- ▶ Every member of the health care team can serve people with diabetes more effectively through a respectful, inclusive, and person-centered approach
- ▶ Person-first, strengths-based, empowering language can improve communication and enhance motivation, health and well-being of people with diabetes

Health care professionals, writers, researchers, and the general public are invited to join a language movement by considering and adopting the following five recommendations:

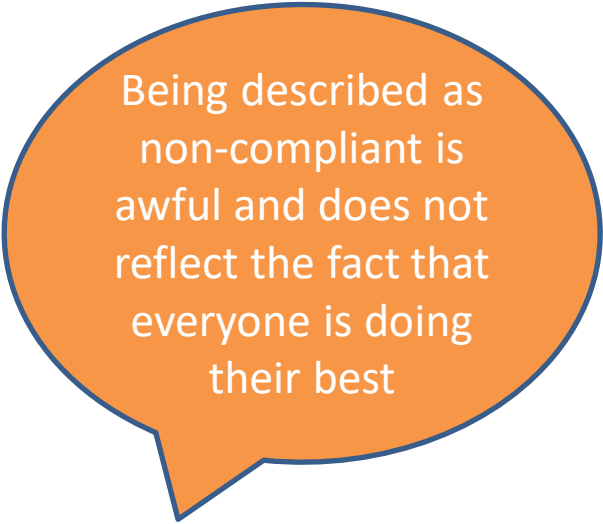
Use Language That...

Mind your Language RMCH


- ▶ Is neutral, non-judgmental, and based on facts, actions, or physiology/biology
- ▶ Is free from stigma
- ▶ Is strengths-based, respectful, inclusive, and imparts hope
- ▶ Fosters collaboration between patients and providers
- ▶ Is person-centered

For additional resources, including the full list of word suggestions, [click here](https://diabeteseducator.org/language) or visit diabeteseducator.org/language

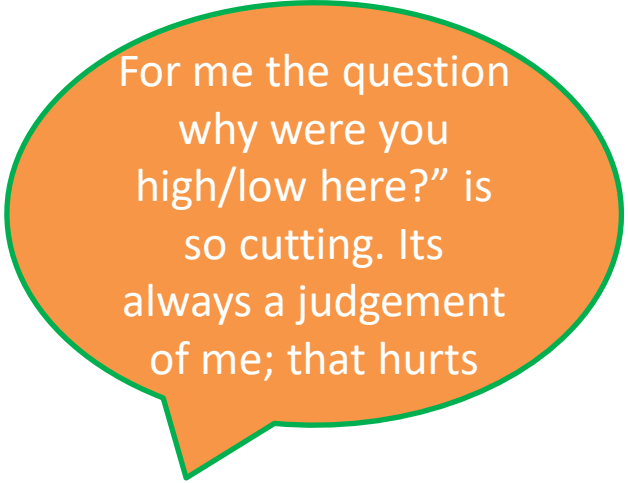




Being described as non-compliant is awful and does not reflect the fact that everyone is doing their best



I've been told by a variety of uniformed people 'You can't eat that'



For me the question "why were you high/low here?" is so cutting. Its always a judgement of me; that hurts

Messages perceived negatively can lead to feelings of shame, guilt and resentment. People who are ashamed will find it harder to engage and manage their condition

Etiquette for parents

Stop trying to scare me with diabetes statistics

When my blood glucose levels are high, don't assume I've done something stupid

Please acknowledge when I have done something right

Don't be the food police



NHS England Principles

- Be aware of power of language (+ve and –ve)
- Words can be problematic regardless of intention of user (after-life of words)
- Free from judgement, avoid threat and “telling off”
- Person centred/person first
- Avoid language that attributes blame (for condition or consequences)
- Avoid generalisations, stereotypes and comparisons with others
- Empathic, understanding approach
- Listen for persons own words
- Alert to impact of language and body language



How can we help?

- Need more research - impact of words used, preferences, with children and young people
- Think about your own language (verbal and written), be aware of the negative words or phrases you use
- Let your patients know you are trying
- Set realistic goals

*“Words are, of course, the most powerful drug used by mankind”
Rudyard Kipling*

Examples of positive language

Self management

Goal

Target

Variability

Could you....

Risk reduction



Efforts

Check

You could choose...

Was not able to.....

