

# CLINICIANS

Lifestyle Education Materials For Clinicians  
Treating Adult Patients With MASLD/MASH



GLOBAL NASH/  
MASH COUNCIL

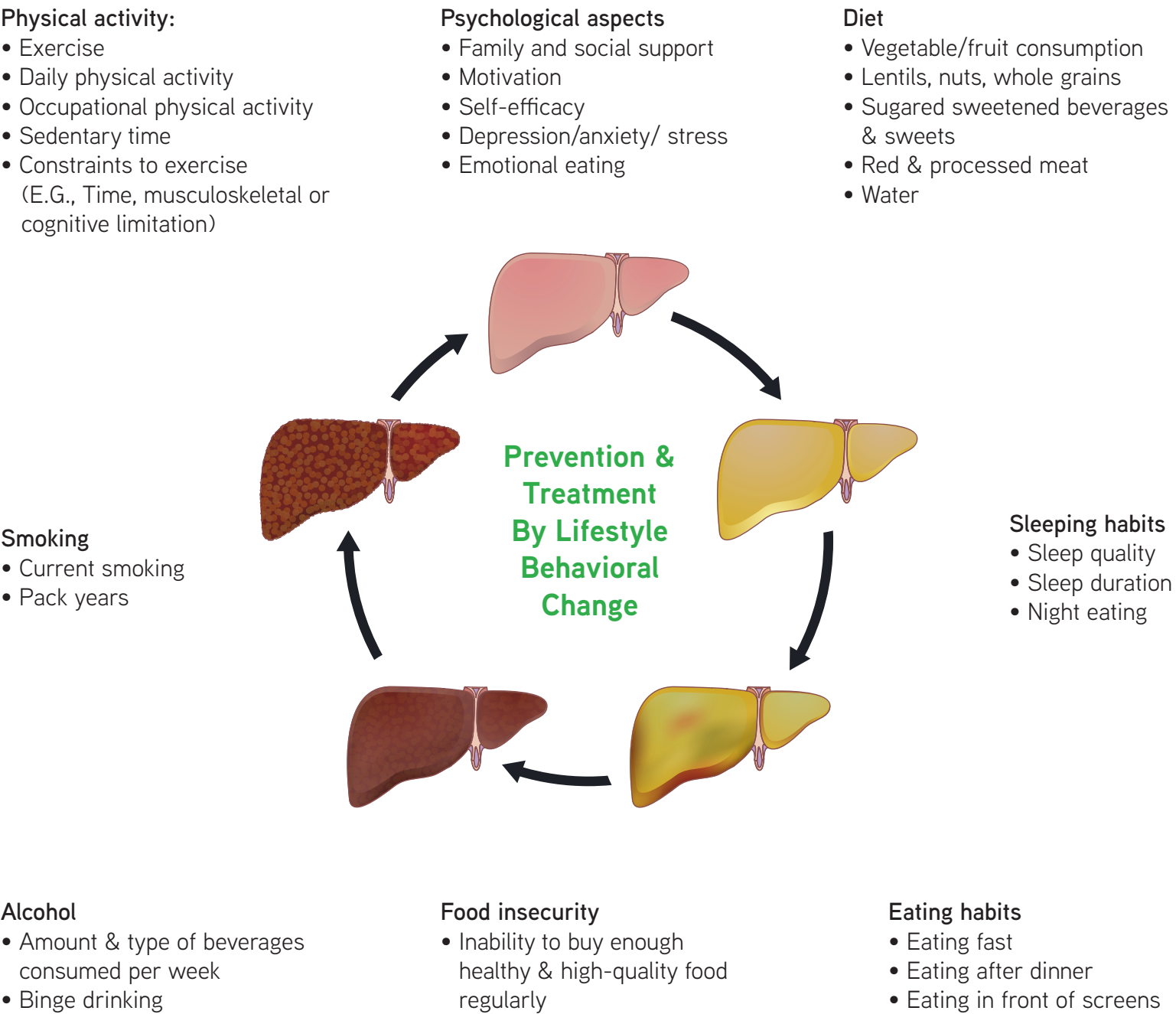
A practical guide for the busy clinician  
First visit: assessment

1 Ask your patients’ permission to assess lifestyle habits

According to the motivational interview principle, asking permission is a crucial step to increase patient engagement

Example: “Lifestyle behavioral change is the first line treatment for MASLD. Your diet, physical activity, and smoking habits are important for your liver disease treatment. To provide a treatment that will personally fit your ability and preference, I want to assess first the current situation. Would you mind if I asked you several questions?”

