Dietitians in Obesity Management, UK
DOM UK

Letter from the Editor

Welcome to the third issue of the DOM UK newsletter. This issues newsletter brings an eclectic mix of article from different areas of the Dietetic profession in weight management.

Louise

Inside This Issue

Update to Manual of Dietetic Practice Bariatric Surgery

Although this is a relatively new area for the treatment of obesity, bariatric (or weight loss) surgery is becoming much more common. As a result of this, it is becoming increasingly likely for non-specialist dietitians both in the acute setting and in the community to come across patients who have had surgery done either in this country or privately abroad. The purpose of this item is therefore to provide some additional information to amplify the existing section on *Gastrointestinal Surgery for Weight Loss* in the latest edition of the *Manual of Dietetic Practice* (Chapter 4, Section 17.6, pp 578 to 579).

Since this section was written, there have been a number of significant advances in this area. Bariatric surgery is now considered to be the most effective long-term treatment of morbid obesity [1][2]. The average weight loss following surgery varies between 45% and 75% of excess weight, depending on the procedure performed[3]. The benefits of surgery are well-established with resolution of co-morbidities such as diabetes occurring in a significant number of cases [4][5].

The number of procedures has risen dramatically; recent figures released by The Health and Social Care Information Centre reported a 55% increase during 2008 to 2009, with 4221 episodes [6]. The following is a full list of procedures in current use:

- Roux-en-Y gastric bypass
- Gastric band
- Sleeve gastrectomy
- Bilio-pancreatic diversion with duodenal switch
- Intra-gastric balloon.

The most common procedure of these is the Roux-en-Y gastric by-pass, followed by the gastric band, although the sleeve gastrectomy has become increasingly popular in the last few years. It should be noted that the vertical banded gastroplasty is seldom used these days, and that liposuction is not considered a weight loss surgery procedure.

Most of the surgery is now done laparoscopically, and is therefore considered less invasive, which means that post-operative intensive care is often not required. However, it should be emphasised that the dietitian is an absolutely essential member of the multi-disciplinary team in bariatric surgery [7], and that the rôle extends from pre-surgical selection and preparation right through to post-surgical and long-term nutritional support and follow-up.

Update of Manual of Dietetic Practice
Written by Gail Pinnock, Mary O'Kane and Adrian Brown
For and on behalf of the BOMSS (British Obesity and Metabolic Surgery Society)
Dietitians and DOMUK

Update to Manual of Dietetic Practice cont...

Pending a re-write of this chapter, it is therefore recommended that readers should look at the following websites for more up-to-date information:

www.british-obesity-surgery.org (BOMSS)

www.domuk.org (DOM(UK))

www.bospa.org.uk (BOSPA)

www.wlsinfoforums.org.uk (WLS)

Gail Pinnock, Mary O'Kane and Adrian Brown

For and on behalf of the BOMSS (British Obesity and Metabolic Surgery Society) Dietitians and DOMUK

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Why Does Food Feel So Good?

Written by: Dr Marie L Prince

Dr Marie L Prince
Clinical Psychologist

Dr Marie L Prince is a Clinical Psychologist working within Glasgow & Clyde Weight Management Service; an innovative, multidisciplinary NHS service. Her specialist interests include working with obesity and its impact on interpersonal functioning alongside service development. She regularly teaches health professionals and submits work for conferences and publications on behalf of the service.

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The relationship between how we feel emotionally and what we choose to eat may be reciprocal

Research is indicating that certain foods can also alter the availability of neuro-transmitters and so significantly influence our mood and daily functioning

Why Does Food Feel So Good?

> "Let food be your medicine and medicine be your food"
> *Hippocrates*

The relationship between our diet, weight and physical health is well established. However, there is a growing body of research that is investigating the relationship between the quality of our diet and the quality of our mental health and emotional well being. Research is highlighting a tendency for a balanced nutritious diet and healthy lifestyle to be linked not just to a healthy body but also to positive mental health and improved well being.

Another familiar relationship is how we 'feel' emotionally influencing the foods we crave. Most of us recognise the tendency to crave a coffee and a 'treat' after a difficult day or desire to have a meal with family to celebrate good news. However, the relationship between how we feel emotionally and what we choose to eat may be reciprocal. We are beginning to understand that the food we choose to eat may be influencing how we feel in terms of our mental health, by influencing the chemicals in our brain.

The Science Bit

How might this complex interaction actually occur in the brain processes?

Neurotransmitters are chemicals in the brain that influence what we think, feel and do. There are numerous neurotransmitters that control a wide range of functions such as our sleep pattern, pain levels, motor coordination and our mood. Most antidepressants function by increasing the availability of neurotransmitters associated with depression. However, research is indicating that certain foods can also alter the availability of neurotransmitters and so significantly influence our mood and daily functioning. The table below shows some of neurotransmitters that influence our mood and which types of foods supply them.

