



# The case *for* Motivational Interviewing

In the management of diabetes  
foot ulcers

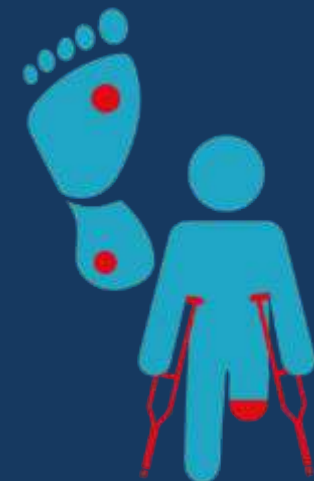


Dr. Sarah Jarvis

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**TUES 29 October 14.00–14.45**  
Main Theatre Olympia

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## WITNESS PANEL

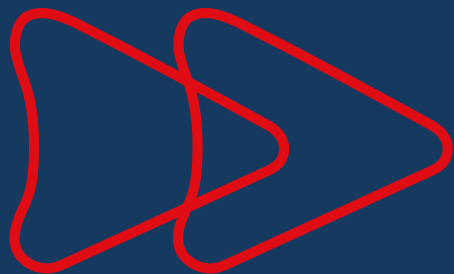
**Professor Karen Ousey**  
Professor of Skin Integrity

**Professor Paul Chadwick**  
Visiting Professor  
Birmingham University

**Donna Welch**  
Principal Podiatrist Diabetes

**Sue Marshall**  
Editor of Desang  
magazine





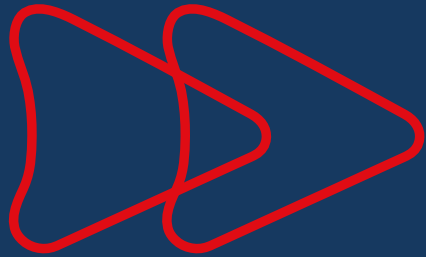
# Motivational Interviewing **vs** Scare Tactics



