

## VIDEO\_ David and Jen Unwin - Interview (Manchester 2017)

**Dr. Andreas Eenfeldt:** It's really hard to change your lifestyle. So how can you motivate patients or your friends to change their lives? I'm Andreas Eenfeldt from DietDoctor.com and I'm here with Dr. Jen Unwin, who is a clinical psychologist and Dr. David Unwin who is a family doctor. You have a lot of experience and insights into how can you talk to people to help them improve their lives, right? How do you do that? I know that's a hard question.

**Dr. David Unwin:** I think you've got to start with what are patients hoping for and try and find out what it is. So that if somebody, I don't know... I wouldn't accept just, "I want to lose weight" as a goal. I am always more interested than that. So I try and go a bit further into, "Well it's interesting why would you like to lose weight. Why?"

And then they might give me the reason and I'd say, "I'm interested, what sort of a difference would that make to your life?" And you see we've already begun to have a more interesting talk about how that life could be rather than just accepting at face value that they want to lose weight.

**Dr. Andreas Eenfeldt:** So let's say a patient says that they want to lose weight and you press them on what's behind that, what kind of things do you hear?

**Dr. David Unwin:** All sorts of things. So many of them might say, "I'd like my tummy to be a bit smaller" and I'd say, "What difference would that make to you?" And then they might say, "I'd like to wear jeans again", or "I'd like to wear more fashionable clothes", or "I just don't like the look of it", and these things, "so then how might my life be?" Some people are very specific, I remember one lady and she said-- You remember her as well.

She said, "I've always worn black." And it was so interesting when I said, "How would your life be different?", she said, "I'd just like to wear colorful clothes again, because I've just worn black because that's how I hide my weight." So that became for her a very specific goal. And eventually I remember she turned up in a wonderfully flowered dress. We were together, weren't we.

**Dr. Jen Unwin:** She came to the group in this amazing dress, didn't she, and everybody was so happy for her.

**Dr. David Unwin:** So she I think-- You try and make it... You make it more real for them so that you take them into the detail of what it is they are hoping for and how their life might be better. And if nothing else, you've had a more cheerful talk so that they might come because they, I don't know, they might say, "I want to lose weight because my knees are painful."

That's another quite a common thing. But rather than talk about the painful knees then you could turn it around perhaps and say, "If your knees weren't painful, what would you like to be doing?" And then they're talking about--

**Dr. Jen Unwin:** The dancing or playing with their grandchildren or... and it's this sort of... being able to really see a better future, which brings the motivation. It's like a kind of pull to a better future when they can see it's like a beacon, like a lighthouse pulling them forward and helps people to have that direction in terms of what behavioral choices they are making.

And maybe when things get a bit tough, that's still the beacon shining, and they'll remember why they're making these maybe sometimes difficult choices that kind of pulls people forward.

**Dr. David Unwin:** I think very often we rush into like, "Great, you want to lose weight? This is how you do it." And we've missed an opportunity that doesn't come back again. And that is this idea of a preferred future, this motivating thing. I think doctors, particularly psychologists, that's exactly... you're good at that, but as a doctor, as a young doctor I was wanting to tell patients what to do and I was doing that before we'd established why they do this thing and clarity of why and how would it be better is worth some of your time. Because then I think--

**Dr. Jen Unwin:** It's emotional as well, isn't it. So that lady had an emotional connection to wearing the dress. And then when she was wearing it, obviously that was amazing and everybody celebrated that and that was an emotional thing as well. And I think, you know, at the end of the day we're all emotional beings. People connect to that level of discussion on a much more emotional level than just, "I want to lose weight", which is a kind of almost like an intellectual thing.

**Dr. David Unwin:** Yes, she committed herself to that and then when you get a round of applause and she achieved it, it was actually very emotional. I think the other thing that is so neat if you're clearer, if the goals are clear...

Well, it's generally so, isn't it, if your goals with other people are clear, then off we go. So if your goals are clear, then it's so easy to say, "That's doable, I really believe you can do it." What would be a small step towards that?

And then people's mind is wide-open to possibility, because very often at the beginning many people who have struggled with weight maybe they've struggled for decades. So when they first come, they're not that hopeful because they've failed often. "Oh, things have going well and then..." and they tend to talk about their failures.

**Dr. Andreas Eenfeldt:** So what if they... let's say they don't even talk about losing weight as an option, maybe they don't even believe it's possible? And what if you feel that this would really be helpful for this patient, do you suggest it or do you just not even bring it up if they don't bring it up? How do you think about that?

**Dr. David Unwin:** If you say to them, you know, "I wonder if lifestyle could make a difference for you, are you interested in discussing that?" It's about asking permission. That's another thing you've taught me, really. Where you don't just say to somebody, "You're overweight, you need to sort that out."