Food with Feeling

One of the most common types of cravings people report are for sweets, chocolate and savoury snack foods. Cravings for carbohydrate rich foods such as sweet and starchy foods can be an attempt to alter our serotonin level and so improve how we feel. This may initially seem like a simple way of improving our mood; however it is not so straightforward. Our brain tries to maintain set levels of neurotransmitters to ensure that levels do not get too high or too low. This is done by increasing or decreasing the sensitivity of the brain to particular neurotransmitters. This is achieved by altering the number of receptors available to cope with the changed level of

receptors available to cope with the changed level of neurotransmitter; this is referred to as 'up regulation' and 'down regulation.'

For example; if we eat large amounts of processed carbohydrate rich food on a regular basis, our brain becomes tolerant of the increased availability of serotonin and begins to expect this increased level at all times. To cope with the increased availability of serotonin the brain will become less sensitive to it (down regulation). So when we consume our usual processed carbohydrate diet our serotonin level remains within normal parameters. Therefore, to get the pleasant feeling we would previously have experienced in response to a large amount of carbohydrate we will need to eat an increasing amount of the 'feel good' foods. This creates a vicious cycle; the brain reduces the sensitivity of the neurotransmitter to compensate for the effects of the foods we are eating, which in turn prompts us to crave more of the foods to boost our serotonin level to improve our mood. Our brain then further adjusts to the increased availability of serotonin and the cycle begins again.

Food is not addictive as such. However, the chemical responses in our brain can lead to us feeling that we 'physically need' a substance. Research has so far focussed on the role of dopamine and serotonin in relation to food choices and mood, especially in relation to the impact of fats, sugar and salt. Due to the chemical responses to food brain, we may experience mild withdrawal effects if we try to reduce certain foods such as carbohydrates and chocolate However after three to five days, our brain's natural chemical balance will be re-established. Eating a balanced and varied diet that is rich in fruit and vegetables is the best way to support our brain's natural chemical balance and support our emotional well being and mental health. The table below shows some foods that have been implicated in supporting our brain's natural chemical balance.

Coping with Cravings

Struggling to control our diet can in itself influence our mood and how we feel about ourselves. Yet, it is no wonder that cravings can be so difficult to overcome. We have emotional associations with food, habits that maintain our eating patterns and physical drives to eat foods that improve our mood temporarily. This explains why trying not to eat some of our favourite foods can be very difficult. Cognitive behavioural strategies are frequently employed to teach people how to manage cravings and control their eating patterns. Regular eating (including breakfast) is a key step in controlling cravings and has also been linked to an improved sense of emotional well being.

Fat, hydration and sweeteners have also been linked to how we feel:

Fats: Our brain is about 60% fat when the water is removed. The fats we consume directly influence the composition of fats in our body and brain. As saturated and hydrogenated fats are solid at room temperature they remain solid in our brains and bodies. This means our cells become less flexible, potentially slowing essential blood flow, leading to blockages in the brain and heart. Research considering the role of fats on our emotional well-being has largely focussed on the Omega essential fatty acids in relation to mental health and development. It has been suggested that polyunsaturated fatty acids are essential for brain development in childhood; can help to ease symptoms of depression and prevent cognitive decline in later life.

If we eat large amounts of carbohydrate rich foods on a regular basis, our brain becomes tolerant of the increased avalibility of serotonin and begins to expect this all the time

Food is not addictive as such...our brain can lead to us feeling that we 'physically need' a substance

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The Food Standards Agency recommends two portions of fish per week, one of which should be oily, to ensure adequate nutrition. However, no clear *dosage* of essential fatty acids has been recommended to support mental heath.

The fats we comsume directly influence the composition of fats in our body and brain

Hydration: Our brain contains a large amount of water. We are unable to function optimally without water. Dehydration can occur due to inadequate fluid intake or as a result of some medications. A mild degree of dehydration can lead to us feeling lethargic and irritable and impedes the functioning of our neurotransmitters. This leads to impaired memory, concentration and even motor coordination. As well as the direct effects of dehydration we should also consider the wider impact. Feeling lethargic and unable to focus may lead to us grabbing a 'quick fix' food to give us an energy burst, which may contribute to the vicious cycle of cravings noted above.

Sweeteners: it has been suggested that large quantities of sweeteners may influence the chemicals in our brain and contribute to feelings of low mood and anxiety. It should be noted that there is limited and conflicting research regarding the impact of sweeteners on mental health.

Food is unlikely to be curative, however by ensuring a varied and balanced diet we are giving ourselves the best chance of physically and emotionally coping with the challenges of day to day life. Following a healthy, balanced diet certainly will not harm us; however it is important to remember that additional support may also be required. If you have concerns about your own or someone else's physical or mental health, speak to your GP.

A mild degree of dehydration can lead us feeling lethargic and irritable

Declaration of Conflict of Interest

None to declare

Why Does Food Feel So Good?