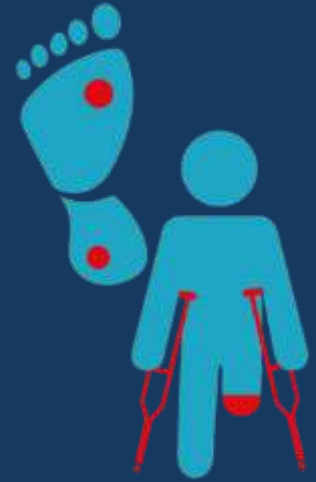
## Welcome

Dr. Sarah Jarvis





# Motivational Interviewing vs Scare Tactics



## The case **AGAINST** Motivational Interviewing



Dr. Sarah Jarvis





# Motivational Interviewing **vs** Scare Tactics



## Witness

Prof Paul Chadwick

Visiting Professor

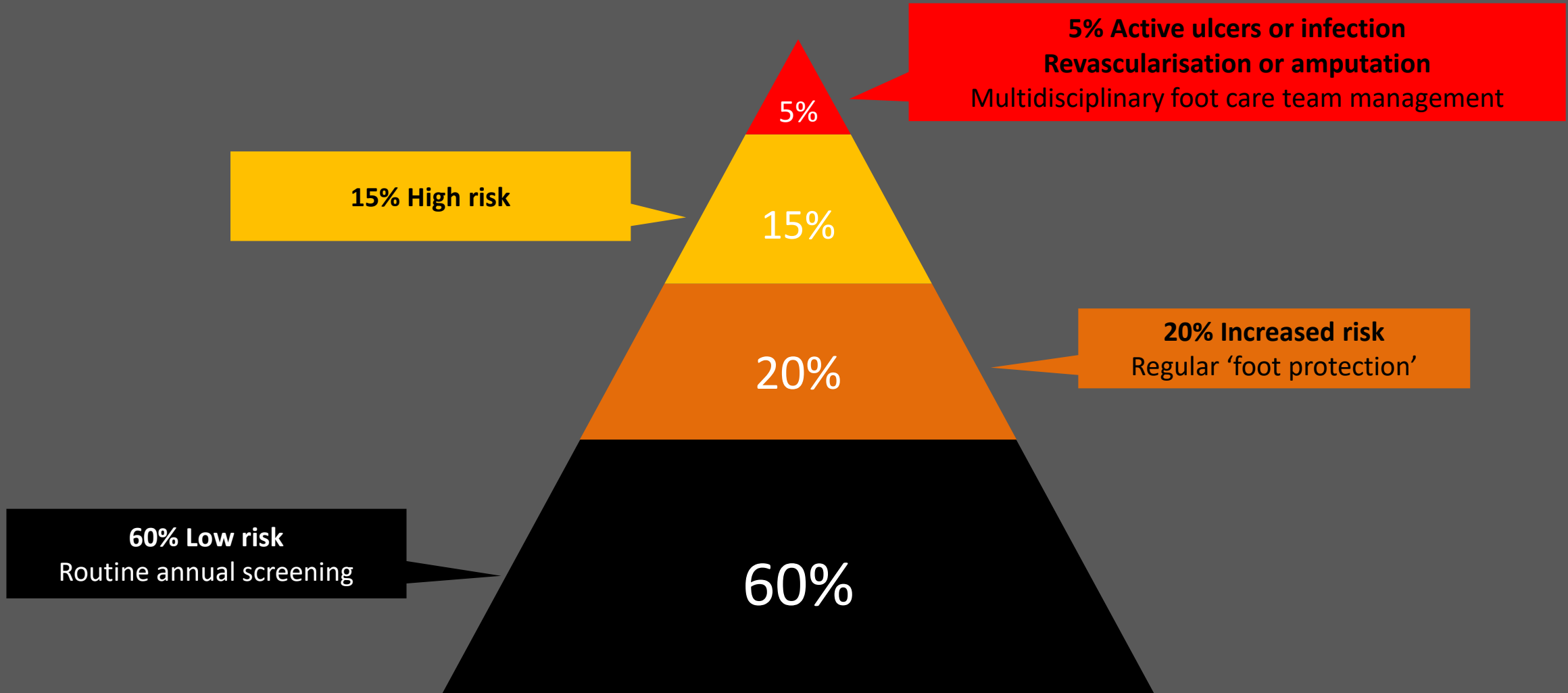
Birmingham University



Prof Paul Chadwick



# Risk Stratification



# programme



Ivory tower / real world

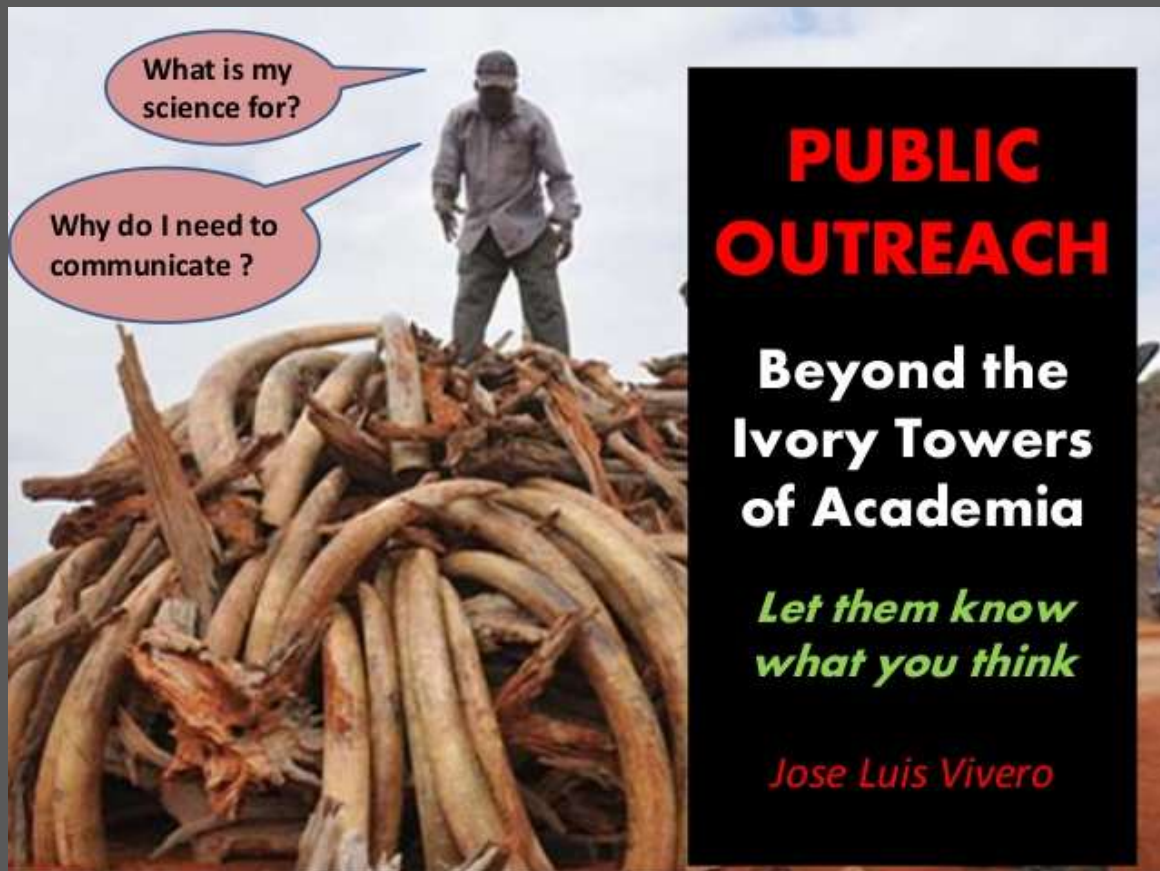


Is it the profession  
or the patient?