**Dr. Andreas Eenfeldt:** Why not?

**Dr. David Unwin:** You don't do that because that's too aggressive and they didn't give permission to talk about that.

**Dr. Jen Unwin:** You've not asked for that.

**Dr. David Unwin:** But they need to know that it's in a very kind environment and--

**Dr. Andreas Eenfeldt:** So if you bring it up that way, what will happen?

**Dr. David Unwin:** Well, it's a bit like being told off, isn't it. If you're a heavy person, you know you're a heavy person so it doesn't come as a surprise. It doesn't mean you want to talk about it. So think it's very important to seek permission, to say, "I wonder if lifestyle could be so helpful for you. Is that something you're interested in talking about?" Now in actual fact very few people say to me, "I don't want to talk about lifestyle."

**Dr. Andreas Eenfeldt:** So if they say, "Sure, let's talk about it", what will you say then?

**Dr. David Unwin:** I might then say, "I wonder whether losing weight might be very helpful for you. Have you thought about that before?" So I'm checking again that it's okay. And actually most people are up for talking about it as long as it's framed in that, I don't know... How would you describe that?

In kind of a positive way or... I want to be helpful, I'm not doing it just to tell you off, or to say, "No wonder you're breathless. You're fat." It's not how I'm doing it at all. I'm

suggesting that could be some hope here, that there's something you could do to make a difference.

**Dr. Jen Unwin:** The same with, you know, there's often these golden opportunities when patients come in, they usually come for some sort of results or they're coming because they've got some new difficulty.

So those are the sort of the golden opportunities to have those kinds of conversations about "What would you like to be better? What would you like to be different?" And then that leads into a discussion about the preferred future, which is nearly always good and evolves to some sort of behavior change. Because, you know, maybe they're unfit, or maybe their diet is very poor or...

**Dr. David Unwin:** You can often lead it by sort of saying, "What else?" So if you're talking about lifestyle and then I would say to you, "Well, what might you do differently?" And you could say to me, "Well, perhaps I ought to walk more." And I could say, "Great, yeah. And first of all what difference might that make to you?" It's interesting.

But then sooner or later I could say, "What other things lifestyle could change?" And it's so interesting that most people eventually will come around to diet. But I'd always have to say it. It is great if they say it, because then I've got permission to say, "Well I'm off for helping you with that. I'm glad you're interested."

**Dr. Andreas Eenfeldt:** So if they don't bring it up and you think for this patient that the diet change could be very helpful, do you bring it up yourself?

**Dr. David Unwin:** Sometimes if needs must because I've only got 10 minutes.

**Dr. Andreas Eenfeldt:** Yeah, that's a short time.

**Dr. David Unwin:** Yeah, you know, it's not my preferred way of doing it. So I might say to them, you know, "I really wonder whether some weight could make a big difference to you. Is that something you're open to discuss? So I still use the same courtesy on asking and they nearly always say, "Yes I know I ought to do something about that, didn't I."

And then, you know, you're in really, I could say, "Well I've got one or two ideas. Have you managed to lose weight before?" And then you find out what worked before. Then you're already having a successful. "Yeah, I lost a three stone a few years ago, I ought to do that again didn't I."

And then you say, "Well, tell me how you did it. It's brilliant, you obviously have, you are a capable person. Because I believe we could work on that. You've done it before,

I think you could do it again. I'm prepared to offer you some support, you know. Would you be interested in coming back in a month? How about we weigh you today?"

That's one of the things about contracting in really. I would often try and get to wait if they're happy with that. The people who let me weigh them and they're up for discussion when they come back, they nearly always have made some positive change. I suppose they wouldn't come back if... They wouldn't return, would they.

**Dr. Andreas Eenfeldt:** Maybe you mostly see the successful people.

**Dr. David Unwin:** I perhaps do. But it's amazing how many you can have. Before I did this I wasn't having hardly any so I've got my positive.

**Dr. Andreas Eenfeldt:** So what are some success stories you've seen recently and in sort of what ways do you think you helped in some way to motivate them to make that sort of change?

**Dr. David Unwin:** I can think of a few cases. There is one where I had somebody diagnosed with diabetes, and it was like Jen was saying, "the golden opportunity". So in a way you could think it's a rather sad day when you go to the doctors to be told you have type 2 diabetes. But you can turn that around in terms of...

We've just diagnosed you with type 2 diabetes, but what happens next really depends on you. You could feel better than you do now. So I had one guy and we were talking about that and I could see he was skeptical and he's told me since he was very skeptical. So I said, "Let us just make a try, let's just make a start." And I think he just gave up sugar first.

