

Working with People with Learning Disabilities around Weight Loss

Top 10 Tips

Who are we?

- Phill Howe Primary Care Liaison Nurse / Community Nurse for people with Learning Disabilities
- Linda Hancox Primary Care Liaison Nurse / Community Nurse for people with Learning Disabilities
- Between us we have over 40 years of experience of working with people with Learning Disabilities and have been in our current posts for the past 15 years.

Our role

As PCLN's we are responsible for coordinating the annual health checks for people with learning disabilities under the DOH direct enhanced services agreement (DES) with GP practices. As part of this role, we:

- work closely with GP practices to make reasonable adjustments to enable people with learning disabilities to access primary care services.
- carry out annual health checks for those that cannot access GP practices.
- support practice nurses to help them enable learning disabled people to access mainstream services as opposed to having specialist services.
- work to develop a county wide pathway for people with learning disabilities to access dietetic and obesity services.

Local authorities have now been given the responsibility for public health and are rolling out the Devon Weight Management Service. We thought it would be good for us to develop links with health trainers and people responsible for this programme to help them make reasonable adjustments to enable people with learning disabilities to access this service as well.

Over the past few years we have worked closely with practice nurses, dieticians and obesity services. We have taken on board many of the practices that they use but have adapted them for people with learning disabilities.

We have looked at Weight Watchers, Slimming World, gym classes and various different diets that people access. We have concluded that none are really accessible to people with learning disabilities.

After consulting with a dietician who gave us their handbook, we started to adapt the book to use with our client group.

We have now developed Weightwise.

Weightwise is a 10 week healthy eating programme for people with learning disabilities. It is based on the information we gathered from our initial investigations and known approaches that are used with people with learning disabilities.

Weightwise uses information we obtained from Dieticians in North Devon.

We start by working out a person's energy requirements and this gives us a recommended amount of calories that a person can eat each day to maintain current body weight.

From this starting point, we take away 500 calories to leave us with a recommended daily calorific intake which should allow a person to lose 1lb per week.

This can be reduced by 250 calories to lose half a pound per week.

The main idea is to introduce small changes to dietary habits and lifestyle that can be sustained. The end result goal is losing a bit of weight and developing a healthy lifestyle.



Top 10 Tips

1. Be Concrete



- Terms such as ‘healthy’ and ‘unhealthy’ may not be understood.
- Use ‘Good’ or ‘Bad’ or specific examples such as ‘Cakes are bad but fruit and vegetables are good’.
- But beware...

We recently worked with a young lady who has a mild learning disability with severe Autism.

She sits in front of the television at night eating bars of chocolate, crisps, and biscuits and has put on a considerable amount of weight.

We accepted that she likes to have a snack at night so we said she should swap the 'bad' items for 'good' items such as fruit, vegetable sticks, snack a jacks or low calorie diet bars.

What do you think she did?



She proceeded to eat whole packets of large snack a jack cakes,
whole punnet's of grapes and as many healthy fruit bars as she could
- all in one sitting!

We forgot the concrete rule:

we didn't tell her *how much* she could or should eat!

Another example:

Alex eats Spinach Cannelloni every night for tea. That's 7 nights per week! He is moderately learning disabled and severely Autistic and very rigid in respect of everything he does.

We managed to get him to sample some carrot soup which he admitted he liked.

We agreed with him that next time he goes shopping he would buy 4 cannelloni and 3 soups.

He did this good as gold but continued to have cannelloni every night for tea!

What did we do wrong?

We didn't tell him that he had to eat the soup so he carried on as before!



He now has a menu plan which alternates cannelloni and carrot soup. We are also looking at introducing another item to his menu!

We don't make the same mistake again. Concrete Thinking!

2. Use concrete sizes



People with learning disabilities invariably do not understand weights and measures.

Using measuring cups and analogies of everyday objects like the size of a pack of cards or a match box are much easier for them to understand.

3. One thing at a time



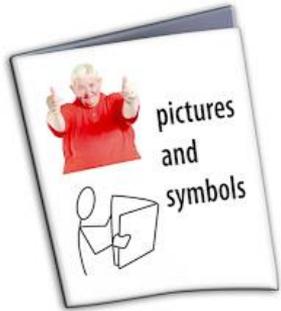
Do not bombard people with learning disabilities with lots of changes at one time.

Try one change at a time and once that one is established then introduce another.

For example, introduce breakfast to kick start the day.

