Milwaukee Veterinary Medical Association 2015
Communicate for compliance in weight management programs.
Convincing and collaborating with pet owners.

Julie Churchill, DVM, PhD, DACVN
vetnut@umn.edu or churc002@umn.edu

Be a change agent - move your clients from thinking to doing to successfully manage the weight of their pet.

Over the past decade there have been many efforts in the veterinary profession to increase awareness about pet obesity. Yet obesity continues be one of the most common diseases affecting dogs and cats (Association for pet obesity prevention 2012). In spite of increased awareness of obesity by pet owners, the discussion about weight loss remains a common and frustrating aspect of small animal practice. This conversation can be sensitive and recommendations frequently go unheeded. Before this lack of success in helping pets achieve and maintain healthy weight leads you to ignore this disease, consider it an opportunity to try another way to help these patients. In spite of the evidence that obesity negatively influences health, wellbeing and even life span (Kealy et al. 2002, Pibot 2006), veterinary professionals still struggle to influence clients to begin or adhere to a weight loss program for their pets. One reason for this may be that the veterinary team lacks concrete tools to assess the clients’ readiness for change. Through carefully worded questions when taking a medical and diet history, the veterinary professional can identify their client’s receptiveness and readiness for change. Based on the client’s readiness, the health professional can better identify the appropriate time to implement a nutritional plan. If a client is not yet ready, they can instead help clients explore obstacles and overcome barriers to sustainable change.

Three essential elements should be present to make a weight loss program successful 1) owner commitment 2) individualized weight loss plan 3) regular reassessment. Careful attention to assure each component is present not only contributes to successful weight loss of the patient but also increases satisfaction of both the client and veterinary team.

1. Establish owner commitment: Assess the client’s readiness for change. If they are ready to act, proceed with your nutritional plan. If not, employ ways to move them from thinking (contemplation) to doing (action).

2. Individualize the weight loss plan: Partner with clients to make the weight loss plan patient-specific; a plan that works for the client and meets the nutritional needs of the pet. A careful and complete diet history (food and treat types, amounts, schedule etc) reveals important information about how the family relates to the pet through food and often provides insight about potential challenges the client will face (Michel.2009). The diet history also reveals information about the pet’s nutritional status which is often imbalanced from additional treats and human foods added to
commercial products. Because of individual variation in energy needs of pets, the diet history serves as an invaluable diagnostic tool. An accurate diet history provides information about current caloric intake which then serves as a more precise starting point for the food dose calculation (start at 75-80% of current intake) (Perea 2010).

3. Regularly Reassess: Initially biweekly follow-up will help support clients, assure a healthy rate of loss (0.5-1.5% body weight per week) and provide early detection of potential relapses so the weight loss plan can be adjusted or the clients redirected before excessive weight gain occurs and frustration becomes another barrier to success.

Great communication skills are as essential as clinical skills (physical examination and technical skills) for achieving success in helping clients with weight loss programs for their pets. A useful resource for communicating about this and other nutrition topics is available on line through partners for healthy pets, http://www.partnersforhealthypets.org/communications.aspx. Often the most frustrating cases are those where there is a mismatch of expectations between the client and the veterinary professionals. An appreciation of the client’s level of motivation for weight loss allows us to tailor our interventions and can help reduce our frustration with clients that do not adhere to the weight loss program.

Key challenges to consider include:
- Do busy veterinary professionals have time to discuss feeding and lifestyle issues with clients in a manner that will be effective?
- When recommending changes in feeding and lifestyle, how can adherence to a weight loss program be increased?

The best predictors of adherence to a weight loss program are the veterinary professional's interviewing skills and qualities of the veterinary-client interaction. (Morrisey JK and Voiland B 2007) In order to improve adherence, it is essential to establish an atmosphere of trust and demonstrate concern for both the patient and the client's well-being. It is also important to understand how behavior change takes place (Abood 2007).