Good use of language which is inclusive and values based, can lower anxiety, build confidence, educate and improve self-care

LS Case Study

- Diagnosed with T1 diabetes age 6 yrs (2006) also diagnosed with ASD
- 2008 Carb counting established " perfect diabetes"
- 2010 Raised Cholesterol noted referred to DT
- 2012 High School: increased weight/chol- re referred to DT
- 2013 Increasing weight noted- food choice at high school
- 2013 Diabetes Annual Review, disclosure OTC sliming pills purchased

- 2015 Commenced CSII- Onmipod
- 2016 Noted to be not eating lunch at school and manipulating data inputted to pump
- 2017 Referred to MCeds
 - Praised for diabetes markers
 - Dizzy/stomach aches
 - Noted social isolation -Autism
 - ++ exercise
 - FHx ED

Formulation

- Expresses anorexic cognitions, supportive parents, fear of becoming overweight, hiding food
- Restrictive diet 600-700kcal (60-80g carbs) weighed portions
- **2017 Admission:** Joint working with input from diabetes team- issues managing hypo/hyperglycaemia- supervision
- Issues dose adjusting insulin- supervision post meal/NG
- Supervision overnight re Exercising ++

Lessons learned

- Careful discussion re lipids/weight at vulnerable age- is this normal growth
- Overpraise of HbA1c- neutral/factual language
- Increased focus on foods with carb counting- could we have simplified carb counting
- Whole family approach

Current Dietary Messages

- Intensive focus on amounts and effect on glucose of carbohydrates eaten (level 3 carb counting)
- Intensive focus on when and why eating
- Can lead to loss of spontaneity with eating