2 Collect data about your patients’ lifestyle habits



3 Provide a tailored treatment program

- Emphasize the patient’s ability to change habits to enhance his self-efficacy
- Emphasize the importance of getting support from behavioral and nutritional experts
- Refer all patients to a clinical dietitian who can provide personalized dietary guidance and motivate them to initiate or improve their physical activity
- Consider referring your patient to additional lifestyle experts like a smoking cessation program or a sleep study
- Consider comprehensive behavioral treatment or psychological therapy
- Set achievable goals using the SMART model (Specific, Measurable, Achievable, Relevant, Time-bound)
- Provide positive feedback regarding your patient’s healthy habits

# Ultra processed food

## Why are ultra-processed foods and drinks bad for us?

Ultra-processed foods (UPF) and drinks are characterized by:

- Low nutritional quality, high energy density
- Contain high amounts of saturated fatty acids and high-fructose corn syrup
- Undergoing multiple industrial processes to create the final product, some create harmful compounds to Human health
- Contains additives that may be harmful
- Due to its plastic or can packing, UPF contains endocrine-disrupting chemicals (EDCs) - that may be harmful to human health






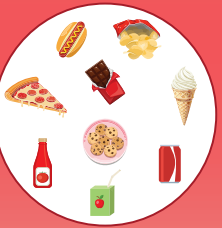
Adopted from Grinshpan LS. et al., *JHEP Reports*, 2024

High UPF consumption is associated with cardiovascular diseases, cancer, metabolic syndrome, type-2 diabetes, obesity, steatotic liver disease, & all-cause mortality

## What is the practical way to identify if a product is ultra-processed?

UPF contains characteristic ingredients of no or rare culinary use in your kitchen, for example:

- Hydrolyzed proteins
- Fructose, high-fructose corn syrup
- Hydrogenated oil
- “Cosmetic additives”- flavors, colors, emulsifiers
- Palm oil
- UPF tends to be high in energy, salt, sugars and fat
- UPF is usually very easy to use, ready to eat/heat, durable, & hyper-palatable
- UPF is usually packed in plastics and cans
- The ingredients list of the UPF product usually contains more than 5 ingredients

NOVA Food Classification			
UNPROCESSED OR MINIMALLY PROCESSED FOODS	PROCESSED CULINARY INGREDIENTS	PROCESSED FOODS	ULTRA-PROCESSED FOODS
Foods which did not undergo processing or underwent minimal processing techniques, such as fractioning, grinding, pasteurization & others	These are obtained from minimally processed food & used to season, cook, & create culinary dishes	These are unprocessed or minimally processed foods or culinary dishes which have been added processed culinary ingredients. They are necessarily industrialized	These are food products derived from foods or parts of foods, being added cosmetic food additives not used in culinary
			
Legumes, vegetables, fruits, starchy roots & tubers, grains, nuts, eggs, chicken, & milk	Salt, sugar, vegetable oils, butter & other fats	Bottled vegetables or meat in salt solution, fruits in syrup or candied, bread, cheeses, purées or pastes	Cookies, ice cream, shakes, ready-to-eat meals, soft drinks & other sugary drinks, hamburgers, & nuggets

Adopted from Oliveira P., *Frontiers in Nutrition*, 2022

## How can you help your patients to reduce their UPF consumption?

- Emphasize the importance of drinking water and reduction of sugar sweetened beverage consumption
- Encourage to consume minimal or unprocessed foods in meals and/or as snacks (e.g., vegetables, fruits, natural yogurt, nuts, eggs, legumes, unprocessed fish & poultry)
- Educate on how to interpret food labeling