He said, "I'll do that, I'll promise you that, I will do it. We'll have to see where this goes." But when he gave up the sugar he felt better. And that gave me a toehold, because he then began to trust me more. And then the next time he brought his wife and she was really up for, you know, do more because she loved him. And she was the one doing, you know, the cooking and the shopping... And I think involving the whole family works really well. Because if you just do one person... Maybe they don't do the shopping.

**Dr. Jen Unwin:** We have really noticed that where people get involved as a family or they come to the group as a family, they tend to do really well. Because they are encouraging each other on the shopping and the cooking the same. So I think the social aspect is really important in behavior changing. Keeping it going if it's in the family.

**Dr. David Unwin:** Otherwise they get questions, I think if you just do it with one person out of context. They go home and they say to the wife, "I can't eat this anymore and I can't eat that anymore." And that must be annoying for the other person and they don't really know why.

And when it comes to motivation it isn't just about motivating the person that you see, you also need to motivate the family that surrounds them. So the motivation isn't just about one person, it's about a family. And it's really worth doing because then you might... And we've got whole families who change.

So I've seen somebody today, I love these people. This is a mother and son and the son is about 35 and the mother is about 65. And this is an example where they've done it together and watched each other and watched each other with the shopping and one doesn't let the other one buy biscuits and, you see, they're working together and then they are so proud.

I call him "my boy", because I've looked after him since he was a child but the young man as he is I think he started in January and I saw him today and he'd lost something like 25 kg, maybe 27.

**Dr. Andreas Eenfeldt:** That's quite a lot in six months.

**Dr. David Unwin:** Amazing, so amazing. But it's interesting to talk to him about what made the difference and it was the belief, my belief that he could do it and involving his mom. But also he loves his mom and he wants her to be well, because she's a lady with arthritic knees and her weight... She's lost about I think 14 kg.

So she's walking better because her knees are not hurting. So it's a very interesting dynamic where he loves his mom and he wants her to be well and mobile, so he's watching mom and mom's a lovely woman and she loves her son. She said today, "He's looking so handsome." And he is.

And that's the motivating of not one person, but the family that's behind them and so that people understand and are motivated to help, because otherwise family members have a tendency to say, "Oh, go on, it's just a few biscuits", or "I brought you this as a treat" and sometimes families will derail the efforts that patients are making.

**Dr. Jen Unwin:** Because that can be in the family culture content around food and obviously will get into certain habits. Yeah, if you don't involve everybody then it can be a little bit of trying to get back to the old culture.

**Dr. Andreas Eenfeldt:** So in that situation as in most of your patients perhaps it's like you get them to want to try eating less sugar, less starchy foods and so on, is that right?

**Dr. David Unwin:** It depends. So some people are as I say skeptical a bit like the guy with the sugar. So he was prepared 'til have give it a go. Other people are amazing and they very rapidly understand the principles behind not just the sugar, but also that starchy carbohydrates break down into surprising amounts of sugar.

**Dr. Andreas Eenfeldt:** Exactly, that's what I was sort of getting to. So do you have any experience in how you help people understand this in a way that motivates them to change?

**Dr. David Unwin:** Yes, again I owe this to Jen really and I think there's a big difference between information and advice. So advice comes with the sort of with, I don't know, it's loaded somehow, isn't it, Jen?

**Dr. Jen Unwin:** "Here's what I think you should do."

**Dr. David Unwin:** Yes, "I am in charge and you ought to do this." "Because I say so." Whereas information is more... This is something for you to think about. And, "I don't feel strongly that you should do this thing. It's not for me to tell you what to do, but you are a grown up. I want to give you this information you are the best one to say what action you may take. So that you see the information is that starchy carbohydrates digest down into surprising amounts of sugar.

That's just information, I'm not telling you what to do, but I think it's useful to know that, say, a small slice of brown bread with digestion breaks down into the equivalent of about 3 teaspoons of sugar into what will happen to your blood sugar over the two hours having had that small slice of brown bread."

And I think that's the sort of information that people with type 2 diabetes find interesting. And they generally will take action. And I've got quite a lot of... So I've thought a lot about how do you communicate the consequences of what you eat. Because as a patient the consequence, is you who has to suffer this. And also you're who is the best to decide which future you'll have and what you'll eat and what you won't eat.

**Dr. Andreas Eenfeldt:** So this with the teaspoons of sugar from starchy carbohydrates, I'm just curious, because the sugar is half fructose, this is sort of aside topic, it's not really about motivation... Starch is not fructose, but sugar is half fructose. Do you sort of simplify it as the effect on blood sugar and you don't really talk about the fructose effect?

**Dr. David Unwin:** I don't talk about the fructose as much, no, because actually the original thing with this was with a carbohydrate expert who helped come up with the glycemic index. And I find that I do worry about fructose, so it may be that table sugar is even worse. But if you're trying to communicate with patients in a way they can understand, once that you get into glucose and fructose, you've lost them. You've just lost them, it's too clever.