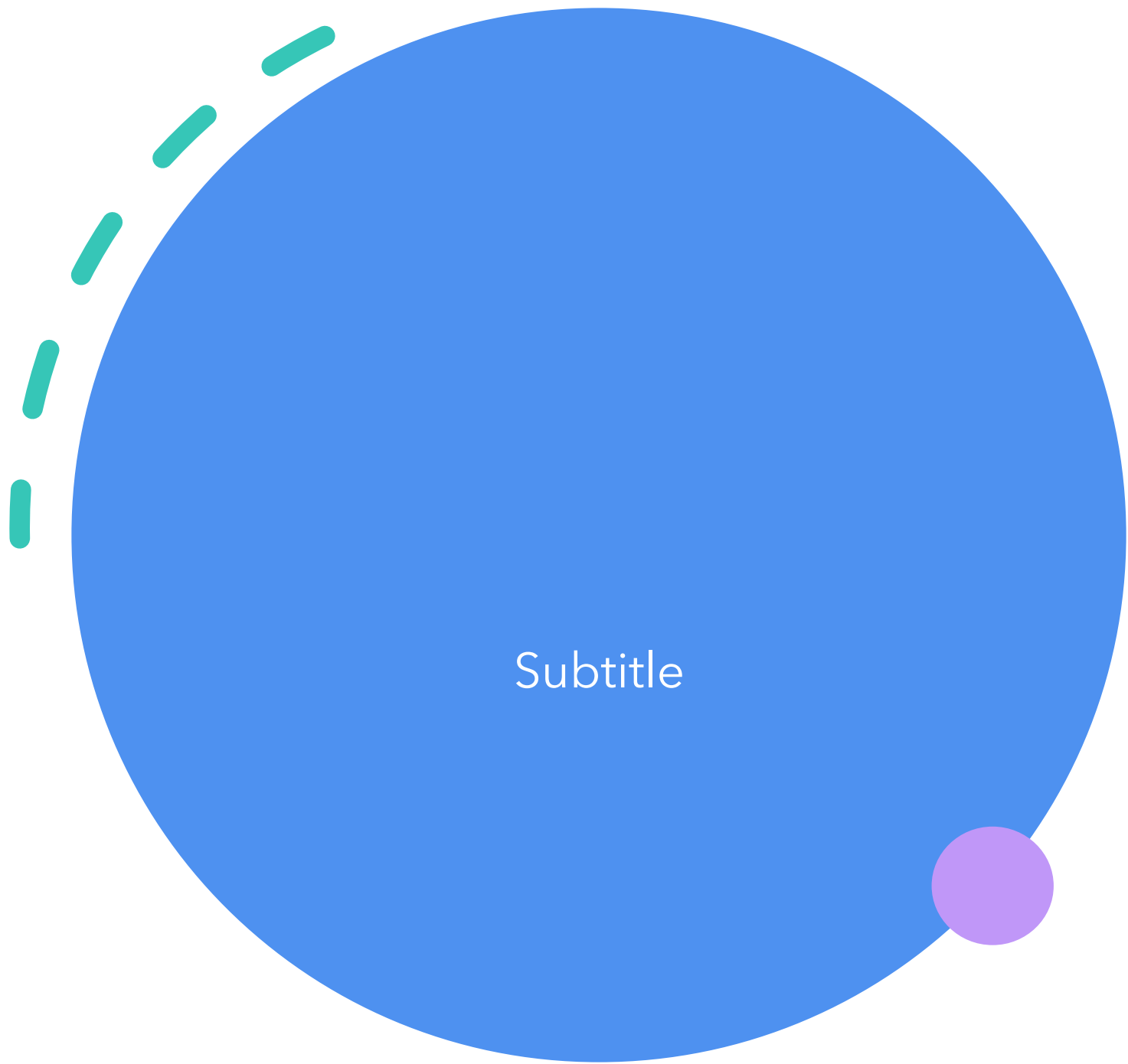
Eating and Diabetes



- Food is an important part of our lives
- Eating can be Enjoyable/Social
- Keeps your body healthy and supports growth
- Eating is part of family times & celebrations

- Food is important in diabetes too
 - Helps stabilize glucose levels
 - Works in balance with insulin
 - Can prevent/treat hypoglycaemia

- **It is important that food continues to be all those things above when you have diabetes**



