



Lauren Ball

# Nutrition care in general practice

*Are we waiting for patients to ask?*

General practitioner encounters for chronic disease management increased considerably between 1998 and 2008. In particular, patients presenting for the management of hypertension increased from 8.3 to 9.9 per 100 encounters; type 2 diabetes mellitus from 2.6 to 3.7 per 100 encounters; and lipid disorders from 2.5 to 3.7 per 100 encounters.<sup>1</sup> In 2010, chronic disease management was estimated to comprise over one-third of the average GP's consultation workload.<sup>2</sup>

National guidelines from the Australian Institute of Health and Welfare<sup>3</sup> and The Royal Australian College of General Practitioners<sup>4</sup> stress the importance of dietary and lifestyle advice in the management of chronic disease. General practitioners are well placed to provide this advice, given recent Medicare Australia data that shows GPs are the leading providers of nutrition care in Australia – ahead of accredited practising dietitians.<sup>5</sup>

General practitioners are capable of influencing the nutrition related behaviour of their patients, as patients hold nutritional advice from GPs in high regard and perceive them to be experts in this field, even more so than dietitians.<sup>6</sup> Also, simply asking patients about their diet may be enough to improve their dietary behaviour.<sup>7</sup>

However, despite this, recent evidence shows that GPs may not be providing an adequate level of nutrition care to patients with chronic disease.<sup>8</sup> Why?

There are several important barriers to GPs providing nutrition care during consultations. First, GPs hold inconsistent views regarding the role they should play in the provision of nutrition care. Some perceive their role to be the sole

provider of nutrition care, others see themselves as providers of 'first line' nutritional advice followed by referral to a dietitian; and others feel they should have no involvement in nutrition care.<sup>9,10</sup>

Other barriers include perception of inadequate nutrition knowledge, and a lack of time within a standard 15 minute consultation.<sup>11</sup>

The foremost trigger for nutrition care provision in the general practice setting is a patient request for nutritional advice.<sup>12</sup> Waiting for patients to ask for nutrition care may be reasonable given the public's growing awareness of health consequences due to poor nutrition. Also, patients who request nutritional advice may be in the 'contemplation' or even 'action' stage of the transtheoretical model of behaviour change, so they may be more likely to follow through with changes based on the advice given. However, patients who ask for GP facilitated nutrition care may be more likely to receive positive health outcomes than those who do not. This may be particularly true given the trust patients have in GPs and that asking about diet may be enough to bring about change.<sup>7</sup>

Change in nutrition behaviour can improve behaviour health outcomes in patients with chronic disease<sup>4,5</sup> and GPs are ideally placed to provide the advice that will facilitate such a change. Waiting for patients to ask for nutritional advice, rather than offering this advice as part of standard chronic disease management consultation, may result in patients missing out on nutrition care. Therefore, in order to promote optimal health outcomes, we need to further explore the nutrition care provided by GPs.

A vital question for further exploration is: how can we reduce the barriers to GPs providing nutrition care?

## Author

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