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

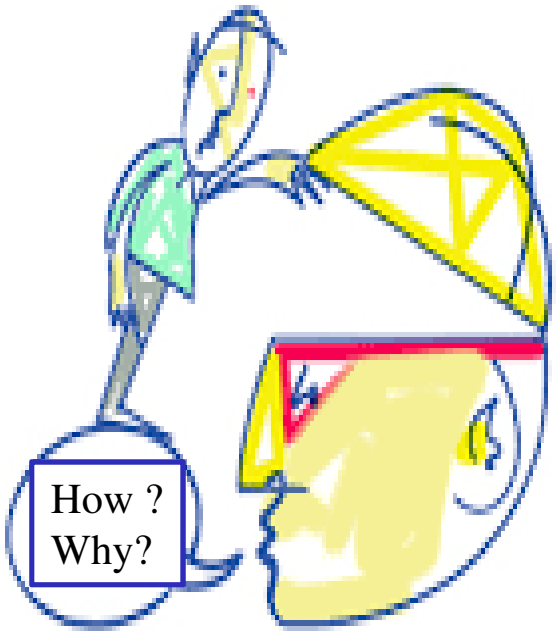
- Since 2009 – “Awareness of our own prejudice” (Alastair Watt, 2010)
- “It’s not the just the what, it’s the why and the how” (Mike Titmus, 2012)
- “Exercise compensation for habitual eating behaviours is unrealistic” (Chris 2011)

Brief service description and outcomes

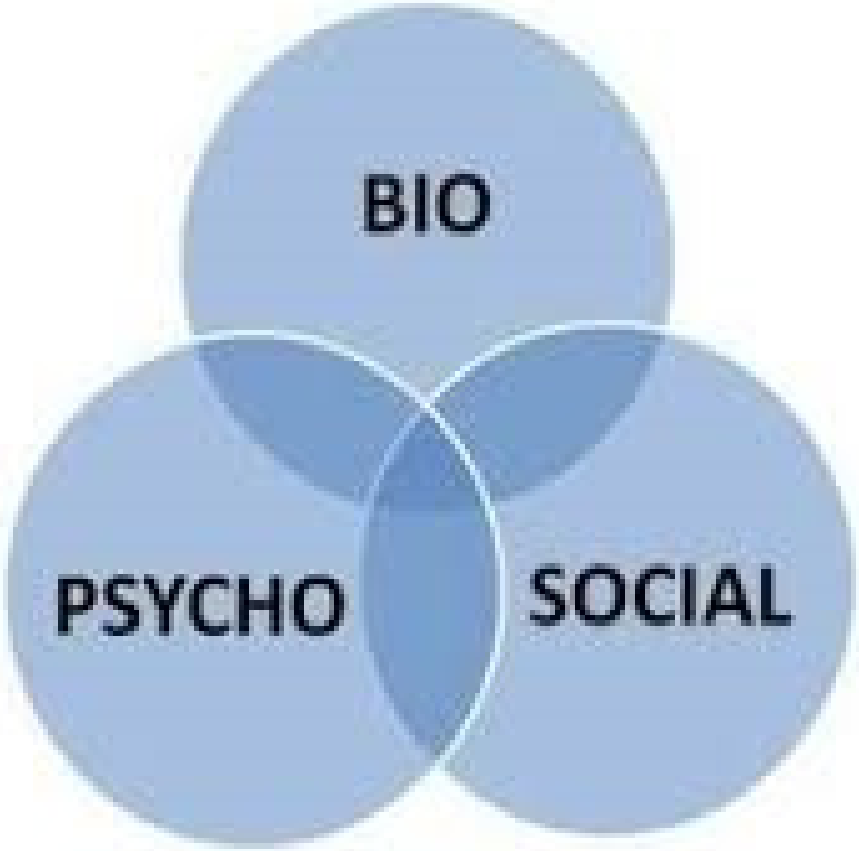
- 1 to 1 contacts then 8 classes over 16/52.
- 81% lost weight in 6/12. 90% maintained or had further loss.
- Self reported activity (SRA) – 72.5 % of pts increased SRA. 348 min/52 average increase. Max increase – 840 mins/52
- Low referrals=Inclusive=low attrition – 69% of patients complete 6/12.

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-concepulisation/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 ??