Subtitle

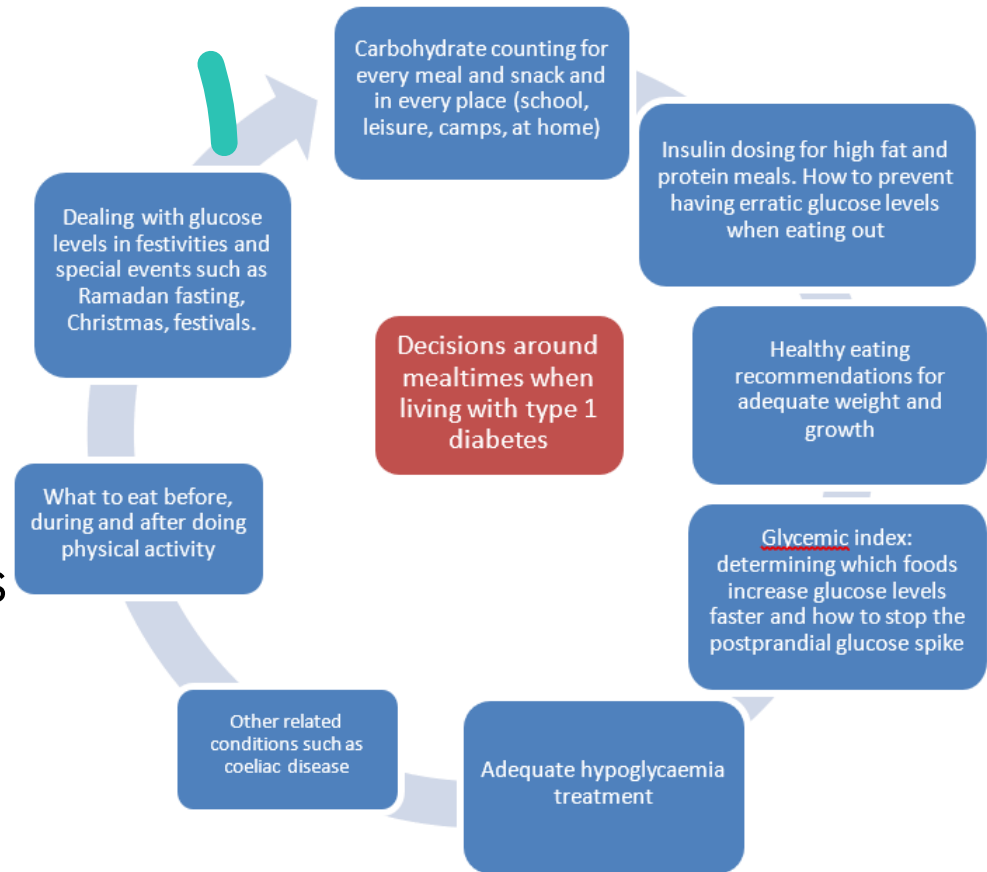


Survey of view of CYP living with Diabetes

Nutrition Burn Out

Figure 1: Making decisions around mealtimes whilst living with T1D

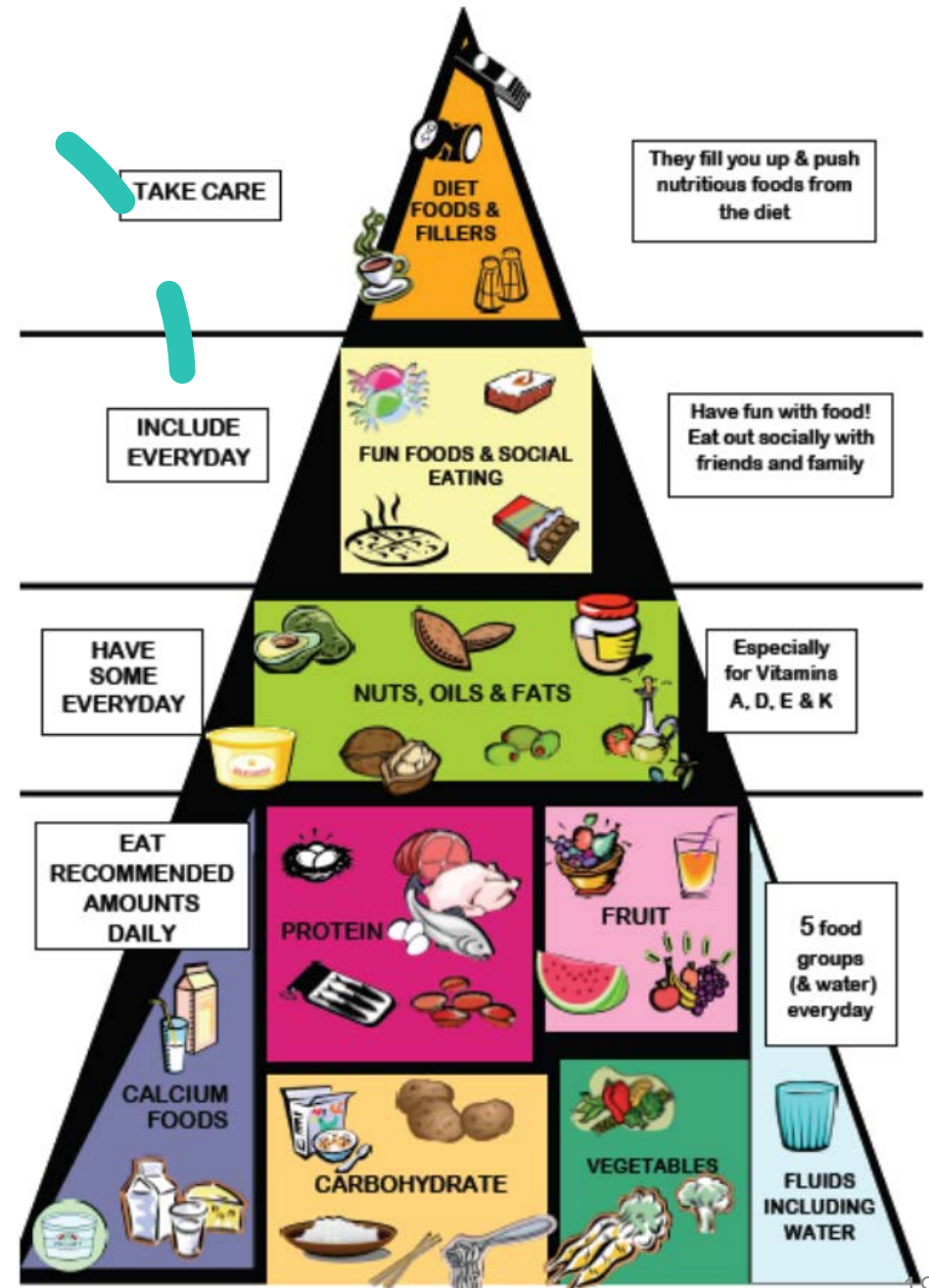
- The decisions around dietary management required for diabetes are multifactorial and can lead to Nutrition Burn out
- Nutrition Burn out can lead to disengagement from nutrition related tasks



Paula Chinchilla, 2022. Avoiding Nutrition Burnout: a teamwork between carers, healthcare professionals and children and young people living with type 1 diabetes.