Evidence

# Academia





# **THE REAL NEWS!**



THE NEVER-BEFORE-TOLD STORY  
DONALD TRUMP & FAKE NEWS

JOHN BERNARDINI

Not Fake News



Real World

# Do You Have DIABETES?



## Take Off Your Shoes & Socks



### TODAY:

**Ask Your Health Care Provider to Check Your Feet:**  
Report any changes in how your feet look or feel

### EVERY DAY:



- 1 Wash your feet thoroughly
- 2 Dry your feet thoroughly (between the toes)
- 3 Apply moisturizer to your feet (not between the toes)
- 4 Wear moisture resistant socks
- 5 Never walk barefoot
- 6 Wear shoes that fit well

### ALSO:

- Check your feet for sores, cuts, blisters, corns and redness
- DO NOT soak your feet.
- DO NOT smoke

**Stop Diabetes  
from Knocking  
You Off  
Your Feet**

Illustrations © 2012 Scientific Publishing Ltd, 68 Grove Village, IL, USA.

# THIS IS YOUR EARLY WARNING SYSTEM



**If you have diabetes  
and an ulcer on your foot...  
... it can be as serious  
as having cancer!**

Your risks of an early death from heart attack and stroke or having a foot amputation are raised

But, the best treatment and key lifestyle changes can dramatically help to reduce these risks.

Ask your **Diabetes Foot Team** now for more information and support, before it's too late.



Endorsed by Foot in Diabetes UK.  
Supported by Urgo Medical through the DFU Foundation Award

# DFU Risk Awareness Pilot Results

**THIS IS YOUR EARLY WARNING SYSTEM**

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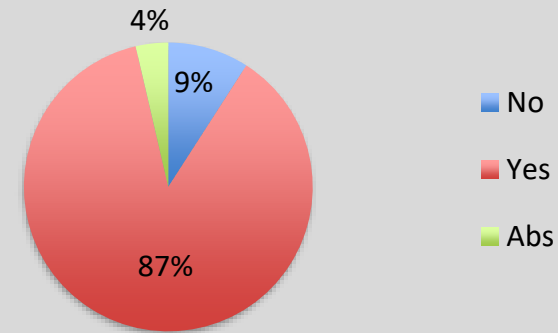
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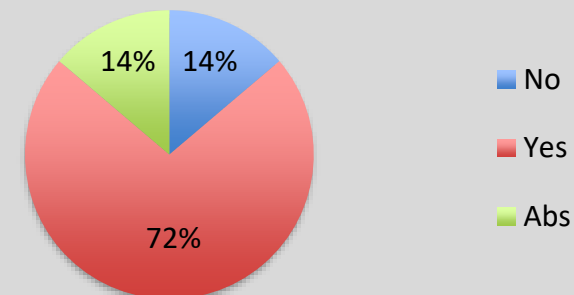
## Patients

Do you want us to continue to use the poster and leaflet campaign with patients (T=55)



## Clinicians

Do you want to continue to use the poster and leaflet campaign with patients (T=29)



# Informing & negotiating change

## THREE MAIN AIMS OF THE BEST FOOT ULCER TREATMENT ARE TO:



- 1 Heal your foot ulcer.
- 2 Improve your mobility and quality of life.
- 3 Protect you from risk of amputation and early death.

## WHAT CAN BE DONE TO REDUCE YOUR RISKS AND HELP PROTECT YOUR LIFE AND LEGS?

- 1 If you smoke now, the best thing you can do is to quit completely. It's not too late to prevent further circulation related damage.
- 2 Review your medicines with your GP, discussing medicines to help prevent heart attacks, strokes and worsening leg problems.
- 3 Consider starting some supervised cardiovascular (heart) exercise\*, after discussing with your Diabetes Foot Team and GP.  
\* When you have a foot ulcer, upper body exercises may be the safest for you, to not overload your foot.

## KNOW YOUR OWN (FOOT ULCER RELATED) CIRCULATION RISKS AND THEN START TO REDUCE THEM!

If you make some specific health & lifestyle changes, you can reduce your personal risks of heart attacks, strokes or worsening foot or leg problems. Looking at your personal known risks below, are there one or two you would like to start tackling currently? We can support you to make any of these key changes when you feel ready.

Risk factors you can reduce with diabetes related foot ulcers	You (tick)	Interested in tackling risk?
<b>Smoking</b> Any amount of tobacco	X	
<b>Raised blood pressure</b> Resting blood pressure is greater than 140/90	X	X
<b>Raised cholesterol (blood lipids)</b> Total is greater than 4 or LDL is greater than 2		
<b>Raised blood sugars (blood glucose)</b> HbA1c is greater than 7.0 or 53 (new measure)		
<b>Lack of cardiovascular (heart) exercise</b> Less than 2.5 hours a week of moderate exercise	X	?
<b>Excess weight</b> Body mass index is greater than 30		

SEE REVERSE FOR YOUR RISK REDUCTION PLAN

# Latest evidence?

Received: 4 September 2018 | Revised: 1 November 2018 | Accepted: 18 November 2018  
DOI: 10.1002/dmrr.3105

**REVIEW ARTICLE** WILEY

## Motivational interviewing to improve adherence behaviours for the prevention of diabetic foot ulceration

Jodi Binning<sup>1</sup>  | Jim Woodburn<sup>1</sup> | Sicco A. Bus<sup>2</sup> | Ruth Barn<sup>1</sup>

- Robust evidence for DFD-prevention is lacking (Binning et al. 2018)
- There remains a research GAP!