And if we're going to start somewhere, many of them have a blood sugar meter already so they kind of know that what I say is true. So if they wish to experiment with a slice of bread or a bowl of cornflakes, they will find that what I say isn't far on and their blood sugar will jump up. If they have a three egg omelet, their blood sugar will not leap up. And so it is a model of course backed up by the glycemic index and so on and if you're thinking just about blood glucose...

That's why on the whole I'm talking about people with type 2 diabetes. It's reasonably valid for them. If you wanted to broaden the discussion out into nonalcoholic fatty liver disease then fructose becomes possibly more dangerous, but on the whole my passion and interest is people, is helping people with type 2 diabetes understand the blood sugar consequences of foods.

And I find that it began with... It's interesting really, I began to think about the glycemic index and I was fascinated to see that the glycemic index of brown bread was worst than table sugar and when I saw that, I couldn't believe it was true. I thought it must be wrong. Then I looked it up and I found it was true, the glycemic index of table sugar is not as bad as brown bread. But that led me into the glycemic index. It's quite difficult to understand.

And then you've got glycemic index, glycemic load... And we had a meeting with all the doctors in the practice. And they said-- to be honest I went into a lot of trouble to explain it to them. And they said, "Can you not just do it, simply, "because I don't understand what you're on about and I can't use that with my own patients?"

It was a lady doctor actually and she said, "It's clever but it's not much use to me with my patients." And then I came up with the idea of... The general public, they have no idea about what 20 g of glucose looks like. Why would you? I didn't. So I thought, "Let's reinterpret this really useful knowledge in something that we all understand which is 4 g teaspoons of table sugar. So now we read the mathematics from the glycemic index and the glycemic load.

Read it for 800 foods so that I now know the teaspoon of sugar equivalents for the carbohydrates in 800 foods and I am able to tell you that a small banana is exactly the

same as about 6 teaspoons of sugar and I think to a patient that means a lot, they're shocked. I saw somebody today and he said, "Oh my God, I have two bananas a day."

And he'd wondered why he has diabetes. And he said, "You know, I thought fruit was healthy and I have a lot of grapes as well, I might have half a pound of grapes." Half a pound of grapes! I don't know how many teaspoons of sugar that is.

**Dr. Andreas Eenfeldt:** That's many teaspoons. So that's also something about how to motivate, talk about these things with people in a motivating way that they can understand.

**Dr. David Unwin:** Yeah, I am trying to give information in a way that they can understand rather than being too heavy.

**Dr. Andreas Eenfeldt:** Yeah, so you can be very clever but if they don't understand--

**Dr. Jen Unwin:** Yeah, "You should eat that or the other, but here is some information."

**Dr. David Unwin:** I give a choice.

**Dr. Jen Unwin:** And people adapt it, you know, like they do when they are looking at... They choose the recipes that they like or, you know, it's not about counting what you eat or... It's very, very simple for people, because I think people are used to... We have to write everything down and calculate the calories and it's not really about that. So the sheet is just literally a page of, you know, "eat these things, avoid these things".

**Dr. David Unwin:** The thing I was thinking, Jen, is the power of choice in psychological terms where we are giving people choice.

**Dr. Jen Unwin:** Control.

**Dr. David Unwin:** And control. Free choice, control, information. Very different from "You will..." And I think particularly because if you're giving advice, there's a certain arrogance that you know this person's life.

So how can I possibly know what's best for you, how can I know what you can afford, how can I know what you like to eat or you don't like to eat, or when you go home or what your hours of work are. So that you've got to know an awful lot about somebody's life to give successful advice.

**Dr. Andreas Eenfeldt:** But you can give information.

**Dr. David Unwin:** I can give information with an assumption that you're quite a bright guy and you could use your intelligence if you are motivated with the information I give you, to tailor it really well and that's what Jen's taught me.

**Dr. Andreas Eenfeldt:** So you give this information instead of advice and you try to get people to say what they really want.

**Dr. David Unwin:** Want and how they can use this information to help them get to where they want to be and then as everybody knows they quickly, like you've already said I think, people quickly notice changes, they quickly feel better, if they implement any of this stuff they quickly feel better, so that's already more motivation, they notice themselves feeling better.

Maybe some of the things that they're wanting in the future they are noticing already happening a little bit and then that becomes more motivating, that's that sort of feedback about noticing how they feel. And then it's motivating to come back and see the doctor and get some results and people love that feedback.

**Dr. Andreas Eenfeldt:** So you get feedback from feeling better, you get feedback from coming to the doctor...

**Dr. David Unwin:** Can I talk about the feedback of feeling better? I think we so often are too quick to say, "How did it go?" or "I feel a lot better, doctor, great." Don't accept that, find out how... Do not accept that, dig down, "How do you feel better? That's interesting."