Written by: Dr Marie L Prince

Neurotransmitters that Influence Mood

NT	Impact	Made From	Where From	Foods to Enjoy
Serotonin	Mood Relaxation Sleep Appetite Control	Tryptophan	Protein Converted via Carbohydrates	Fish, Fruit, Eggs, Avocado, Low Fat Cheese, Poultry, Wheat germ
Dopamine & Noradrenaline	Energy Alertness Mood	Tyrosine Phenylalanine	Protein	Vegetables & Fruit high in Vitamin C, Wheat germ, Lean meat
Endorphins	Pain relief Euphoria Self esteem	Phenylethyl-amine	Chocolate Sugar	*Exercise will naturally produce endorphins.*
Gamma Amino Butyric Acid (GABA)	Relaxation	Glutamate	*Research often uses GABA supplements rather than food stuffs*	Green Leafy Veg, Seeds, Nuts, Potatoes, Eggs, Bananas

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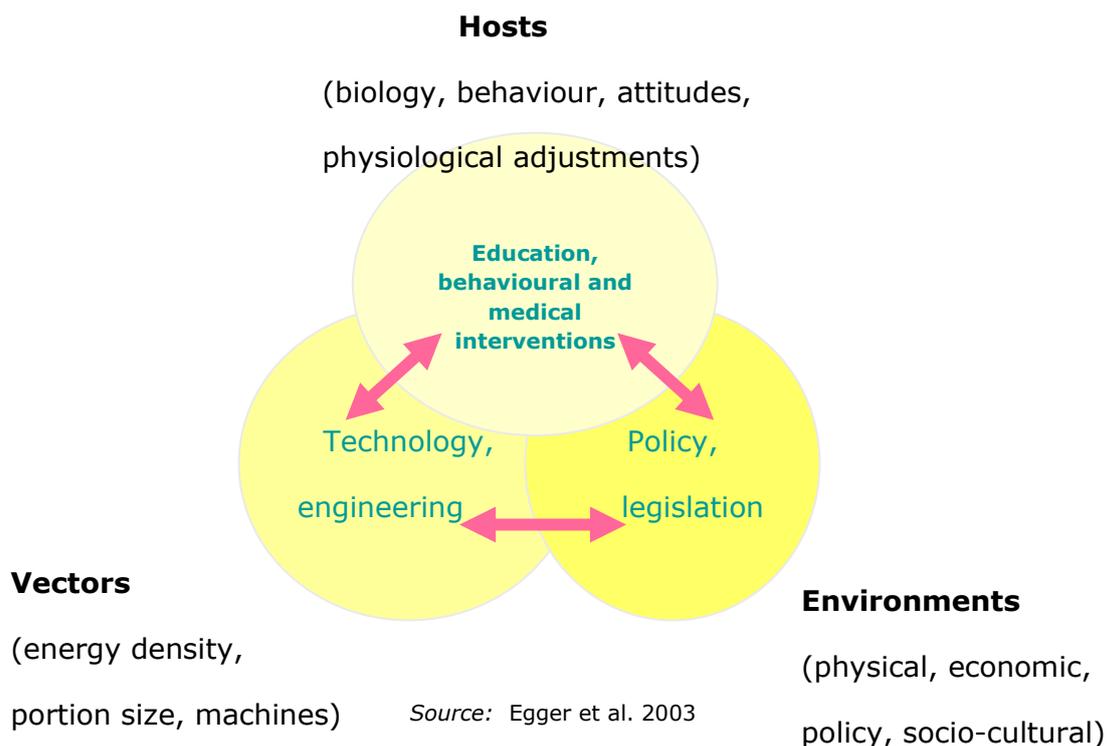
If obesity is framed without considering environment, it is less likely to be understood by the general public and therefore unlikely to be supported by policymakers

Can we legislate leaner children?

Public Health and Childhood Nutrition Policy

Public health plays a role in shaping the settings around which people live. If we expect nutrition to be an individual responsibility, we are often unsuccessful with a focus on limited strategies for helping individuals. Dorfman and Wallack (2007) make a case for reframing nutrition around individuals, in a social, economic and political context. If obesity is framed without considering environment, it is less likely to be understood by the general public and therefore unlikely to be supported by policymakers.

A simplified epidemiological triad (Figure 1) of host, vector and environment has been used as a guide to the aetiology and to action for various epidemics from infectious diseases to road injuries (Eggar et al, 2003). The host factors include unmodifiable components (such as gender, age and genetic makeup), modifiable components (such as behaviour and attitudes), and more dynamic, responsive factors (such as hormones and physiological adjustments to weight change).

Figure 1: The epidemiological triad for obesity prevention

Hosts

(biology, behaviour, attitudes, physiological adjustments)

Education, behavioural and medical interventions

Technology, engineering

Policy, legislation

Vectors

(energy density, portion size, machines)

Source: Egger et al. 2003

Environments

(physical, economic, policy, socio-cultural)

The main avenues for influencing..... are mainly through education and social marketing

The vectors for energy intake are predominantly energy density and portion size (the product of which is total energy intake), but other factors directly related to food or beverage products (such as packaging and labels) also affect energy intake. The vectors for energy expenditure are essentially machines, almost all of which are obesogenic, such as cars and computers. A few machines are designed to expend energy, such as bicycles and exercise equipment, but in general, machines are obesogenic.