Real Food Pyramid

- Gives us useful language to talk about foods such as fun foods
- Diet foods and Fillers – push out more nutritious foods
- Useful used with Teenager having negative thoughts about food and body weight





Eating, Mealtimes and Diabetes – Parents feedback

	This is not an issue for us	We are managing quite well	We are managing ok	We are struggling to manage	We are not managing at all
1. Diabetes causes stress at mealtimes for everyone					
2. Your child is completely avoiding certain foods/drinks (because advised to avoid, or due to blood glucose spikes)					
3. Child/yourself is thinking about how many carbs are being eaten rather than child's appetite					
4. Your child is not able to eat spontaneously (what they like, when they like) and /or is feeling restricted.					
5. Your child eats / drinks to keep blood glucose levels up/avoid hypos, even when not hungry.					
6. You are using convenience foods rather than home-made foods, or packed lunch rather than school dinners, just to make carb counting easier.					
7. Your child is taking food without you knowing / eating in secret					
8. Your child is avoiding eating / avoiding carbs to not need to take insulin (or avoiding insulin for any other reason).					
9. You are avoiding offering new foods in case they are not eaten, and your child may have a hypo					
10. There is conflict at home because siblings eat differently					
11. Child (and/or parent) is feeling guilty about having sweet foods/drinks					
12. Child (and/or parent) is worrying about weight/body shape					

- Survey done by PDPEAS group across NW network
- Common issues that families describe around food and diabetes
- Converted into a sheet to identify how much families find these are issue



Eating, Mealtimes and Diabetes – Parents feedback

Problem 1	Why / how might this create eating issues?	Solutions?
Child/yourself is thinking about how many carbs are being eaten rather than child's appetite		





Eating, Mealtimes and Diabetes – Parents feedback

Problem 1	Why / how might this create eating issues?	Solutions?
Child/yourself is thinking about how many carbs are being eaten rather than child's appetite	<ul style="list-style-type: none">- Carbs Vs Calories- Not promoting holistic view of foods and eating- Focus on numbers and not enjoyment- Over-riding natural feelings of hunger and fullness- Reducing at a meal can lead to snacking / bingeing / grazing later	<ul style="list-style-type: none">- Think about the whole meal- Ensuring balanced / mixed meal- Listening to hunger cues- Consider insulin adjustment strategies- Dispel myths re: carbs / calories- Alleviate guilt- Positive language about foods / real food pyramid





Eating, Mealtimes and Diabetes – Parents feedback

Problem 2	Why / how might this create eating issues?	Solutions?
Your child is taking food without you knowing / eating in secret		





Eating, Mealtimes and Diabetes – Parents feedback

Problem 2	Why / how might this create eating issues?	Solutions?
Your child is taking food without you knowing / eating in secret	<ul style="list-style-type: none">- Sign of feelings of restriction- Conflict at home around food- Guilt- Increased focus on not eating 'bad foods' which increases desire- Food shaming	<ul style="list-style-type: none">- Allowing all foods- Discuss reactions to those foods being eaten, is this appropriate?- Education of parents- Whole family approach- Food safe home





Eating, Mealtimes and Diabetes – Parents feedback

Problem 3	Why / how might this create eating issues?	Solutions?
Your child is avoiding eating / avoiding carbs / achieve weight loss or to not need to take insulin		





Eating, Mealtimes and Diabetes – Parents feedback

Problem 3	Why / how might this create eating issues?	Solutions?
Your child is avoiding eating / avoiding carbs to achieve weight loss or to not need to take insulin	<ul style="list-style-type: none">- Feeling deprived- Nutritional consequences- Leads to craving / guilt- Leads to ED cognitions- Obsessive tendencies	<ul style="list-style-type: none">- Education- Positive language- Regulating meal patterns- Real food pyramid- Food security



Eating, Mealtimes and Diabetes – Parents feedback

Problem 4	Why / how might this create eating issues?	Solutions?
Child (and/or parent) is worrying about weight/body shape		