# Back in the day

## Prevention of Amputation by Diabetic Education

James M. Malone, MD, Phoenix, Arizona, Tucson, Arizona, Martin Snyder, DPM, Gary Anderson, BS,  
Victor M. Bernhard, MD, Tucson, Arizona, G. Allen Holloway, Jr., MD, Theodore J. Bunt, MD, Phoenix, Arizona

Prospective randomized study evaluated the impact of a simple education program on the incidence of lower extremity amputation in diabetic patients. Two hundred three patients were randomized to two groups: Group 1, education (103 patients, 103 limbs) and Group 2, no education (100 patients, 193 limbs). There were no significant differences in the incidence of lower extremity amputation between the two groups.

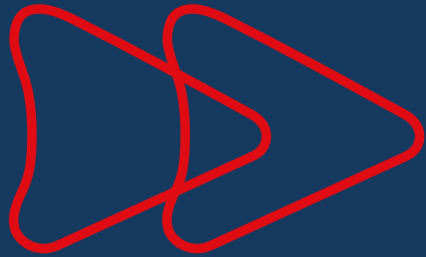
standing illness become more apparent. Although careful personal hygiene and attention to diabetic management (diet, insulin, and exercise) may postpone foot problems, such care probably will not prevent them [2-13].

Prevention of limb amputation is of tremendous importance, not only to the diabetic patient, but also to society in terms of the direct and indirect economic costs.

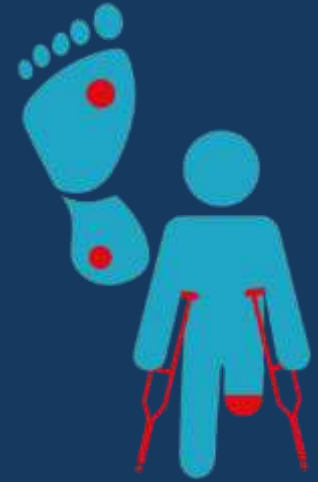
# They made conclusions

The present prospective randomized study demonstrated a dramatic difference in the incidence of lower limb amputation in diabetic patients in whom the only significant distinguishing feature between groups was a 1-hour educational course. It should be stressed that





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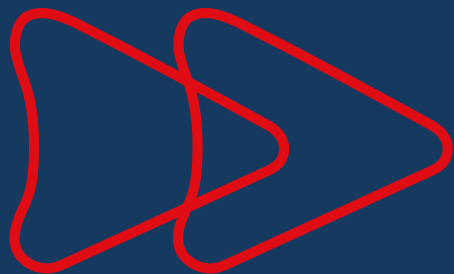


The case **FOR**  
Motivational Interviewing



Dr. Sarah Jarvis





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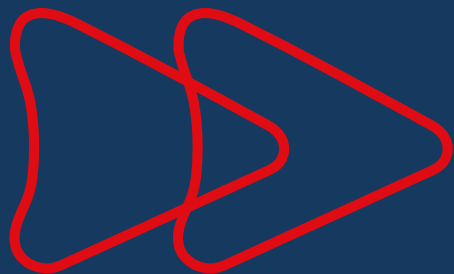


## Witness

Prof Karen Ousey

Professor of Skin Integrity  
University of Huddersfield





# The Case FOR Motivational Interviewing

**Dr. Karen Ousey**

Professor of Skin Integrity  
University of Huddersfield



# Scare Tactics vs. Motivation



# Time

- People with diabetes spend around 3 hours with a healthcare professional every year
- The remaining 8,757 hours is self managed



# Facts – Diabetes

**In one year the diabetes transformation fund has led to an extra:**

- 96 inpatient specialist nurses and related staff in inpatient teams
- 94,000 places on education courses being available
  - DAFNE, X-PERT & DESMOND educational programmes
- 185 staff appointed to foot care teams across 80 hospitals
  - Putting Feet First campaign

**DUK:**

- UK's first ever diabetic foot clinic in 1981 at King's College Hospital
- After three years the number of major amputations had halved
- Mental health & emotional support – reducing 'diabetes burnout'