This idea of being inquisitive about a patient. So they feel better, "How exactly do you feel better? I'm really interested, what is better?" So you could just accept "better", move on... Or on a daily basis I'm saying, "What's better?"

So a guy this morning said to me, "It's really weird, but I've discovered I don't need my Ventolin inhalers anymore. I used to carry them around the whole time and I'd panic if it wasn't in my pocket. And I haven't actually brought one in today, because that's better. I don't need to worry about my inhalers. I've lost so much weight, I'm breathing better, that's good."

And I said, "What else?" And he said, "I'll tell you another thing. I used to have eczema all around my eyes and itchy and I was using cream the whole time. And that's another thing that's better."

**Dr. Jen Unwin:** And so on.

**Dr. David Unwin:** And so on. And then with this guy, well, many things were better. He was so pleased about his appearance and he was laughing and he was saying his

trousers he needs to... He was laughing with me because he said, "Oh God, I need to buy new clothes now", and this sort of thing.

**Dr. Jen Unwin:** And it sounds strange, but people don't always notice these things until you keep asking. Oh, yes, you know, and I can go up the stairs and people have been saying, "How well I look." So the more you expand that, again the more motivating is to keep going. The more things they notice the better. You're reinforcing that and showing an interest.

**Dr. David Unwin:** I think there's at an extent to which we've trained patients, they think their doctors expect them to come with complaints.

**Dr. Jen Unwin:** With a negative story.

**Dr. David Unwin:** Pain, negative things, so they are a bit surprised when I'm so interested in what was going well. And I think a lot of doctors as I say... It's a bit like, "You're doing better, that's great. That's the end of the consultation, goodbye." Patients, if they just know I'm so interested in what's going better, because that helps them focus, that's feedback straightaway, you were talking about feedback...

So feedback is sometimes from within, well, you get them to notice what's better. So many of them lose that sort of vague carby fog and they say, "I've got wonderful clarity of thoughts. How interesting!" What do they mean by that? And what difference does it make?

And at work... "Oh yes, it's making a difference and I'm not feeling sleepy in the afternoons, which I was." But if I didn't inquire I'd never find these things out. And I think so often in the first 25 years of my medical career I wasn't asking about these things and so I never found out the differences.

**Dr. Andreas Eenfeldt:** You thought like if they said they feel better, then--

**Dr. David Unwin:** Good, goodbye. Yeah, next. I used to think I had time for coffee. "Oh, good, goodbye. Why are you here then?" And that's an awful thing.

**Dr. Andreas Eenfeldt:** Why is it awful?

**Dr. David Unwin:** It's such a shame because you miss some of the joy of medicine. Because the joy of medicine is connecting with people, human beings doing well. And every day they come in to celebrate and say, "Right, get me on the scales... Look at this." And I was missing out and I felt so depressed with medicine because--

**Dr. Jen Unwin:** You're training them to come and tell you good things.

**Dr. David Unwin:** Yeah, now that I get a lot of more positive things, I have made so much difference to people, I'm amazed.

**Dr. Andreas Eenfeldt:** Do they dare to come tell you negative stuff?

**Dr. David Unwin:** Yes, that's another really--

**Dr. Jen Unwin:** That's really interesting. We're all about, "nothing is a failure really", so obviously people fall off the wagon, don't they. Christmas happens, birthday happens... I think that's the case with a lot of people who are trying to change their lifestyle.

**Dr. Andreas Eenfeldt:** So what do you do?

**Dr. Jen Unwin:** Yeah, we're all human beings and all around is temptation and sugar. So it's never a failure, it's just an opportunity to say, "Why did that happen? How did I feel when that happened?" Noticing actually. And people always say, "Oh, God, I actually felt really dreadful.

You know, I went back to putting on weight or feeling unwell... And then, you know, how might you get back on track or how you got back on track in the past... Sharing people's stories in the group about how they've got back on track. And people are always welcome back.

So it's always about learning and trying to do something different next time. What would you do differently next time? A buffet. I might handle that differently and really thinking that through in detail so maybe they've got a plan the next time that exact circumstance occurs.

**Dr. David Unwin:** Don't you think, I mean all of us as we get older, you learn stuff and we often learned our best things from mistakes. So what is a mistake, I'm not sure. But it might easily be a learning opportunity. So I would say, "Okay, Christmas hasn't gone well. "But what would you do differently next year? Let's use what you've learned, let's use your intelligence and your resourcefulness. Let's think about what you would do differently next time. Because you did it before, so you can obviously do it again."

So I've got a few patients and their graphs are fascinating, their graphs of weight loss. So the first time they did it they lost so much. Then we reflect and they do well. But then Christmas comes and, "Oh dear"... They put most of the weight back on. Then let's talk about what you do differently and how much better you felt before. Then the second time they might lose and keep it off and I've got some people who really learned that lesson.