# Facilitating healthy lifestyle changes among a diversity of patients

## General practical points

As clinicians, we know that making a lifestyle change can be a challenge and often struggle broaching the subject with our patients in a supportive and helpful manner. The following document is a brief summary of practical guidelines for facilitating lifestyle change with body diverse patients

- **Build rapport and create a safe space:** make eye contact, listen actively, and take advantage of every opportunity to respect and validate the individual's experience. Refrain from giving advice. Earn the right to make suggestions when appropriate and trust that every patient is doing the best they can
- **Respect autonomy and express curiosity without judgment:** open-ended questions work well. Examples: what brings you in today? How can i be helpful? What are your concerns? What is working for you? What would you like to focus on today? What do i need to know in order to be helpful?
- **Promote a climate that enhances compassion and self-respect:** shame, blame and fear prompt short-term obedience but fuel impulsive and self-harming behaviors. Self-care behaviors stemming from an attitude of kindness, compassion and respect are inherently reinforcing and tend to stick over time
- **Adopt a growth mindset:** views change as a learning process and not a hit-and-miss goal checklist. Self-efficacy and agency are built over time by acquiring skills, developing effective strategies and deliberate practice
- **Teamwork:** view yourself and your patient as a team working together to promote change in a mutually reciprocal learning process. Respect the areas of expertise that each member contributes in this collaborative effort to enhance the patient's health and well-being

## Special points to consider if your patient struggles with eating regulation & weight management issues

- Accept the *international consensus statement for ending the stigma of obesity*, that weight is multi-factorial and not necessarily under full control (Rubino et al., 2020). Help differentiate what is controllable (current values, priorities, choices, etc.) and what is not (age, genetics, personal history, etc.)
- View health as a broad concept, impacted by decisions, values and life circumstances. Emphasize living a meaningful life with vitality as opposed to achieving specific weight health-promoting behaviors and goals
- Treat every patient struggling with weight issues kindly as they probably have experienced a great deal of shaming (especially from health professionals). Be part of the solution and not the problem!

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# Moving to a healthy liver

## Reducing sedentary & screen time



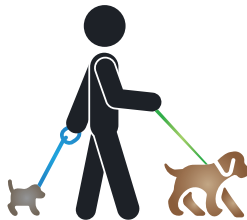
It is important to interrupt prolonged sitting time (every 45 minutes) with short bouts of exercise or activity: *2 - 3 minutes of stretches, 1 leg squats, & jumping*



## Increasing daily activity



EVERYDAY ACTIVITIES ALSO MAKE A DIFFERENCE!



HOBBIES CAN PROMOTE PHYSICAL ACTIVITY

## Exercise/activity

(Source: <https://www.cdc.gov/physicalactivity/basics/age-chart.html>)

### Adults (18-64 years)

Important to keep moving and reduce sedentary activity. Recommend  $\geq 15$ -30 min everyday:

- Aiming for sweat-inducing, high heart rate exercise where talking is limited

$\geq 2$  Days/week of activities that strengthen muscles:

- Advise body weight, resistance band, free weight, or weight machine movements focusing on major muscle groups of the upper and lower body

Also recommended:

- Stretching, one leg standing for 60 seconds and yoga or pilates

### Adults ( $\geq 65$ years)

Focus on daily activity/exercise to reduce sedentary activity. Recommend  $\geq 15$ -30 min/daily:

- Improve mobility/walking, balance, flexibility, strength

Specific recommendations-  $\geq 2$  days/week for Muscle strengthening:

- Upper and lower limbs (using a resistance band or body weight)
- Floor exercises to promote bed mobility and being able to get up from the floor