# Motivational Interviewing

## What is it?

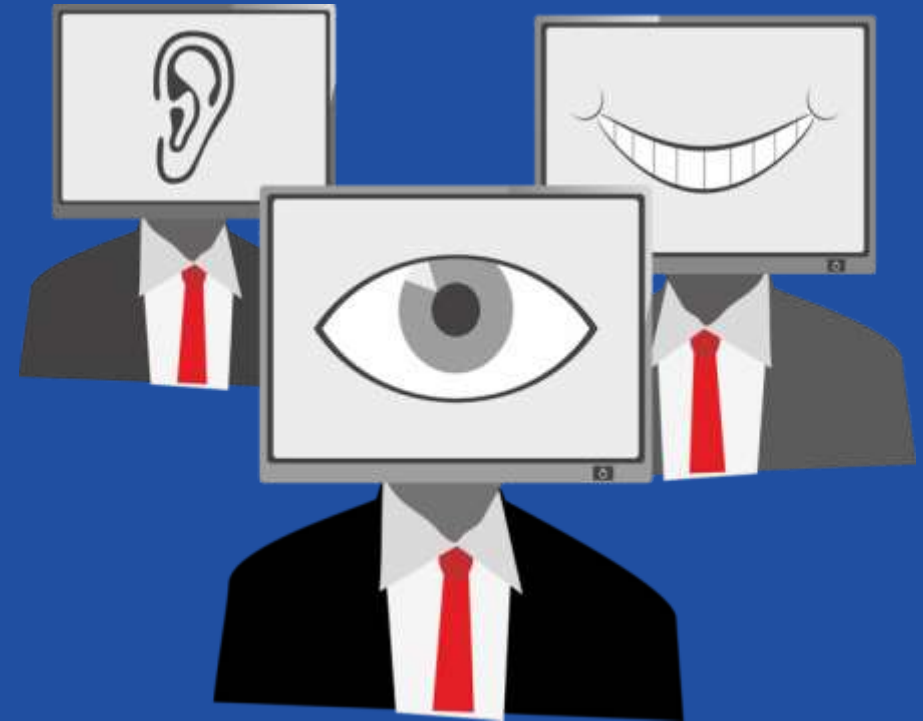
- Solution focused - Patient centred
- Based on:
  - How we speak to people
  - Listening and understanding
  - The person who has the problem has the answer to solving it
  - People only change their behaviour when they feel ready - not when they are told to do so
  - Solutions - person centred are the most enduring and effective

## Process

- Engaging – understanding the patient's point of view
- Focusing - developing one or more clear goals for change
- Evoking - patient's own motivation for, and ideas about, change
- Planning - collaborative development of the next steps that the individual is willing to take

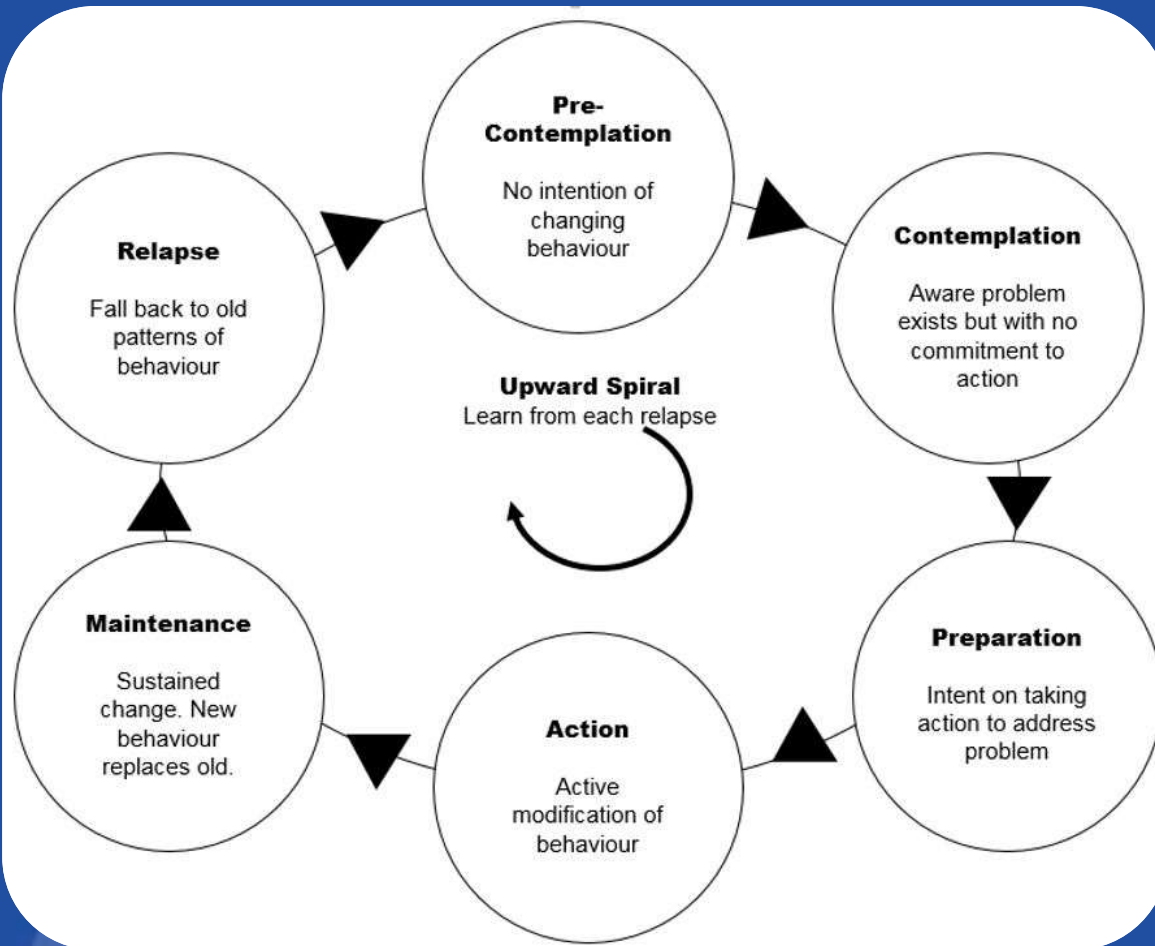
# RULE

- R** Resist the urge to change the individual's course of action through didactic means
- U** Understand it's the individual's reasons for change, not those of the practitioner, that will elicit a change in behaviour
- L** Listening is important; the solutions lie within the individual, not the practitioner
- E** Empower the individual to understand that they have the ability to change their behaviour<sup>2</sup>