The environmental factors can be present in micro-environments (in settings such as schools or workplaces) or in larger sectors (such as the health system, the food industry, or the government). Public health policy provides rules and regulations for managing these environments. The socio-cultural environment reflects prevalent attitudes, beliefs, practices, values and perceptions towards obesity.

Interventions in the policy environment are often needed to create changes in the physical, economic and even socio-cultural environments

Although this triad is an oversimplification, it points to the general strategies for intervention. The main avenues for influencing the hosts at the population level are mainly through education and social marketing which are relatively weak strategies by themselves. Since obesity is not usually caused by a knowledge deficit (past and present public health campaigns have ensured that most people are aware of the results of overconsumption of sugars and fats), it is unlikely that an education-based approach will be successful. Social marketing, when done well and linked closely to local and national activities, can change behaviours by motivating and selling the benefits rather than by filling in knowledge gaps (Donovan & Henley, 2003). Change4Life, the previous government's principal anti-obesity campaign, reflected social marketing concepts.

Changing vectors can often be achieved through a technical approach, and reducing the fat and energy content of certain foods and drinks is a classic example. Unfortunately, an over-reliance on vector-based solutions leads to 'magic bullet' thinking. The wave of new functional foods and the promises that go with them illustrate this point. The strengths of changing environments have been well documented (Swinburn & Eggar, 2002) and include sustainability, cost-effectiveness, ability to influence hard-to-reach populations, and a reduced risk of accentuating disordered eating patterns and stigmatisation of obesity.

Changes in the built environment and transport systems encourage physical activity and reduce care use

Interventions in the policy environment are often needed to create changes in the physical, economic and even socio-cultural environments. Changes in the built environment and transport systems encourage physical activity and reduce car use. Introducing taxes and/or subsidies to influence the food supply and thus consumption requires a policy decision that would then drive the changes in the economic environment. However, Wilkinson and Pickett (2009) argue that policy movements likely to tackle these social problems rely on a robust and comprehensive redistributive and progressive welfare state, that is, the rich need to have less so that social problems, including health issues that arise from obesity, are reduced.

So, where are we now with childhood nutrition public health policy? In a briefing paper which looked at nutrition policy across the UK (The Carolyn Walker Trust, 2009), there was evidence of lack of joined up policy and of weak public health analysis in all four UK regions. There were measures of changes in attitudes and behaviours, but little measurement of any improvements in health.

Can we legislate leaner children?
Written by: Nan Millette, Med, RD

... it concluded that work is still needed in all areas to tie together public health nutrition, scological sustainability of food supplies and inequalities of health

Now more than ever it is up to dietitians to purposefully lead in preventing and treating obesity

Declaration of Conflict of Interest

None to declare

There is a lack of clear nutrition guidance on which to base action. This includes a lack of principles for operation including how and when to work with the food industry. The food and advertising industries are using sustainability and wealth creation as a means to downgrade nutrition messages and regulation across the UK. Partnership-working with industry is led by the Food Standards Agency across the UK, with some successful initiatives around salt and saturated fat in foods. In all four regions there is considerable debate around food and health policy, stimulated particularly by increasing obesity prevalence. The briefing concluded that work is still needed in all areas to tie together public health nutrition, ecological sustainability of food supplies and inequalities of health.

As I write this, news comes that our new health minister, Andrew Lansley, has promised to impose no new regulations on the food industry if the industry agrees to fund the Change4Life campaign (Fernandez, 2010). The food industry would then be responsible to change their business practices, including product reformulation and how they promote their brands. Government subsequently announced that is it planning to eliminate the Food Standards Agency, effectively putting our food watchdog to sleep (Nestle, 2010).

Legislating leaner children has just come plummeting down to earth. Now more than ever it is now up to dietitians to purposefully lead in preventing and treating obesity. We must become more politically active to get weight management higher up on the NHS agenda. Our role as nutrition experts is even more important now that the Conservative – Liberal Democrat coalition government is determined to remove itself from this particular public health issue. Using best practice and evidence-based research, we as dietitians must be prepared to engage in influencing public health nutrition policy in order to make an impact on the childhood obesity epidemic that threatens to overwhelm health resources and the future lives of our nation's children.

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Susie is a childhood obesity dietitian in Hackney working as part of a multidisciplinary weight management team, LEAP. She is also senior partner of The Diet Practice with a particular interest in weight management for children, adolescents and adults.

This book provides useful insight into the complexity and psychology of weight loss

...and one or two less commonly used behaviour change stratergies for dietitians, e.g. mindfulness eating exercise

Book Review

Weight Loss for Food Lovers – Understanding our minds and why we sabotage our weight loss

Author: Dr George Blair-West -psychiatrist

ISBN-10: 0977516016

Written by an Australian psychiatrist who switched to group and individual psychotherapy "to help people move on from whatever is holding them back, including being overweight". It was originally produced as a workbook to support workshops that he delivers on the psychology of weight loss.

