The case for Motivational Interviewing
In the management of diabetes foot ulcers

TUES 29 October 14.00–14.45
Main Theatre Olympia

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
Welcome
Dr. Sarah Jarvis

Motivational Interviewing vs Scare Tactics
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

60% Low risk
Routine annual screening

15% High risk

20% Increased risk
Regular ‘foot protection’

5% Active ulcers or infection
Revascularisation or amputation
Multidisciplinary foot care team management
programme

Ivory tower / real world

Is it the profession or the patient?

Evidence
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

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.
DFU Risk Awareness Pilot Results

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

- No: 9%
- Yes: 87%
- Abs: 4%

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

- No: 14%
- Yes: 14%
- Abs: 72%

(Fox & Smith, 2018)
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[^1], 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.

<table>
<thead>
<tr>
<th>Risk factor you can reduce with diabetes related foot ulcers</th>
<th>You (risk)</th>
<th>Interested in tackling risk?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking Any amount of tobacco</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Raised blood pressure Resting blood pressure is greater than 140/90</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Raised cholesterol (blood lipids) Total is greater than 4 or LDL is greater than 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Raised blood sugars (blood glucose) HbA1c is greater than 7.0 or 5.3 (new measure)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of cardiovascular (heart) exercise Less than 2.5 hours a week of moderate exercise</td>
<td>X</td>
<td>?</td>
</tr>
<tr>
<td>Excess weight Body mass index is greater than 30</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SEE REVERSE FOR YOUR RISK REDUCTION PLAN

[^1]: Foot ulcers and lower limb circulation problems.
Latest evidence?

- Robust evidence for DFD-prevention is lacking (Binning et al. 2018)
- There remains a research GAP!
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 randomly assigned to two groups: Group 1, education (103 patients, 193 limbs) and Group 2, no education (100 patients, 193 limbs). There were no significant difficulties in the execution of the study.

Understandably, this 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 cost.
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
Motivational Interviewing vs Scare Tactics

The case FOR Motivational Interviewing
Motivational Interviewing vs Scare Tactics

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**

**Resist** the urge to change the individual’s course of action through didactic means.

**Understand** it’s the individual’s reasons for change, not those of the practitioner, that will elicit a change in behaviour.

**Listening** is important; the solutions lie within the individual, not the practitioner.

**Empower** the individual to understand that they have the ability to change their behaviour.
Supporting Change

- **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


Motivational Interviewing vs Scare Tactics

The case AGAINST Motivational Interviewing
Witness

Donna Welch
Principal Podiatrist Diabetes
Witness

Donna Welch
Principal Podiatrist Diabetes
Motivational Interviewing vs Scare Tactics

The case FOR Motivational Interviewing
Motivational Interviewing vs Scare Tactics

Witness
Sue Marshall
Editor of Desang magazine
DENIAL

ANGER

ACCEPTANCE

DEPRESSION
Why?
How?
The case for Motivational Interviewing
In the management of diabetes foot ulcers

Final Judgement