# Supporting Change<sup>2</sup>



- **Precontemplation:**

- The patient does not believe there is a problem – e.g. I will not get a DFU

- **Contemplation:**

- Problem is recognised – e.g. maybe I will get a DFU

- **Action**

- Takes preventative action e.g. off loading

- **Maintenance**

I will wear the correct footwear

- **Relapse**

- Returns to undesired behaviours e.g. the weather is nice I am wearing no shoes

# Motivational Interviewing – Agenda Setting

Menu of diabetes topics

**YOUR MEDICATIONS**

**YOUR FOOD**

**YOUR EXERCISE**

**YOUR BLOOD SUGAR  
MONITORING**

Please pick one topic for discussion today

- Patient is in charge
- Improves patient confidence
- Encourages self management

# Education

- Stop commencing lectures with...
  - People who have diabetes are 15 times more likely to undergo amputations than other people without the condition
  - One amputation every hour, 24 per day and 169 per week take place due to complications from diabetes
- We must link mental and physical health together for HCPs

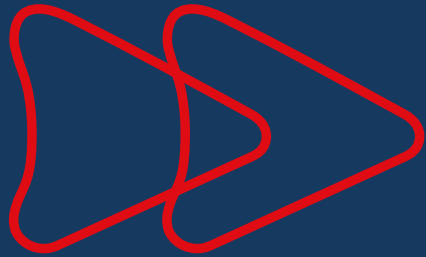
# Scare Tactics vs. MI

- **MI is the way forward!**
- The effective management of diabetes requires a lot of behaviour change for most patients
- People tend to be ambivalent about change
- Health professionals often resort to the “righting reflex” and overly rely on a directing style
- When someone advocates for change with a person who is ambivalent about it, a natural response is to defend the other side



# References

- Prochaska, J.O. & DiClemente, C.C. (1986). Toward a comprehensive model of change. In W. Miller and N. Heather (Eds.), *Addictive behaviors: Processes of Change*. New York: Plenum Press, pp. 3-28.
- S Rollnick, WR Miller and CC Butler. *Motivational Interviewing in Health Care: Helping Patients Change Behavior*. New York, New York: The Guilford Press. 2008. 210



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## The case **AGAINST** Motivational Interviewing



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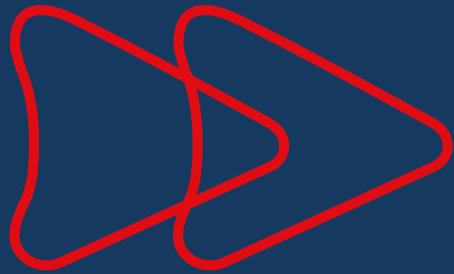


# Witness

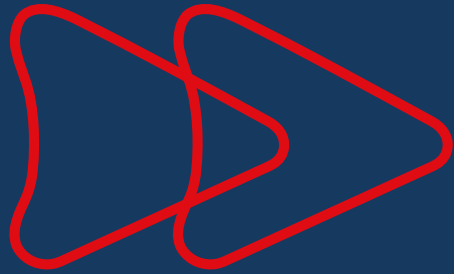
Donna Welch

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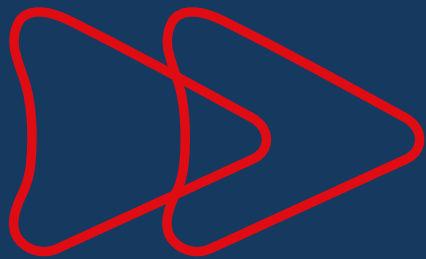


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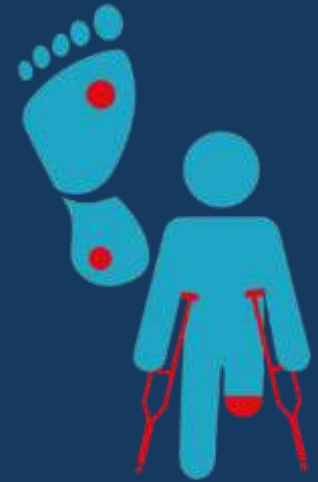
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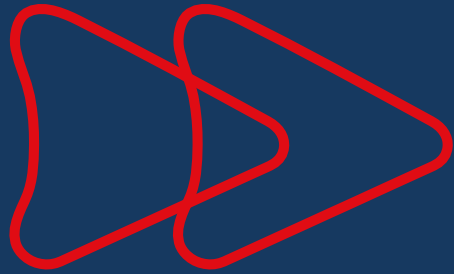