In the book, Dr Blair-West explains why, when trying to lose weight, it is important not to ban favourite or "high sacrifice" foods because this can lead to feelings of deprivation and ultimately the beginnings of the sabotage process. He explores the unconscious processes that drive sabotage and the importance of installing a series of strategic structures on which to build good habits. In other chapters he discusses other well established weight loss or weight loss maintenance techniques such as realistic goal setting, using food diaries, having breakfast, including low GL foods, the role of exercise and learning from setbacks and lapses. One excellent chapter focuses on mindful eating and covers the importance of savouring food and eating slowly for weight loss. There is a mindfulness eating exercise which involves using the five senses and this can be used with individual clients or groups. Another chapter provides information on how to instil long term healthy behaviours in children.

In summary, this book provides useful insight into the complexity and psychology of weight loss and weight loss maintenance and one or two useful and less commonly used behaviour change strategies for dietitans working in weight management, for example the mindfulness eating exercise. It is an easy and enjoyable read either for those who are trying to lose weight or for health professionals who want more insight into psychological issues and strategies around weight loss and weight loss maintenance. However, it would have benefitted from a summary page for each chapter as it easy to lose some of the main messages because they were heavily interspersed with client stories and personal experiences.

Declaration of
Conflict of Interest

None to declare
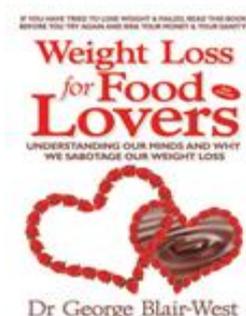
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Polycystic Ovary Syndrome and Weight Management

PCOS is the most common cause of hormone disturbance

Polycystic ovary syndrome (PCOS) is the most common cause of hormone disturbance affecting reproductive-aged women. Around 20-33 per cent of women show polycystic ovaries (PCO) on an ultrasound scan, but only around 10-15 per cent of women have the syndrome (PCOS) – which can cause irregular or absent periods, unwanted face or body hair, acne, thinning hair, weight gain and fertility problems. Long term, there's an increased risk of type II diabetes and cardiovascular morbidity.

Many women with PCOS are insulin resistant and have higher levels of circulating insulin. This can encourage weight gain and can a direct effect on the ovaries, contributing to the hormonal imbalance.

Obesity is seen in at least 50-60% of women with PCOS

Obesity is seen in at least 50-60% of women with PCOS and has a significant adverse effect on all symptoms, reproductive health and long term morbidity: e.g. type 2 diabetes, cardiovascular disease and cancer (breast and endometrial).

Research has supported the importance of lifestyle interventions in the management of PCOS but much of this research focuses on women who are overweight or obese. It has been demonstrated that even relatively modest weight loss (5-10% of initial body weight) in overweight women improves the metabolic, reproductive and psychological features of PCOS and leads to improvement in the reproductive outcome for all forms of fertility treatment. However, when it comes to understanding any optimal dietary compositions and lifestyle management strategies for weight loss and maintenance, there is a lack of data. This was highlighted recently in a review by Moran et al. This review underlines that lifestyle modification should be the primary therapy in overweight and obese women with PCOS and goes on to explore the current literature available regarding different dietary approaches. There are references to various small studies which examine the effect of very low carbohydrate diets, reduced glyceamic load diets, compare high and low protein isocaloric diets and the role of meal replacements. However, the review concludes that at present, there is no evidence for one dietary strategy being optimal in achieving and maintaining weight loss and reproductive and metabolic improvement long term.

There is lack of data when it comes to understanding optimal dietary compostition

The review also signposts the Androgen Excess PCOS Society (AEPCOS) position statement which recommends lifestyle management, and energy restriction where required as key treatments in PCOS, as long as the dietary regime is safe and sustainable (Box 1)

Declaration of Conflict of Interest

None to declare

Polycystic Ovary Syndrome and Weight Management
Written by: Samantha Baily, BSc (Hons), RD

There is no definitive evidence for a "PCOS diet"

There is currently a clear need for a comprehensive systematic review to evaluate the role of diet in the management of PCOS in both overweight and lean women

Box 1. Lifestyle modification principles suggested for obesity management in polycystic ovary syndrome.

Guidelines for dietary and lifestyle intervention in polycystic ovary syndrome

- Weight management through lifestyle modification combining behavioural, dietary and exercise management can be effective in improving reproductive function, as well as metabolic and psychological parameters.
- Reduced-energy diets (500–1000 kcal/day reduction) are effective options for weight loss and can reduce body weight by 7–10% over a period of 6–12 months.
- Dietary pattern should be nutritionally complete and appropriate for each life stage. A variety of approaches, including high carbohydrate diets, high dietary protein diets, low glycemic index or load diets, as well as meal replacements, may be successful for achieving and sustaining a reduced weight.
- The structure and support within a weight management program is crucial and may be more important than the dietary composition. Goal setting, weight monitoring and individualization of the program, intensive follow-up and monitoring by a physician and support from a physician, family, spouse or support from peers, may assist in improving successful outcomes.
- Lifestyle programs need to address issues such as self-esteem, managing stress, emotional eating and time constraints.
- Structured exercise is an important component of a weight loss regime.