Eating, Mealtimes and Diabetes – Parents feedback

Problem 4	Why / how might this create eating issues?	Solutions?
Child (and/or parent) is worrying about weight/body shape	<ul style="list-style-type: none">- May link to dietary restrictions- Can lead to anxiety, low mood, low self esteem- Could lead to changes in behaviour – socialising / dressing- Increased activity- Unrealistic goals	<ul style="list-style-type: none">- Seeing whole person – interests / skills / abilities / interests- Realistic goals- Discussing all the reasons we eat- Education on language around discussing bodies at home for whole family

Introduction to CEW Service



NHSE has funded 15 clinics in the UK to tackle childhood obesity in 2021

We are a spoke and hub service

Key aims: Identify factors leading to development, identify and treat complications and consider individualised holistic care plan

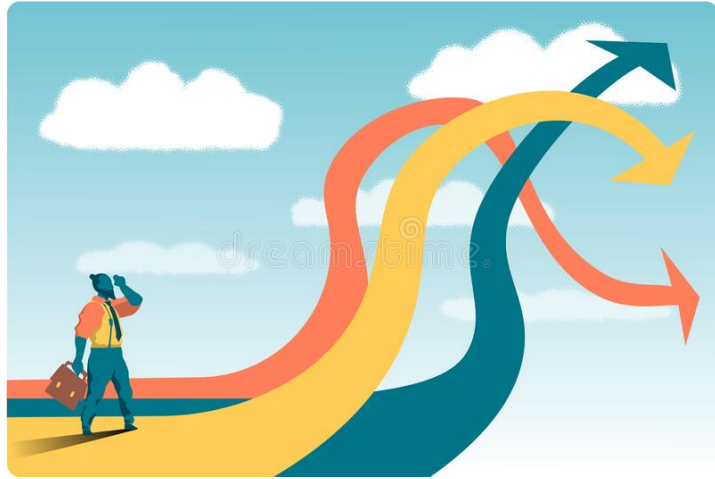
What CYP living with extra weight would like us to know..



https://www.youtube.com/watch?v=rpbF_RfFHGo

What matters to CYP in CEW service

- Spending time with **friends, family, pets**, their **future** job aspirations, **being caring, 'chilling out'**, being good at **sports**
- For others to really **'see'** and better understand the challenges of living with weight
- For others to see that making changes can be tough at first but can still be done!
- For professionals to have patience and give praise for each small step achieved



Where to start

Helpful strategies

Explain change takes time

Spend time helping identify and work through barriers

Ensure the full family commits to a change

Focus on 'little wins'