4. Provide easy to read information

Most literature is too complex for people with learning disabilities to understand.



Use accessible information which is one picture and a few words to describe.

See www.apictureofhealth.southwest.nhs.uk

Lunchtime Menu Planning Ideas

	1 medium sized jacket potato (about 200grms with no butter)	218 calories
	With 1 small tin of reduced sugar baked beans	+ 126 calories Total 344 calories
	With 2 large spoons of cottage cheese	+ 56 calories Total 274 calories
	With 30grams of low fat cheese	+ 100 calories Total 318 calories
	With $\frac{1}{2}$ tin of tuna in spring water	+ 100 calories Total 318 calories

5. Ensure parents/carers understand what you are asking



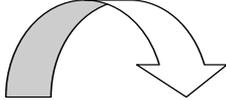
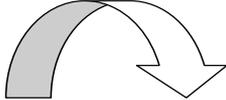
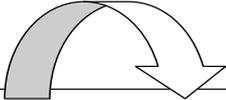
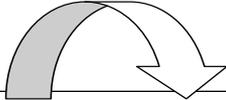
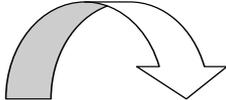
- It is really important that parents and carers are on board. They will need to support the individual in our absence and will need to continue after we have left.
- Sometimes they may not understand information. Write things down for them as well.
- You may be asked to work with people who live in a residential home, or places where a number of carers are involved. In these cases, try to involve the manager or senior to ensure that all staff are working toward the same goal for the individual. Continuity is essential for success.

6. Make small changes



- Small changes can make a big difference
- Remember that you should only be making one change at a time
- Examples of small changes may be snack swaps, smaller plates, reduce sugar

SNACK SWAP!

 <p>133 calories</p>	Swap for 	 <p>83 calories</p>
 <p>259 calories</p>	Swap for 	 <p>114 calories</p>
 <p>102 calories</p>	Swap for 	 <p>54 calories</p>
 <p>250 calories</p>	Swap for 	 <p>101 calories</p>
 <p>180 calories</p>	Swap for 	 <p>54 calories</p>

7. Repeat, don't assume



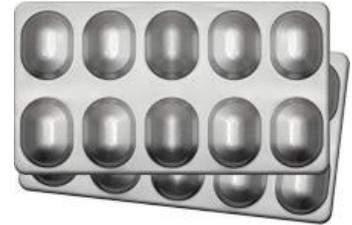
- Always check understanding
- Ask people to repeat and don't assume they have understood because they have nodded or said yet.
- Back up with accessible information.

8. Allow longer appointment times and build in extra time for error



- As can be seen from the extra input that people with learning disabilities will require, it may be prudent to give longer appointments.
- You may need to work with people over longer periods of time.
- You may also need to extend beyond your normal range i.e. 15 appointments as opposed to 10 appointments.

9. Consider other issues which may make weight loss more difficult



- Certain medications will cause weight gain such as Olanzapine, a commonly used antipsychotic medication.
- It is still possible to lose weight whilst on these medications but it may take longer.
- Certain genetic or chromosomal disorders also seem to be linked to weight gain, such as Downs syndrome. Again, it is possible to lose weight but may take much longer.

10. Don't be afraid to be prescriptive



- Offering advice to people who don't have a learning disability often involves them making the decisions and choices.
- Sometimes with learning disabled people we need to be more prescriptive.
- Don't be afraid to negotiate with people and be quite specific.

Example of setting a prescriptive weekly menu:

About Sarah: Sarah is 40 years old with a mild learning disability. She lives independently in the community in her own bungalow. She presents as being very able and communicates excellently. She is prescribed Olanzapine which is renowned for weight gain but is an excellent antipsychotic medication.

We worked with Sarah for some time trialling various approaches to help her lose weight. She would lose a couple of pounds and then gain a couple of pounds and we didn't seem to be getting anywhere.

When we looked at her food diary it was excellent and it was all 'good' home cooked food. We could not understand where we were going wrong.

We were about to accept that it was the Olanzapine that was causing the problem but had one last go at providing a very prescriptive weekly menu.

We worked on 3,4,5 that is 300 calories for breakfast, 400 calories for lunch, and 500 calories for tea, according to our initial calculations she was able to have nearly 2000 calories a day to lose a pound a week.

We devised a menu using be good to yourself ready meals as main meals that were all around 500 calories and her choice of porridge in a measured amount and a choice of sandwich for lunch, this left loads of room for snacks and mistakes throughout the day that she had chosen out of a list of good snacks

.