Much has been written about diet and PCOS, particularly on patient websites, yet there is no definitive evidence for a "PCOS diet". There is currently a clear need for a comprehensive systematic review to evaluate the role of diet in the management of PCOS in both overweight and lean women.

This much needed research would be encouraged by the production of NICE guidelines. In 2008 Verity, the UK support group for women with PCOS, submitted PCOS as a topic for NICE to consider. Following this in 2009, NICE requested proposals from interested parties and patient groups before taking the topic to the Referral Oversight Group in June 2010. This is a Department of Health led group which also includes NICE and NHS representatives. They will prioritise this topic against other Women's and Children's Health topics in anticipation for the one slot available in December 2010 for referral. Further slots become available when current guidance in progress is completed.

Polycystic Ovary Syndrome and Weight Management
Written by: Samantha Baily, BSc (Hons), RD

The production of NICE guidelines for the identification, assessment and treatment of PCOS in both primary and secondary health care would be of major benefit as they would;

- Encourage timely diagnosis and management to reduce the long term health risks associated with PCOS
- Address confusion around diagnostic criteria
- Allow recognition of the full spectrum of the condition including current symptoms and long-term health concerns
- Give guidance on appropriate and relevant investigations and screening (e.g. screening for type II diabetes and components of metabolic syndrome). Current tests may be done at wrong times or in excess etc therefore this guidance would be more cost effective for NHS.
- Give clearer guidance on the use of ultrasound
- Recognise and clarify the role of diet, anti-obesity drugs and anti-obesity surgery
- Encourage access to infertility treatment for those who require it
- Give clearer guidance and the evidence for Metformin therapy
- Address the significant variation in the provision of care
- Reduce the need for individuals to seek input from unregistered practitioners if services improve

I am yet to hear what decisions have been made but the PCOSUK AGM is planned for November when this will be discussed and efforts will continue to achieve guidelines in the future.

The production of NICE guidelines for identification, assessment and treatment of PCOS in both primary and secondary health care would be of major benefit

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Azmina is a Registered Dietitian and TV Nutritionist
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This is an anecdotal piece – it is not intended to test the efficacy , or not, of NLP

NLP in weight management – soft and fluffy or strong tool?

One way to achieve a good insider perspective is to experience the process you hope to adopt. So, for me, NLP (Neuro-linguistic Programming) is about "getting your own house in order" before you fix someone else's. For this reason, I began my NLP training on a Personal Mastery course – a course where you explore your own patterns, core values and beliefs, and use NLP tools to make behavioural changes. From that foundation, I qualified as a Business Practitioner, and more recently achieved Master Practitioner certification.

This article is an attempt to share my insights in the hope that I can demystify some of the techniques of NLP and provide a first step for anyone wanting to take NLP to a certified level. This is an anecdotal piece – it is not intended to test the efficacy, or not, of NLP. And let's get one thing clear from the start –there is very little evidence base for NLP, so I haven't concluded with a long list of references!

What is NLP?

There is very little evidence base for NLP

NLP is often described as "the objective study of subjective behaviour". The Oxford English Dictionary, defines NLP as "a model of interpersonal communication chiefly concerned with the relationship between successful patterns of behaviour and the subjective experiences (especially patterns of thought) underlying them; a system of alternative therapy based on this which seeks to educate people in self-awareness and effective communication, and to change their patterns of mental and emotional behaviour".

NLP refers to how your thoughts can affect your internal physiological state

The "neuro" bit refers to the way in which your experience of the world through your five senses is handled by your nervous system, within the context of an understanding of mind and body as one system.

In simple terms, it refers to how your thoughts can affect your internal physiological state (like when you watch a horror film), which in turn impacts on your external behaviour and therefore the way you are perceived by others. So it would follow that if you change your thoughts, you are able to change your state, alter your behaviour and therefore influence the results you achieve.

In the absence of a simple definition, key phrases come to mind: model for change, rapport, matching, outcome thinking, self-efficacy, how people represent their world and how they can be coached into representing their world in a more empowering way. By paying attention to your client's language, NLP tools can help you to pace the language patterns, to match them, and to build rapport.

Declaration of Conflict of Interest

None to declare

It helps you to explore a person's thinking patterns in a way that, with practice, can enable you to take on the client's perspective – you learn how to think in a way that resembles the client, so you are in some way able to have similar feelings and responses. For me, it is a hands-on effective tool for stepping into someone else's shoes, and it has provided me with insights that have given my relationships (including outside of work!) a higher meaning.