Psychologists have developed several models that help guide our understanding of how humans make changes in behavior to improve health. The “stages of change” model, also known as the transtheoretical model (TTM), developed by James Prochaska (Shumaker, et al 2009) and colleagues, can be used to assess the client’s readiness to change their behavior (Buffington 2004). Using this model can help the veterinary professional better understand the change process and provide useful strategies to customize their recommendations to the client. TTM helps us better partner with our client and patient to provide an individualized plan to best suit their needs. Implementing a weight loss plan when the client is ready to act on this advice will improve the success and be a more efficient use of time.
**Step 1: Identify the stage of change.**
The 5 stages of change and characteristic attributes of clients:

1. **Precontemplation**—the person has no intention of taking action in the next 6 months. These clients might commonly be referred to as resistant, unmotivated or unaware, but clearly, they are not ready to change. In reality, it is often our intervention programs that have not been ready for them.

2. **Contemplation**—the person is aware of pros and cons of changing and *intends* to change in next 6 months. They may be stuck “thinking about it”, intending to change “soon”.

3. **Preparation**—the person plans to take action in the next month. Clients may have recognized the problem and sought advice already from books or online or by talking to a pet store employee, trainer or veterinary professional. Recruit these people for action-oriented programs.

4. **Action**—the person has taken action that is significant enough to result in a reduction of risks for disease. For example, the client may have reduced treats or selected a different pet food. However, the change would not be considered a significant action unless it reduced calories by at least 10% *and* provided complete and balanced nutrition. Veterinary professionals can help refine the plan to achieve healthy weight loss.

5. **Maintenance**—the individual continues action to prevent relapse.

**Step 2: Understand the change process.**
By understanding the stages of change the health professional can adapt their communication to meet the stage of the client. If a client is in one of the early stages, it isn’t the time to try and implement a weight loss plan for this pet. It’s equally important that we don’t ignore this patient’s obesity. Don’t give up. These patients warrant a monitoring plan. It may take time and several visits to establish rapport and build the trust necessary to move the client along to the next stage, hopefully closer to being ready to “take action” and implement a weight loss program for their pet and ultimately take steps to improve their health (see table).

**Step 3: Select a stage-appropriate intervention.**
The failure of many weight loss programs are often because of a mismatch between the type of intervention and the client’s readiness to change. Many traditional programs are action-oriented while the majority of clients are not in the action stage. See the table for examples of communication tools to identify the client’s stage of change and how to communicate best to match the client’s readiness.

When a partnership is formed with the client you create an environment that supports change. By understanding the stages of change the veterinarian can help move the client from *thinking* to *doing*. Selecting the right intervention at the right time for the right client can tremendously improve the clinical outcome. Successfully managing obesity can change a frustrating problem to a rewarding one. The pet achieves greater health, an improved quality of life and pet owners become loyal clients because they have been active partners in the healthcare plan.
References


Association for pet obesity prevention(2012), http://www.petobesityprevention.com/


Where possible, keeping companion animals together with their owners is desired for at least three reasons. Compliance with recommendations, including disclosure of symptoms or exposure to an infected person, may be compromised if people believe they may be separated from their companion animals when isolated or quarantined. The concept of evidence-based veterinary medicine (EBVM) has become increasingly prominent since the WSAVA vaccination guidelines were first published in 2007. Categories defining the weight of evidence underlying any procedure in veterinary practice (e.g. medical, surgical or diagnostic procedures or the administration of pharmaceuticals) have been defined and applied previously to European recommendations for feline vaccination (Lloret, 2009). The VGG aimed for the current update of the WSAVA global vaccination guidelines to adopt a more explicitly evidence-based approach, so that practitioners successfully manage weight loss has two main phases, weight loss and subsequent weight maintenance. During the weight loss phase, it is essential that dietary energy intake is less than energy expenditure. In the last 10 years, two licensed drugs, dirlotapide and mitratapide, were available for the weight loss phase in dogs, both of which primarily acted by reducing appetite and thereby voluntary intake [19, 20]. In light of this, recent studies have examined a period of weight loss in pet dogs and cats that are overweight. In both species, more marked energy restriction is usually required than in a colony and, despite this, rates of weight loss (0.5-1.0 % of starting bodyweight (SBW) per week in both species) are slower [24, 26, 32, 34].