Sarah followed this diet for 2 weeks and immediately lost 3lb and continued to lose at a steady manageable rate eventually losing a stone and a half in total.

We concluded that the problem was portion sizes.

It seems that Sarah was following nice healthy recipes but they were designed for 2 people and she was eating the lot!!

We also proved that you can still lose weight whilst taking Olanzapine!



MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
BREAKFAST  30grams of cereal with semi skimmed milk one cup of coffee	BREAKFAST  30grams of cereal with semi skimmed milk one cup of coffee	BREAKFAST  30grams of cereal with semi skimmed milk one cup of coffee	BREAKFAST  30grams of cereal with semi skimmed milk one cup of coffee	BREAKFAST  30grams of cereal with semi skimmed milk one cup of coffee	BREAKFAST  30grams of cereal with semi skimmed milk one cup of coffee	BREAKFAST  30grams of cereal with semi skimmed milk one cup of coffee
Mid Morning  One apple or one Satsuma one cup of coffee	Mid Morning  One apple or one Satsuma One cup of coffee	Mid Morning  One apple or one Satsuma One cup of coffee	Mid Morning  One apple or one Satsuma One cup of coffee	Mid Morning  One apple or one Satsuma One cup of coffee	Mid Morning  One apple or one Satsuma One cup of coffee	Mid Morning  One apple or one Satsuma One cup of coffee
Lunchtime  One cup a soup (any flavour) one cup of coffee	Lunchtime  One cup a soup (any flavour) One cup of coffee	Lunchtime Meal Out	Lunchtime Meal Out	Lunchtime  One cup a soup (any flavour) One cup of coffee	Lunchtime  One cup a soup (any flavour) One cup of coffee	Lunchtime  Roast dinner
Mid Afternoon  One apple or one Satsuma one cup of coffee	Mid Afternoon  One apple or one Satsuma One cup of coffee	Mid Afternoon  One apple or one Satsuma One cup of coffee	Mid Afternoon  One apple or one Satsuma One cup of coffee	Mid Afternoon  One apple or one Satsuma One cup of coffee	Mid Afternoon  One apple or one Satsuma One cup of coffee	Mid Afternoon  One apple or one Satsuma One cup of coffee
Evening Meal  Food to yourself meal and a cup of coffee	Evening Meal  Be good to yourself meal and veg and a cup of coffee	Evening Meal  One cup a soup (any flavour) One cup of coffee	Evening Meal  One cup a soup (any flavour) One cup of coffee	Evening Meal  Be good to yourself meal and a cup of coffee	Evening Meal  Be good to yourself meal and a cup of coffee	Evening Meal  One cup a soup (any flavour) One cup of coffee

Other ideas that you may consider.

Target setting, People with Learning Disabilities seem to respond well to goals being set with them, but make sure that they are achievable.

Incentives, rewards such as certificates are always valuable and if you can get family members or carers on board then other rewards can be built in like a Kitten!

Accessible shopping lists, pictures of items to buy from the supermarket especially helpful with our autistic clients who may only buy what is on their shopping list.

Accessible recipes

Perseverance don't give up

Exercise - most people with learning disabilities cant attend gym sessions as they are invariable reliant on others to take them or just cant keep up.

Use other forms of exercise, discos, cleaning and hoovering arrange for walks with support staff, swimming or anything that involves moving around, getting the heart rate up and is fun.

Sweet Potato and Carrot Soup Ingredients

	3 sprays of one cal 3 calories
	1 cup of chopped onion 55 calories
	1 teaspoon of curry powder
	1 fist sized sweet potato cut into cubes 80 calories
	2 large carrots cut into cubes 70 calories
	1 pint of chicken or vegetable stock made with 3 oxo cubes 51 calories
	Total 259 calories

Sweet Potato and Carrot Soup Recipe

	Spray the 3 sprays of one cal into a saucepan
	Fry the onion till soft
	Add the curry powder and cook whilst stirring for 1 minute
	Add the sweet potato, carrots and stock to the pan
	Simmer for 20 minutes or until the vegetables are soft
	Put the mixture into a blender and blend till smooth and serve.

Please feel free to email or give us a ring if you think that we can help in any way.

Linda.hancox@nhs.net

Philliphowe@nhs.net

Or dial 01392 383000 and ask for either of us by name.

Thankyou!!!!