To date, published evidence to support NLP as a clinical tool is scanty to say the least; however, used appropriately, I believe that NLP can provide dietitians with unique approaches that enhance their overall effectiveness, through incorporating advanced 'people skills'. In particular it can help you to …

- Identify the so-called 'filters' and patterns in your language that give insights into how a client is thinking.
- Recognise the ways in which the words you use influence the client's response.
- Gain deeper understanding of what's really going on by recognising the (often unconscious) clues that people offer in their everyday speech and behaviour.
- Ask the really challenging questions that will help to get to the root cause of the presenting issue.
- Identify someone's deeper 'values systems' and the impact these have on their attitude and behaviour.
- Deal with unexpected or adverse reactions in clients.
- Develop strategies to stay 'safe' irrespective of what the client does.

At first sight, NLP can appear to be too "soft and fluffy", lacking scientific credibility and, at its worst, manipulative and unethical. This has limited much of its application to the overly superficial and populist end of the personal development market.

NLP and weight management

Outcome -thinking
Since it is based on "outcome thinking", NLP helps you to focus on what you want to achieve, what it will be like once you've achieved it, and what's important to you about that. For example, thinking about 'losing weight' is more likely to keep you in the present (problem) state, whereas putting attention onto the desired body shape, lifestyle and identity creates a positive emotional 'reference experience'. This, it is argued, is more likely to enhance motivation and commitment.

I used this tool on a personal level. When my daughter was just a child, I found she was always spilling her drink. My standard response was "don't spill your milk". Not only were these words "loaded", the image she would have created in her mind would have been one of spilling milk, which was not the desired outcome. The alternative NLP based command would be to suggest she "holds the cup tight". This was a different instruction, based on a positive outcome – what I really wanted her to do and it created a different visual experience.

This principle can be applied to phrases such as "I want to lose weight", where the focus is on weight rather than the desired outcome. A more pleasurable representation of the future (in terms of images, sounds and feelings) would be derived from a phrase like "I want to be fit, slim, and attractive", which can help to build a more compelling future.

Elicit a strategy
Much research has been conducted on different diets and their success in helping people to lose and maintain a healthy weight. NLP instead looks at the strategies of people who are naturally successful in weight management and aims to elicit those strategies or techniques and then transfer them to someone who doesn't have this in-built process.

I remember doing this on myself when I went on the Master Practitioner Course. I discovered that we all have a plan, even for simple things we do without thinking, like deciding to go to bed. You will have a strategy for making that decision – it happens perhaps without much conscious

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thought, but you might respond to internal cues (my eyes are burning), external signals (oh, is that the time?; this TV programme finishes in ten minutes), some sort of checking mechanism (how tired am I?), some internal dialogue (I need to wake up at 7 o'clock for that meeting). You might imagine yourself being in bed, how that feels, and if you believe that feeling is better than how you will feel if you slouched on the sofa for another hour, you might start to consider the act of getting up and preparing for bed.

This is a simplistic way of expressing all the complex in-built mechanisms you may have for making that decision, but in a similar way, a slim person will have some set of steps they go through, possibly unconsciously, in order to decide whether to eat or not to eat in a given moment.

The trick is to find the solutions that give you longer term pleasurable experiences (I feel great when I've had a good night's sleep) – and deleting the "shoulds" and "oughts" commands (like "I should go to bed early"). With practice, NLP enthusiasts believe the strategy can help you to get to a stage where you choose the option that will give you the more pleasurable results over time. This is explained clearly in The Naturally Slender Eating Strategy (1).

In practice…
Harkesh Verdi, Specialist Weight Management Dietitian is a keen NLP user. "I read a lot of self-help books (for pleasure!) and am very familiar with NLP techniques. I believe they can be a valuable tool in weight management and behavioural change and am currently half way through reading 'Heart of the Mind' by Connirae and Steve Andreas which has taught me some useful NLP techniques."

Harkesh attended one of the Vievolve courses: "I was hoping to take away some genuine, useful exercises to use with my weight management patients – and I wasn't disappointed, though I do prefer courses that are more tutor-directed than participant-directed. I was very interested to be taught NLP techniques to help me work collaboratively with patients in clinic and I have had some positive results and lots of tears. It is very useful in weight management work to get patients to 'see' how their body is a product of their thoughts. And how changing their 'thinking' is important for lasting success in weight loss and maintenance".

Kay Johnson, RD and trainer (http://www.foodwisetraining.co.uk) is a strong believer in NLP: "I have delivered weight management sessions to groups and individuals for the last three years. I have used a range of techniques but get best results from using NLP. I believe that NLP is effective in weight management because it not only helps people to identify and resolve the issues of why they overeat in the first place, it also helps them to implement long term health goals".

Johnson adds that "NLP requires you to build rapport with your clients and allows you to get onto their wavelength. It gives you a much greater understanding of their issues and thus enables you to assist them in establishing long term health goals.

