

Using Motivational Interviewing to Encourage People with Diabetes to Increase Physical Activity

Summary

This article explores the importance of exercise for people living with diabetes and examines how motivational interviewing may help boost motivation and increase physical activity levels for some people.

Key Terms

Ambivalence

When a person has mixed emotions that interfere with their ability or willingness to change. For example, the individual may feel worried that changes are too large to be accomplished or they may be apprehensive about changing or abandoning their current lifestyle. Ambivalence may be high when the person has to give something up in order to add something like physical activity into their lives.

Motivational interviewing

A counselling method that focuses on increasing a client's or a patient's own motivation, by exploring their ambivalence about changing their behaviour, e.g., to include more physical activity in their lives. Open-ended questions, active listening, summarizing, expressing empathy, rolling with resistance and supporting self-efficacy are among the key aspects of this approach.

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Background

Despite the strong evidence demonstrating the beneficial effects of physical activity for people with type 2 diabetes, much of this population remains inactive. Up to 72% of Canadians with type 2 diabetes are not meeting recommended guidelines for physical activity (Plotnikoff et al., 2006). Another issue is that many people with diabetes who have started a regular exercise program do not continue it long-term.



This article discusses how motivational interviewing will be used by researchers to potentially encourage and motivate people with type 2 diabetes to be more active and maintain an active lifestyle over time.

Prevalence of Diabetes in Alberta

In Alberta, the prevalence of diabetes is a challenging health issue.

- Every day 43 people are diagnosed with diabetes in Alberta.
- More than 1 in 20 Albertans have been diagnosed with diabetes; more than 160,000 live with diabetes (Alberta Diabetes Atlas, 2009).
- It is estimated that 90 to 95% of people with diabetes in Alberta have type 2 diabetes. Typically, these involve "adult onset" diabetes. The other 5 to 10% are people with type 1 diabetes, who are insulin dependent, and have usually been diagnosed in childhood.
- Diabetes is the leading cause of blindness, renal failure and non-traumatic amputation in Canadian adults.
- The risk of heart disease is 2 to 4 times higher in people with diabetes compared to people without diabetes.
- Cardiovascular disease is the leading cause of death in people with diabetes (Canadian Diabetes Association, 2008).

Exercise is Part of the Solution

Regular exercise, along with a healthy diet and maintaining a healthy body weight, are important factors for effective management of type 2 diabetes. Exercise can help people with type 2 diabetes control their blood sugar, increase insulin sensitivity, control body weight and reduce the risk of heart disease.

The Canadian Diabetes Association recommends that people with diabetes:

- achieve a minimum of 150 minutes per week of moderate intensity aerobic exercise; and
- perform resistance training three times per week.

Motivating Change

Changing behaviour is hard, and being hesitant about change is normal and a part of human nature. Many people looking to make a behaviour change can be ambivalent about it; they "want" and "don't want" to make the change.

Motivational interviewing was developed as a way to help people work through ambivalence and commit to healthy change. Miller & Rollnick (2002) define motivational interviewing as

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"a client-centered approach designed to help people initiate and maintain health behaviour change. It is a technique designed to activate patients' own motivation for change by exploring and resolving ambivalence."

By asking people open-ended questions, listening actively, paraphrasing the interviewee and encouraging the interviewee, an interviewer can begin to uncover motivations. Through such methods, the interviewee ends up telling themselves and the interviewer why they want to change.

In talking with people about behaviour change, you want to create an atmosphere that is favourable to change by following four general principles.

- Express Empathy
 - ⊙ Demonstrate a non-judgmental understanding of the person's perspective.
 - ⊙ Example: *"It must be difficult for you to make time for exercise when you are so busy."*
- Develop Discrepancy
 - ⊙ Helping people explore gaps between their current behaviour and the lives they would like to lead.
 - ⊙ Example: *"How would things be a year from now if you were able to exercise regularly?"*
- Support Self-efficacy
 - ⊙ Work to encourage confidence in performing physical activity and in overcoming barriers.
 - ⊙ Example: *"The fact that you are taking the time to discuss this issue with me now is a big step towards making positive change."*
- Rolling with Resistance
 - ⊙ Invite the person to enter the process of problem solving.
 - ⊙ Example: *"What do you dislike the most about exercise?"*

Research Steps

Our research goal is to examine how useful motivational interviewing is in helping people with type 2 diabetes increase and maintain their physical activity.

In our research trial, participants will be people with type 2 diabetes who have entered into an eight-week supervised exercise program. Participants will be randomly assigned to one of two groups.

- One group will receive standard care during the eight-week program.
- The other group will receive standard care, and each person will participate individually in two motivational interview sessions.

The primary outcome will be physical activity measured by intensity and minutes per week, using the Godin Leisure-Time Exercise Questionnaire (Godin & Shepard, 1987). The secondary outcome will be blood glucose control measured by hemoglobin A1c.

Outcomes will be measured in both groups at baseline, at the end of the eight-week program, and at three and six months after completing the program. ↻

About the Authors

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About the Organization

The authors of this article are associated with the PANDA (Physical Activity and Nutrition for Diabetes in Alberta) Research Project. For more information about the project, visit <http://www.afns.ualberta.ca/PANDA.cfm>.