Sometimes people after learn it three times. But I think we're both trying not to be critical. They always come and think I will shout at them. Why would you shout at somebody? They are doing their best. Life happens, doesn't it... Divorces, something unhappy... And then you might slip back. But what's great is you've learned some stuff the first time. You would learn even more the second time.

**Dr. Andreas Eenfeldt:** Is it sort of like quitting smoking or something?

**Dr. David Unwin:** Yes.

**Dr. Andreas Eenfeldt:** Lots of people fall off the wagon, get back smoking and maybe they have to quit three times, four times, five times.

**Dr. David Unwin:** I agree, and what's great is if you have somebody... one of the other things that we think about is belief. Which is, "Do you believe in yourself?" So if you can help people believe in themselves--

**Dr. Andreas Eenfeldt:** How do you help people believe in themselves?

**Dr. Jen Unwin:** That's a really good question. So we've actions about asking about past successes. So one of the reasons to ask about, "Well have you lost weight in the past?", nearly always people have, nearly always people have had a go at that. Yes, they've done it in the past. So okay, presumably you know something about changing behavior, you know something about losing weight. Now we can do that again.

What other strengths and skills have they got? You know sometimes someone is super organized. You know, they're in a job where they have to be extremely organized. So can they bring that to this project? Can they sort of transfer those skills over? Maybe they've got a son, or a mom, or a wife, or a husband who is extremely supportive.

How can they use that to help? So it's trying to think of all the different things, if you like, which would help along the way with the project. Whether that's about them or the people around them or the skills, or the previous experiences that they've got and inquiring about all of that.

**Dr. David Unwin:** Of course you wouldn't know if you didn't ask. So if you assume that every man is an island with no connections you are missing out lots of good stuff, because if I didn't know about the man's wife that she was really interested, if I didn't invite her to come... So often these resources that we're not using that will help.

**Dr. Andreas Eenfeldt:** So you talked before about... that sometimes one person in the family might be the one who is doing most of the shopping, most of the cooking and if you're talking to the other person then it might not really work out. How do you find that out and invite the whole family?

**Dr. David Unwin:** I think trying to be inclusive. Saying, "Is there anybody else at home that might be interested "to come with you to the next appointment? Because I'd really like to see them. " Be inviting. They often feel, "Oh, I couldn't possibly. It's wrong to bring somebody else into the consultation."

But I make an effort to say, "You might be interested, would your wife like to come or your husband or who else? I don't mind. " And that really has enriched medicine for me. And led to the sort of group work that we do where sometimes we have whole families come.

**Dr. Jen Unwin:** Older people like... they are techie, so they like going online so then you can put them in touch with your website or other resources online, Facebook, there's always groups that people can interact with if they haven't got friends or family who were doing it this way these days and they do connect with other people and get encouragements and that does help definitely. And regularly if we're back, so...

**Dr. David Unwin:** Yeah, I've got another theme though and that is, you see, you can help people believe in themselves. As a doctor, people look to us as respectable and we know stuff. If we believe in our patients that has immense power. So if somebody I've known, so many of them for 25 years something like that, and if I say, "I think you can do this, really. You're a resourceful, intelligent person. I've seen you go through so much in your life, this is something you can sort."

That means a great deal to people if they feel the professional beliefs in them. That's a wonderful thing. Of course in a way it's a bit like the placebo effect.

**Dr. Jen Unwin:** Yeah, I was going to say it.

**Dr. David Unwin:** It's a bit like, but why don't we use the placebo effect? Good. I often find that belief can change reality.

**Dr. Jen Unwin:** It's people's hope, isn't it, people's belief that there's a better future. And if the doctor can facilitate that by these kinds of conversations that's incredibly powerful. We know that the placebo effect is between 30% and 70% of the effect of most medical interventions and that's why they have to run trials where they are trying to eliminate the placebo effect by using these randomized trials.

**Dr. Andreas Eenfeldt:** So why don't we use it instead, huh?

**Dr. Jen Unwin:** Yeah, it works. And always is the psychology, it's the power of hope basically. That's very real and once you've got that wagon rolling and people are noticing benefits and feeling better, it becomes a virtual cycle.

**Dr. Andreas Eenfeldt:** So as a psychologist or as a doctor you can just by believing in your patients you can start changing reality.

**Dr. Jen Unwin:** And what people achieve is amazing, so it is a good reason to believe that people, everybody is motivated for something. And people on the whole are incredibly resilient and able to be competent.

**Dr. David Unwin:** It has completely changed my view of people. So for so long... People with obesity and type 2 diabetes were my least favorite patients, because I failed with them, for decades I failed. And, you know, I was telling them off and... It didn't work.