The case **FOR**  
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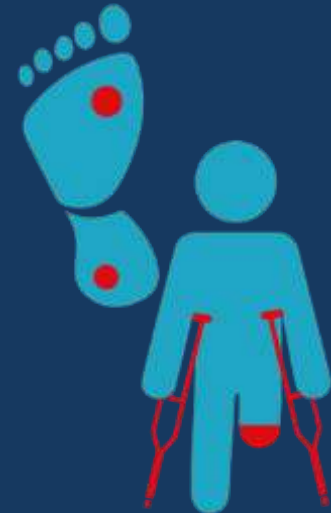
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Sue Marshall

Editor of Desang magazine

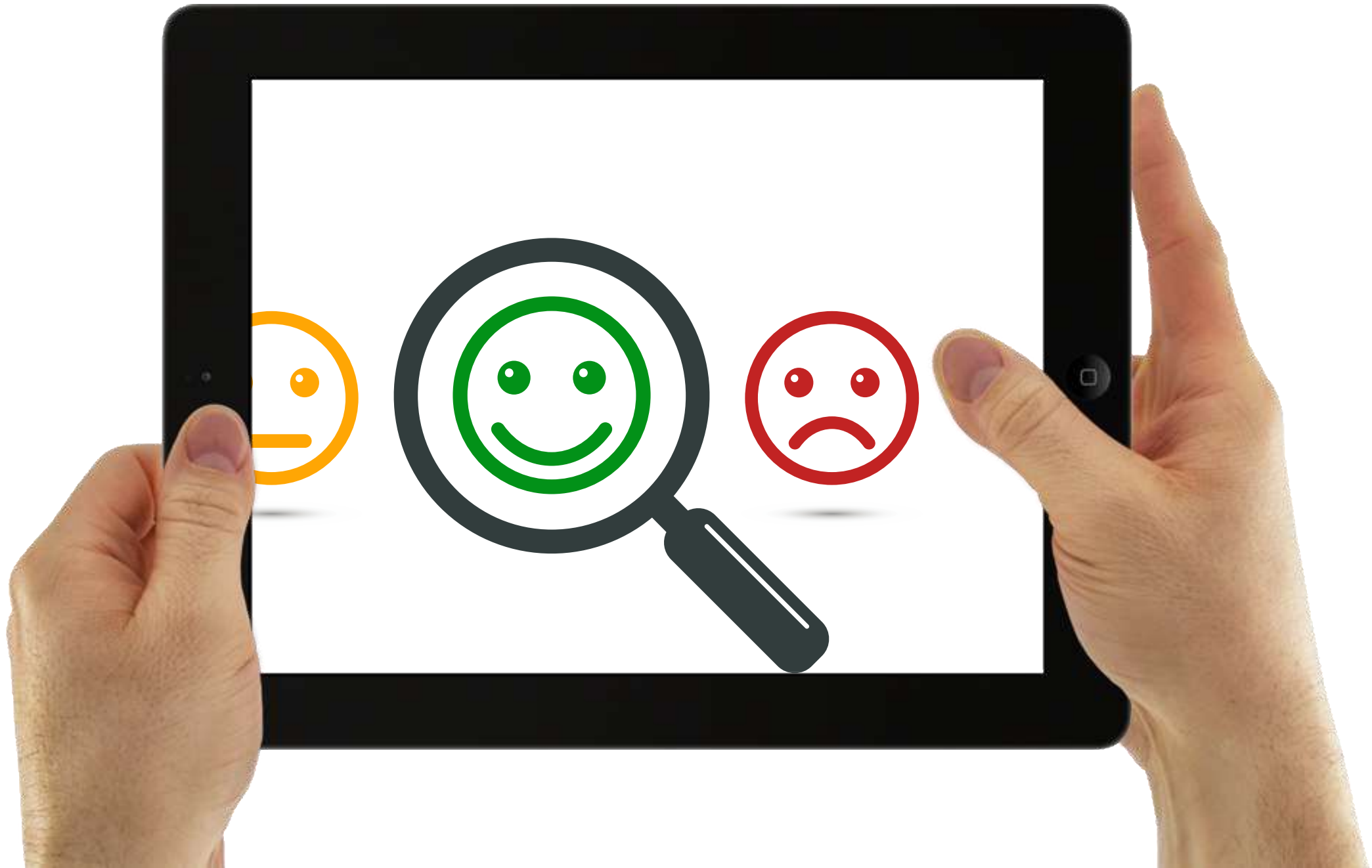


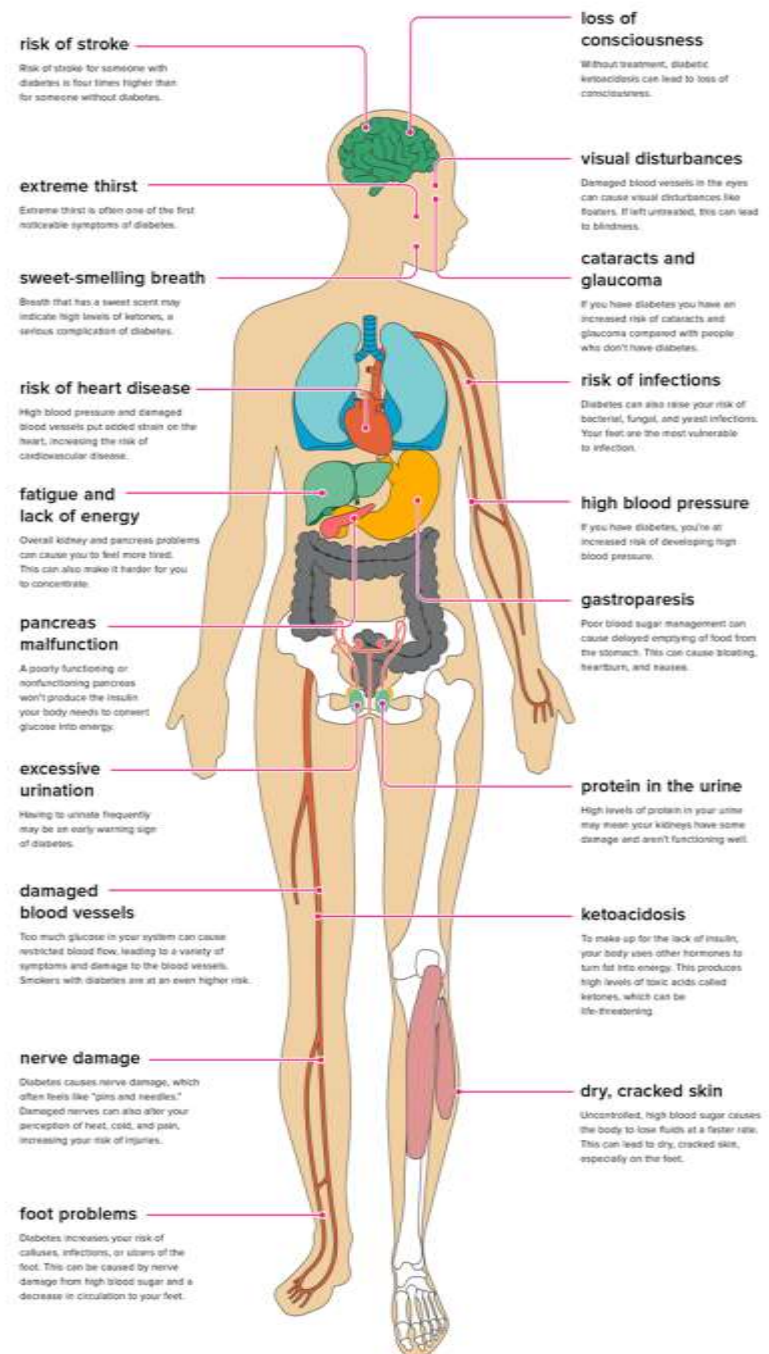


Sue Marshall









dad





**DENIAL**

**ANGER**

**ACCEPTANCE**

**DEPRESSION**



# Why?



# How?

KIT ADVERTORIAL

ADVERTORIAL KIT

## BACK TO WORK

Ugghart's award-winning gear has helped Tio Herman back to the office, and back in the great outdoors with his dog.



TIO TIO HERMAN

**T**io Herman, author of the award-winning book *Ugghart*, has spent the last few years of his life in the mountains of the Scottish Highlands, where he has built a life of adventure and discovery. He has been a professional mountaineer, a survivalist, and a writer. He has also been a dog lover, and his dog, Tio, has been with him through every step of his journey. Herman's book, *Ugghart*, is a collection of stories and essays that explore his experiences in the wild. It is a book that is both inspiring and practical, and it has become a bestseller in the UK.



**Ugghart earned** its name because it's a dog food that is made from the best ingredients available. It's a food that is designed to be healthy and nutritious, and it's a food that is designed to be easy to digest. Herman's dog, Tio, has been eating Ugghart for several years, and