Possible unhelpful strategies

Giving more complex diet strategies without regular dietetic reviews

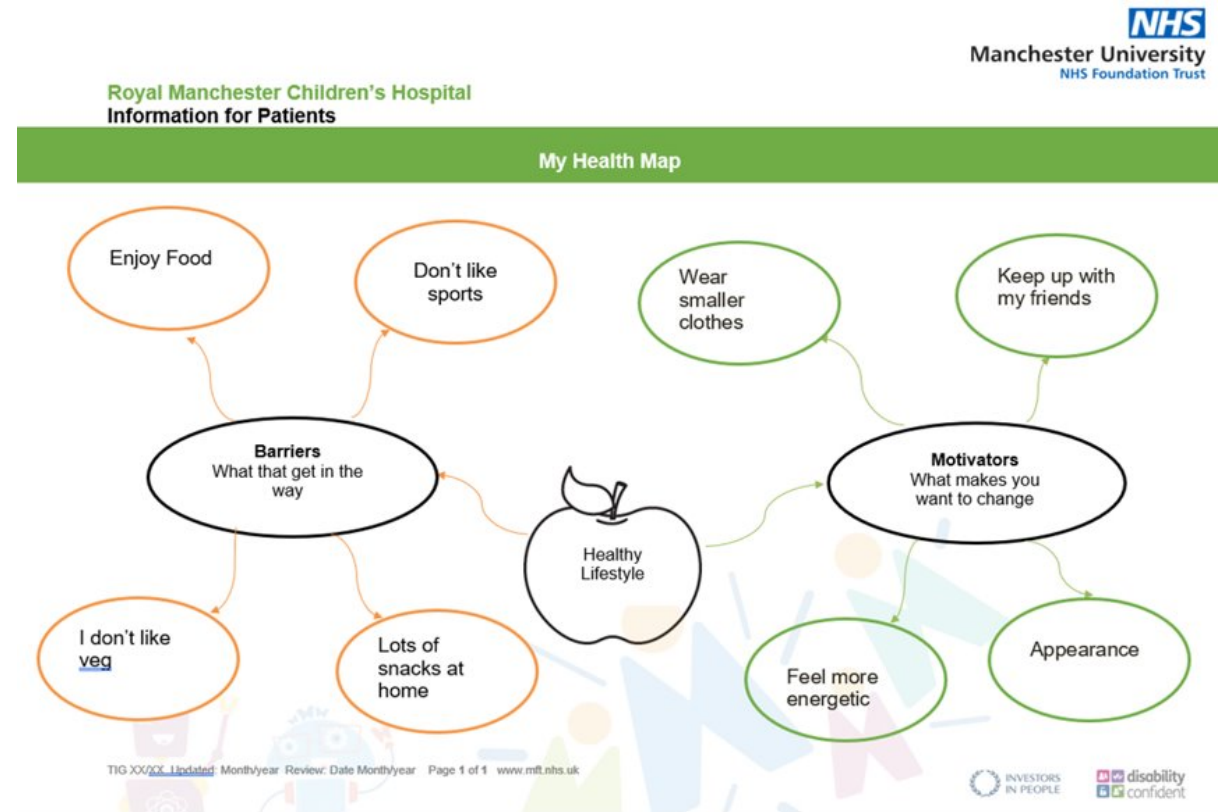
Focusing just on the CYP

Expecting change overnight



Shifting the focus

- Opening up the conversation through a motivational interviewing approach
- consider importance and confidence levels (score out of 10)
- Explore key motivators and barriers that aren't scale focused
- Pre-Clinical Questionnaire in CEW



