North Devon OSCAR service

Physio Input?

Chris Baker

General service perspective

Education model - pain

Why are we moving away from weight targets?

Q?s
Historic Service Drivers since 2009

• Since 2009 – “Awareness of our own prejudice” (Alastair Watt, 2010)
• “It’s not the just the what, it’s the why and the how” (Mike Titmus, 2012)
• “Exercise compensation for habitual eating behaviours is unrealistic” (Chris 2011)
Brief service description and outcomes

• 1 to 1 contacts then 8 classes over 16/52.
• 81% lost weight in 6/12. 90% maintained or had further loss.
• Self reported activity (SRA) – 72.5 % of pts increased SRA. 348 min/52 average increase. Max increase – 840 mins/52
• Low referrals=Inclusive=low attrition – 69% of patients complete 6/12.
What are we doing?

Accompanying a group of patients on their road to long term, wellbeing facilitated behaviour change.
MSK Persistent pain - Understanding in wellbeing
Physio bit in T3

- Active group work - Re-conceptualisation of “Exercise”
- Habit education – Re – conceptualisation of eating behaviour and attention shift. - Brain mechanics model/ Mindfulness based attention shift. (Gerri Devries)
Why are we considering dropping weight targets?

- Further stress based focus of the patient on their weight does not help in the long term.
Perhaps ????

- Habitual behaviour is driven by the patients stress response.
- Weight targets can maintain patients in their stress response re-enforcing habitual eating behaviour.
- A patient’s understandings of brain habit mechanisms may enable more time in a state of wellbeing through re-conceptualisation/attention shift.
- Experience of normal mechanisms of attention shift can promote subconscious independent change from a position of wellbeing.
What to do?

• Drop weight targets and weight as an outcome? – is this realistic??

• Drop the word target?

• Continue to aid the patient to work from wellbeing so the subject of weight has less influence on habitual eating behaviour.
Recipe approach

• Initial one to one. Rapport based intro to the service model.
• Inclusive group work – light/fun, social, active and collaborative – (genuine participation)
• Wellbeing facilitated change (eating and activity)
  Empowerment
• Brain mechanics model – habit /Mindfulness based attention shift.
Questions ??