he has never had any problems with his digestion. Herman says that he has seen a significant improvement in Tio's health since he started eating Ugghart, and he believes that this is because of the high quality of the ingredients.



## FOOT FIRST FOR NICE

Mountain boots are a must-have for anyone who loves hiking or climbing. They are designed to provide extra support and stability on uneven terrain, and they are also designed to be comfortable and durable. Herman's book, *Ugghart*, includes a section on how to choose the right mountain boots for your needs. He says that there are several factors to consider when choosing a pair of mountain boots, including the type of terrain you will be hiking on, the weather conditions, and your own foot shape.



There are several key features to look for when choosing a pair of mountain boots. First, you should look for a boot that has a good grip on the sole. This is important because it will help you maintain your balance on uneven terrain. Second, you should look for a boot that has a good fit. A boot that is too tight or too loose can cause blisters and other problems. Finally, you should look for a boot that is made from high-quality materials. This will ensure that the boot is durable and can withstand the rigors of outdoor use.



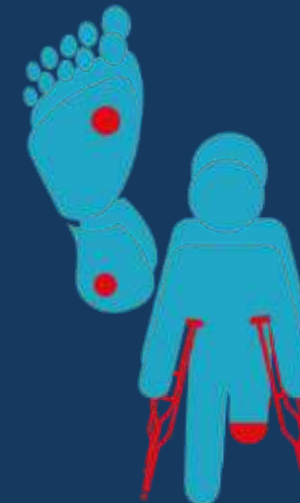






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## Final Judgement



Dr. Sarah Jarvis

