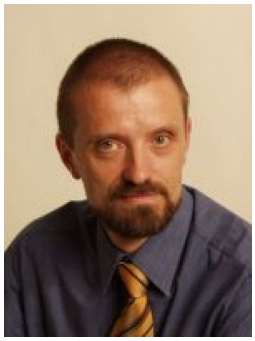

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50 – Stages of Behavioural Change – a Helpful Concept for GPs?

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Stages of change originated from the field of counselling for addiction disorders. Instead of treating every patient in a one-size-fits-all fashion, a motivational diagnosis is made before doctor and patient embark on a treatment plan. A patient may have tried to stop smoking or drinking several times. Subsequently, a person probably does not have to be informed about the fact that smoking or drinking is bad for his health and perhaps even the health of others. There are others, however, who initially need to be informed that their weekly alcohol consumption is above safe levels. While the former may benefit from a precise plan for when to stop and how to manage the transition, the latter would be forced into resistance when confronted with a prescription of this kind. Instead, patient-communication should roll with resistance. Clinicians should only propose to the patient what he can realistically achieve at his current motivational stage (1). Stages of change implies that humans go through a sequence of defined stages of contemplation, preparation and observable action. For each stage, tailored interventions are available to help the patient move on to the next and, finally, to the aspired behaviour. Since they drew upon previous models, Prochaska and DiClemente coined the notion of a Transtheoretical Model (2).

Twenty years ago this approach became almost orthodox in the treatment of behavioural problems related to health. This happened despite the empirical evidence supporting the model being somewhat contradictory (3). Moreover, Stages of Change came under the attack from scientists proposing different models of behavioural change (4,5).

Despite this, Stages of Change has had a long-lasting appeal with General Practitioners (GPs) (6). While the scientific debate centred on the descriptive and analytical validity of the model, clinicians embraced it for its pragmatic utility. The model may not apply to all human beings in the process of changing their minds and their behaviours. But GPs find the model useful for distinguishing between those in which immediate intervention makes sense and those in which friendly waiting is to be preferred.

Counsellors in specialised clinics usually see those who have decided to seek help, their clients are at least ambivalent and perhaps even ready for change. GPs, on the other hand, see smokers not because they want to stop their smoking habit but because of their cough or other manifested illness. In primary care we are thus confronted with a much broader range of motivational stages than the specialist counsellor. While in a specialised clinic the stages of contemplation and preparation are more frequent, primary care more closely reflects the distribution in the general population. The latter is U-shaped with most people having no intention at all or being past the sequence of changes (maintenance).

GPs thus need a tool to decide where to invest their time and energy. The “Stages of Change“ model provides exactly that. It helps identify opportunities for change but

also the lack thereof.

Nowadays, clinicians are under pressure by their governments and the public to motivate their patients to adopt healthy behaviours. Their professional leaders may even stress the suitability of the setting for prevention by getting patients to change. Among busy clinicians already struggling with the narrow curative task this often results in feelings of guilt.

The simple question 'Have you ever tried to [give up smoking, stop drinking, exercise more, take your tablets regularly etc.]?' is often sufficient to understand where the patient is in the process (hopefully) of leading to healthier behaviour. There is no need to use lengthy questionnaires although standardised instruments have been developed for research purposes. The practical steps of taking a history and suggesting the next move are easy to learn. The longer one tries, the more one realises that "Stages of Change" is an attitude rather than a cookbook-like prescription. Ideally, the patient is given room to identify opportunities and barriers himself and to suggest the next step. In primary care, occasions are plentiful, they range from the most obvious addictive behaviours to lack of exercise and poor diet. Discussions regarding taking medicines regularly or attending for chronic disease monitoring may also benefit from this approach.

Against this background the "Stages of Change" approach can be likened to an internal gatekeeper. It can ease the tension between practice resources, with time being the most valuable, and the needs of the patient. "Stages of Change" has also been of tremendous benefit in implementing patient centred communication strategies in primary care.

Perhaps the most important and damaging risk factors for chronic diseases are behavioural. The moral overtones arising from this knowledge have often put a heavy strain on the doctor-patient relationship. Payment being linked to behavioural outcomes of care has only made matters worse. "Stages of Change" has helped GPs prioritise their tasks, avoid unnecessary guilt and maintain their feelings of respect for their patients.

Take Home Messages

- Before you suggest behavioural change to your patient, stop and ask whether he / she has already tried [to stop smoking, have more exercise, take his / her tablets regularly etc.].
- The answer will help you decide whether the patient is ready or not.
- Ideally, the patients formulates him / herself what the next step should be. Waiting is perfectly OK, but try to address the issue later.

Original Abstract

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