

## Determinants of lifestyle counseling and current practices: A cross-sectional study among Dutch general practitioners

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### Introduction

In the Netherlands, half of the population has one or more chronic disease. As many of them are related to an unhealthy lifestyle, they could be treated or even reversed by early and radical lifestyle changes. Lifestyle counseling seems to be more effective by general practitioners (GPs) than outsourcing counselling to a health coach or specialist, in part because patients view them as the most trusted source of health information. However, Dutch GPs vary in their counseling practices.



### Aim

The aim of this study was to gain insight in the amount of lifestyle counseling that Dutch general practitioners (GPs) generally provide to their patients, as well as the behavioral determinants of their lifestyle counseling practices.

### Methods

A cross-sectional study was conducted among a sample of 198 GPs, using an online survey questionnaire for collecting data. Lifestyle counseling was defined and operationalized through the 5As model (i.e. Assess, Advise, Agree, Assist and Arrange). This is a counseling model that comprises the steps to guide patients towards lifestyle behavior change. The determinants were based on an adapted version of the theory of planned behavior.

## Results

### GP characteristics

Of the 198 participants included in the analysis, 140 were female (71%). The mean age of the sample was 46.8 years. Of the 198 participants, 74 (37.4%) were member of 'Vereniging Arts en Leefstijl'.

**In total, 60% of the GPs would like to discuss or advise lifestyle more often.**

### Conclusion

-In conclusion, the results of this study showed considerable differences between GPs to what extent they offer various counseling practices to stimulate patients' healthy lifestyle.

-GPs who feel confident that they can provide lifestyle counseling, and who believe that lifestyle counseling is useful and motivating to do, as well as believe patients expect them to discuss lifestyle are much more likely to counsel.

-GPs would be willing to provide more lifestyle counseling, if certain external or personal facilitators would be available.

### Lifestyle counseling practices

-The results showed that 79.3% of the GPs **assessed** patients' current lifestyle often or always, while 60.1% reported they often or always **assessed** patients' motivation to improve their lifestyle (see Table 1) for all percentages that each of the 5As was applied 'often' or 'always'.

-Compared to **Assess**, GPs report less frequent application of giving **Advice** and, and even lower frequencies for goal setting (**Agree**).

-**Advise** and **Agree** were scored for six lifestyle behaviors separately: GPs advised most often about smoking (92.4%), followed by physical activity (79.3%) and alcohol use (69.2%). Sleep was the least advised lifestyle behavior (42.5%). A similar pattern was found for agreeing on goals to improve lifestyle behaviors.

-Concerning **Assist**, stress was the most frequently discussed barrier to assist patients (81.8%), followed by lack of motivation (53.0%), lack of time (47.8%), temptations (41.0%), lack of (self) confidence, and lack of time (both 31.8%), and lack of financial resources (25.7%).

-Finally, almost half of the GPs indicated to **arrange** a follow-up meeting, or refer to another health care (or lifestyle) professional to improve patients' lifestyle. With regard to referring, the dietician was the professional to which GPs refer to most often (67.2% 'often' or 'always'), followed by the practice nurse (62.7%), the physiotherapist (39.4%), and the psychologist (12.6%).