And now, how amazing, they are my favorite patients. The ones I love to work with. Isn't that amazing? Because they were not. And that's because I didn't believe in them. What's changed? In a way am not sure the patients have changed suddenly. I think it's me that's changed, because I believe.

**Dr. Andreas Eenfeldt:** You know it's possible now.

**Dr. David Unwin:** I've seen it now so often I know it's possible. They can see the hope in me.

**Dr. Jen Unwin:** And that gives them hope because often people are really hopeless, aren't they. Many people have really got stuck and tried everything and think they have just put on more weight. People are very disheartened I think often.

**Dr. David Unwin:** Well, I just think... What forms this feedback coming? So is it these things you can measure? So I'm really keen at the beginning of one of the commitments that patients give me is to be weighed and have a waist measurement, simple. Because that forms the basis later for feedback.

So anybody can measure their waist properly by which I mean so many people measure their waist underneath, you know. They lift up the belly and then measure underneath. I do it brutally, right, so that I find what is the fattest bit of you and how big is it. Because it forms the basis for feedback later on. And the modern computer systems generate graphs. And my patients, they love the graphs.

**Dr. Andreas Eenfeldt:** Do you have any graphs you want to show?

**Dr. David Unwin:** Of course I've got graphs. So these are just graphs from people I've seen today. The patients have all consented to me sharing them with you. And I have anonymized them by cutting the names off the top. This guy, I'm so proud of this guy.

**Dr. Andreas Eenfeldt:** Had quite a drop, right?

**Dr. David Unwin:** Yes, he is 63. He came in December there. He came and was weighed today, that's his weight today. And he weighs... Well, when did he last weigh that? See if you look back to there, that goes back to 1998. So he hasn't weighed this in the last 20 years. So he weighs less now that he's weighed in at least 20 years.

**Dr. Andreas Eenfeldt:** He's younger now.

**Dr. David Unwin:** Yes, well that's what he loves, because he said, "Wow!" And he came in, he was wearing a pair of really amazing bluejeans. He hadn't gotten into jeans for years, he was proud. His diabetes of course with the weight loss... So he could so easily have ended upon a lot of medications.

Because the reason he made this change was because he was diagnosed with type 2 diabetes. The last day of December it was actually. And he wanted to be well and not use medications. That was his thing, he didn't want to be on medication. He has achieved that, but not only that. He has had high blood pressure for at least 15 years and he has come off Perindopril completely.

On top of that his triglyceride at that point was four times the upper limit of normal. So that's really bad. And now it is within the normal range. So his diabetes was sorted, his blood pressure was sorted his lipids were awful less sorted, he's wearing smart jeans, his wife is happy. And that's such an achievement and made a very happy consultation.

So we're celebrating success and this is feedback for him. He has taken this graph home to show his wife because he is so proud and he wants his family to see it and he has consented for you to see it as well.

**Dr. Andreas Eenfeldt:** So you should be proud.

**Dr. David Unwin:** Yeah, so that's one.

**Dr. Andreas Eenfeldt:** That's fewer carbs I guess.

**Dr. David Unwin:** That's exactly what he has done. He started with sugar and then he added bread and he was having potatoes and rice that's all gone. He's eating a pile of green veg now. But he feels great and he's doing really well. This is an old one I'm really proud of. So this lady is 82. One of the prejudices I hate most is older people can't lose weight. And I used to believe that.

**Dr. Andreas Eenfeldt:** Older females especially, right?

**Dr. David Unwin:** Yeah, I really used to believe that it was hopeless.

**Dr. Andreas Eenfeldt:** So this is a woman who is 82.

**Dr. David Unwin:** This lady is 82. And you see this is a graph of her hemoglobin A1c, which is her diabetic control. And last August her hemoglobin A1c was about 130. That is sky-high, that is really, really--

**Dr. Andreas Eenfeldt:** Not good at all.

**Dr. David Unwin:** She was drowsy on that. Drowsy and very unwell... and breathless. Probably because she was very heavy. And she... I've got her weight loss thing here. Yeah, there is... So... It shows how her diabetes improved. So we went from 130 down to about 55 or 60 there.

**Dr. Andreas Eenfeldt:** It's quite an amazing improvement in just--

**Dr. David Unwin:** Yeah, a huge improvement and her diabetes is the best for a long time as well. But what goes with that is this graph which is her weight. So she was 109 kg by last August and she is 80 kg now.

**Dr. Andreas Eenfeldt:** So down 30 kg, that's pretty amazing.

**Dr. David Unwin:** Now she's a very old lady. She actually lives in a rest home so she is quite poorly. But what was great was the difference it's made to her breathing, the difference it's made to her pride, how she feels. And she believes she can do something. She saw herself as not, you know... And the staff in the home didn't think they could help her.