Exploring barriers and factors that make change hard

Finance

Fussy
Eating/Sensory
Issues

knowledge

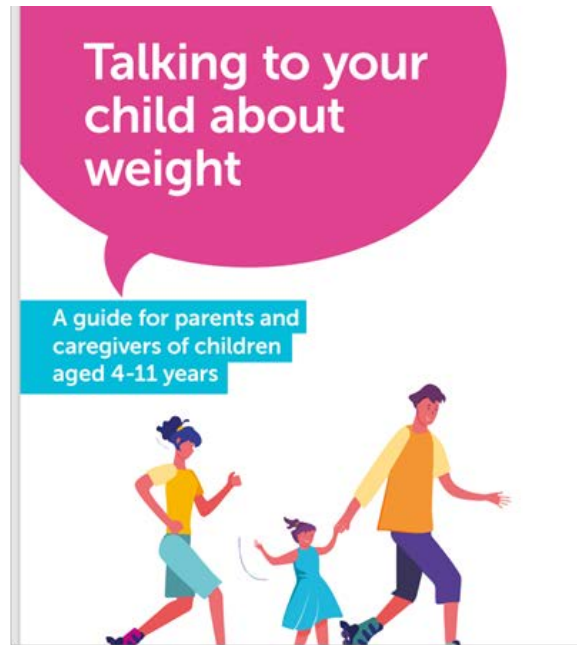
Intake high in
highly processed
foods

Behavioral
issues

Culture at home

Comfort eating

routine



Helpful documents

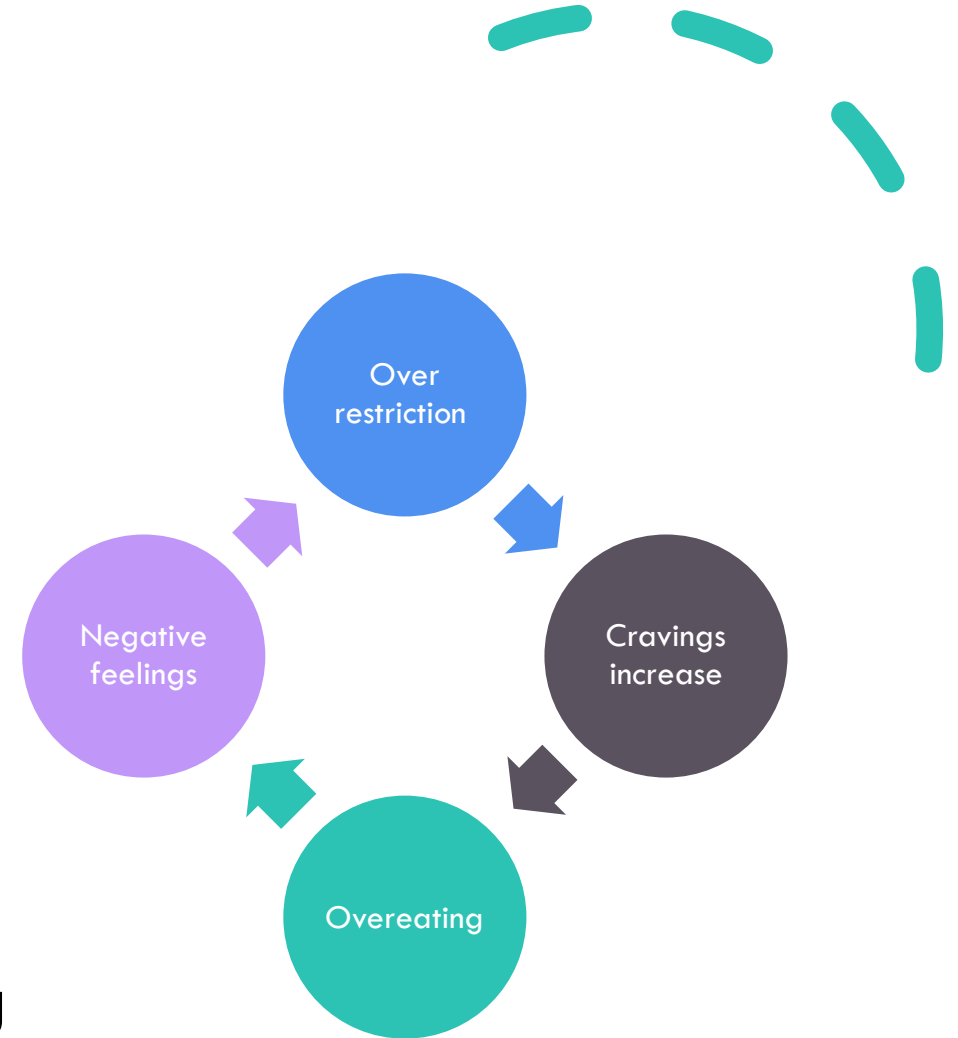


Case study

- 16 year old Male
- Weight concerns since 7 years old
- Seen multiple health professionals due to his weight
- Lots of pressure from family to change
- Tried lots of quick fixes and crash diets
- Weight: 108.2kg, BMI: 36.6 (Z score 3.32) with co-morbidities
- Continued weight gain on each review (>6 months) with no clear answer and despite kcal counting
- Previous social care input

Open conversation

- Overall aim of 1800kcal
- Reported trying to limit food intake (some days <1000kcal)
- Overeating on days where did not track intake
- Skipping meals
- Disguising this from others
- Felt wasn't enjoying food
- Felt the need to 'fit in' with others eating



Now...

What mattered to him:

- His school work, spending time with friends and family and enjoying food more

Shifted the focus:

- Feeling more at ease when eating
- Three meals a day
- Fueling study

What is currently helping:

- Considered key nutrients vs kcals
- Slowing down pace of eating
- Using hunger and fullness scales
- Education on how to enjoy meals out
- Alternative ways to track intake



Learning points

- Change takes time
- It's not a simple task- multiple factors leading to weight issues
- Not a one size fits all approach
- Consider family needs
- Building a rapport and having open conversations can mean a lot
- Consider long term change and how this fits in with NHS long term plan

Useful resources

- Diabetes UK: Diabetes and emotional Health: https://www.diabetes.org.uk/resources-s3/2019-03/0506%20Diabetes%20UK%20Australian%20Handbook_P4_FINAL_1.pdf
- Centre for Clinical Interventions:
 - Useful fact sheets e.g: media and body image, body checking and avoidance, body image and body dissatisfaction
- Hampshire CAMHs
 - <https://hampshirecamhs.nhs.uk/help/young-people/body-image-self-esteem-young-people/>
- DOVE Self Esteem project: <https://www.dove.com/uk/dove-self-esteem-project.html>



Thank you

9/3/20XX

Presentation Title

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