NLP techniques I find particularly effective are

- Time line therapy as it helps to identify and resolve issues
- The Well-Formed conditions of Outcome Thinking to set health targets
- Naturally Slender Eating Strategy

I am delighted that NHS Scotland is now starting to recognize the potential for NLP and is now incorporating it into their weight management training".

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How to ask an NLP-based question

You may be familiar with the expression "a question pre-supposes the structure of its answer". This means that in any question posed, there is an implied structure that an answer must fit in order for the questioner to be satisfied and achieve their outcome.

Even subtle changes in the structure of a question can make a marked difference on where it takes the other person in their thinking. For example, consider what is pre-supposed in the structure of these questions...

> *"Does that make sense?"* vs. *"How much sense is this making?"*
> *"Are you willing to commit to that?"* vs. *"How willing are you to commit to that?"*
> *"Are you going to do X or Y?"* vs *"What are you going to do?"*
> *"What will help you to move forward?"* vs *"What stops you moving forward?"* or *"What options do you have for moving forward?"*

There is really no such thing as a 'right' or 'wrong' question; only one that best matches the outcome you are going for. The important factor is does it take you closer to where you (and more importantly the other person), wants to be?

The evidence – or not

Current NICE behaviour change guidelines are based on evidence of effectiveness, theory, fieldwork data and stakeholders' feedback (2). NICE suggests the use of interventions that motivate and support people to feel positive about the benefit of changing their behaviour.

Currently, there is no conclusive evidence that one technique is better than another

Currently, there is no conclusive evidence that one technique is better than another. However, self-monitoring and goal setting seem to have been most successful so far, and self efficacy is well documented.

The strength of evidence to support the effectiveness, and cost effectiveness of NLP is currently very limited

The strength of evidence to support the effectiveness, and cost effectiveness of NLP is currently very limited, although there is a little support of the potential of NLP to increase rapport and empathy in an interview situation. When an interviewer mirrors a subject's behaviour and mannerisms, the subjects reported the interviewer as more likeable and the interview smoother when compared to a control group. This "chameleon effect" is thought to foster improved relationships (3).

Patient-centred techniques such as self efficacy and motivational interviewing aim to improve internal motivation and can affect health outcomes. NLP, used with skill, has the ability I believe to promote patient self-sufficiency. Outcome thinking techniques can help with goal setting and positive affirmations of small successes can include reward-based incentives.

 Since NLP advocates a client centred approach, the personal prejudices and judgements of the interviewer can be reduced. Clean questioning such as "What stops you….", "What would happen if…" and "what's that like…" can help to identify barriers to change. All of this, conveyed within a rapport enhancing environment, may have merit, but until this is properly tested, this is all a matter of speculation and personal viewpoint.

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One of my biggest professional learnings is the power of clean language – asking questions that don't have any of your own views embedded in them

Is NLP for you?

My outcome here has been to inform and share my personal experiences. NLP isn't for everyone. It does allow you to explore your own patterns and overcome some of the difficulties in your own life. It is probably more for dietitians who are interested in personal development, are keen to use a new set of behaviour change tools, and want to learn how to ask more refined questions to get really specific feedback from the patient.

One of my biggest personal learnings has been that everything you do comes from a deep rooted value – either conscious or unconscious even something as simple as the way you make a decision on which car to buy. And one of my biggest professional learnings is the power of clean language – asking questions that don't have any of your own views embedded in them.

If you need masses of structure on a course, with step by step agendas and scientific referencing, then an NLP course may not be for you. A key aspect of NLP is that it focuses on a client-centred approach. So, the courses are centred on the delegates. This can mean that while good course objectives are driven by specific outcomes and an underlying rigour, they can also be responsive to individual and group needs as they emerge. And this can appear to be unstructured, but is necessary to ensure that overall objectives are met.

If you decide to go for it, I would suggest you ring the course tutors and get a feel for the course format, content, and the trainer's skills. Maybe even ask to speak to one of the delegates on a previous course. Go for a recommended course – I wouldn't opt for one of those large venues where there are a few hundred delegates. An intimate setting is likely to give you a more tailored experience.

Some courses explain the theories underpinning NLP, stemming back to the concepts originated by the creators of NLP, John Grinder and Richard Bandler. There are many synergies between CBT and NLP. There appears to be lots of overlap with the principles of different behaviour change models, such as a patient centred approach, social learning theory (4), motivational interviewing (5) and goal setting.

One of the beauties of NLP is its flexibility and precision, and in practice, I probably use a combination of all of these techniques.

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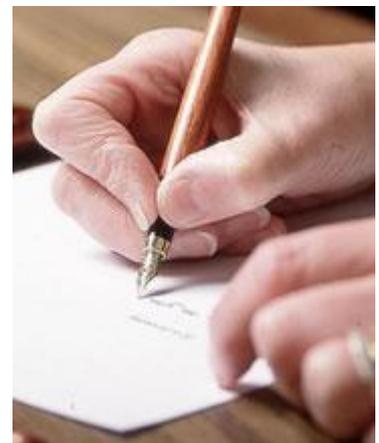
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