They were just letting her eat anything, not knowing it would make a difference. Because they thought, "Well, she's old anyway". I said, "No, we could do this differently." And she showed me with great pride how she's differently now. Because she was having a lot of puddings and sweets and all sorts of things. All of which she stopped voluntarily because she has chosen to do this.

And then this is her feedback because her weight has come down and it's the best for a long time again. So it's also feedback for the staff in the rest home. They are so proud because they keep weighing her and ringing me up saying, "She's lost weight again, I can't believe it." And they said today, "She keeps asking to come out of her room." She never left her room. This lady just sat there at 109 kg. She was not leaving her room.

Her quality of life was very poor because it was a real struggle to be 82 and weigh 109 kg. You're not moving. And the difference that weight loss has made to her breathing, her self-esteem, the staff's self-esteem, the people who care for her are so proud

because they are proud of looking after somebody well. So feedback goes to the person and the staff and look, I'm showing off now, I'm proud as well.

So we've changed a situation with an unwell person, poor life, drowsy... I could've started insulin, I could've admitted her to a hospital with a blood sugar as high as that. We have changed that situation to a patient showing off. The people who care for her couldn't wait to tell me today what she weighed this week.

I know her family are proud of her and I'm showing off to you. So that's quite a result in a few months from what I would've done five years ago. Five years ago I would've either not bothered. I would've thought, "She's old anyway." Or admitted her to a hospital or maybe started insulin.

**Dr. Andreas Eenfeldt:** And then she could have gained even more weight.

**Dr. David Unwin:** Yeah, I know now that in type 2 diabetes, for an old person with type 2 diabetes she could be even heavier now. Because that insulin would... You know, where does the sugar go? You get fatter. This was just to illustrate feedback, not just for the doctor, not just for the patient, but they take these graphs home because they want anybody to see them.

And several of them, patients, they know I sometimes ask permission to put their graphs on Twitter. But those people are proud. Because sometimes they say, "How many people saw my graph on Twitter?" And I say, "25,000". And that means immense amount to people.

Because if you've spent your life not seeing yourself as a success, imagine how you feel when the doctor puts your graph on Twitter because it's so remarkable. And then they keep asking me, "How many people have seen it?" So feedback for how many people is powerful stuff. And I wasn't using it before.

**Dr. Andreas Eenfeldt:** So many good ideas here. I'm thinking many people who watch this video, they can't remember all the good ideas they have heard, so would you like to summarize the most important things to just remember after listening to this?

**Dr. Jen Unwin:** Yes, there are just three or four things. So the first thing we talked about was the preferred future. So trying to get an idea of what people would like to be different or better and get a really rich idea of that, to sort of pull their best hopes for the future.

We talked about getting an idea of what people are already good at, what's helping them, so who is around helping them, what successes they've had before, what other strengthening resources they've got. We talked about small steps in the right

direction, about sort of what's the next thing that someone could do, maybe it's just giving up sugar in the tea. And then feedback and the power of that.

So people are noticing for themselves what's different and what's better, asking about that, but also some regular kind of objective measurements that the doctor is interested in and the doctor's belief that the person, or whoever is talking to them, they believe that they can get there, they can make a difference, they can get there in the end.

**Dr. David Unwin:** So it's kind of these four steps in a cycle and you can just go round and round this cycle. So it's clarity of goals. It's what resources have you got, it's small steps, it's reflecting on what's gone well and start again. Now what goals have you got? Have you got any other resources?

And reflect on what you've done, what's going well. What's your next small step. And now how do you feel? And you can go round and round that cycle as many times as you like. So four pieces to it, really. Goals, so it's clarity of goals, it's what resources do you have, it's small steps and reflect on what's going well.

**Dr. Andreas Eenfeldt:** And when it starts getting really impressive you print a page and give it to them.

**Dr. David Unwin:** Yes, that's right.

**Dr. Jen Unwin:** And we all have a little celebration.

**Dr. Andreas Eenfeldt:** Or you ask permission to post it on Twitter.

**Dr. David Unwin:** Yeah, that's exactly what I do. They love it. I always say, "I will print two copies off because I want a copy as well." Because they always asked me for the graphs. And I've got hundreds and hundreds other graphs. And if you have a feel a bit low I could just look through those graphs because it shows me what you can do.

**Dr. Andreas Eenfeldt:** I will put a link to your Twitter account below the video so that people can check out, what can happen to maybe their patients, their friends, if they start doing this.

**Dr. David Unwin:** Yeah, keep records of what you've done. Measure stuff.

**Dr. Andreas Eenfeldt:** Really inspiring stuff, thank you so much for the interview. I hope a lot of people get motivated to try it themselves with their patients.

**Dr. David Unwin:** I hope so too. Thank you.

**Dr. Jen Unwin:** Great.