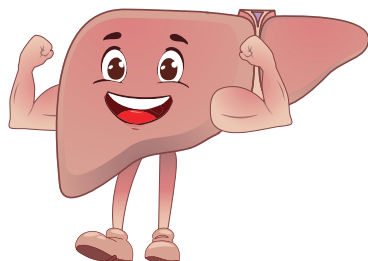
Nice to add

- Sessions with instructors for yoga, pilates

## The liver will be grateful

Physical activity improve liver and overall health

- ✓ Reduction of hepatic fat independent of weight loss
- ✓ Improvement in hepatic enzyme levels
- ✓ Sustained weight loss maintenance
- ✓ Enhanced physical fitness and exercise tolerance
- ✓ Decrease in abdominal adiposity



## 1 Do's and don'ts of lifestyle change conversations

### DO's

#### "Oars"

- Ask open ended questions
  - What has been going on with you since we last met?
  - Would you like things to be different?
  - Have you thought about next steps?
- Offer affirmations
  - When you review goals, take joy in their successes and express **empathy** during tough spots. Affirmation keeps patients moving forward more than correction!
- Practice reflexive listening
  - Capture the essence of what the patient has told you and help them achieve an idea
    - "So you feel..."
    - "It sounds like you..."
    - "You're wondering if..."
- Summarize the visit
  - Recapping the visit while calling attention to the salient points and allowing the patient to correct any misunderstandings
    - "Here's what I heard. Tell me if I missed anything..."
    - "Let me see if I understand so far . . ."

### DON'Ts

- Compliment
  - Instead of: "**you are doing great!**"
  - Try: "**you have thought carefully about changing your behavior and decided on a strong path forward**"
- Give advice
  - Instead of: "**if you don't lose weight, you are at-risk for consequences**"
  - Try: "**would you like me to share some information about how weight loss may affect your liver risk?**"
- Ask too many questions
  - Instead, ask open-ended questions to avoid this problem
- Direct the conversation
  - Instead, try to find the patient's key reasons for change and build on their motivation and their plan for change
- Be careful to avoid stigmatizing language
- Neglect to praise your patient's efforts
- Forget to follow-up at the next conversation!

## 2 The 5 A's – how to cater to your patient's needs and outcomes

1. Ask Permission
  - Shows compassion and empathy
  - Builds patient-provider trust
2. Asses Their Story
  - Identify goals that matter to the patient
3. Advise On Management
4. Agree On Goals
  - Collaborate on a personalized
  - Sustainable action plan
5. Assist With Drivers (i.e., Practical tips to encourage or maintain behavior) and barriers (i.e., Events that pose challenges or problems to behavioral change)

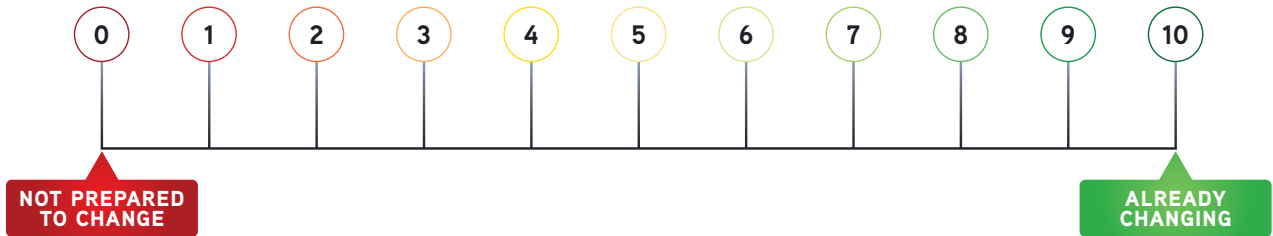
## 3 Effective communication with your patient

- Remember to use patient-centered language
- Using plain language is an important part of ensuring that information is communicated in ways that are easy to understand
- Avoid using stigmatizing and discriminatory language as it can lead to disengagement of the patient
- Avoid judgmental language (e.g., "non-compliant", "non-adherent")

# The patient journey with MASLD

## 1 Patient journey

*On a scale of 0 (not prepared at all) to 10 (already changing), where are you now in terms of your preparation to make a change in your lifestyle (fill-in specific behavior)?”*



- If a person is **below 5**:
  - How will you know when it is time to think about changing?
  - What signals will tell you to think about making a change?
  - What qualities in yourself are important to you?
  - What connection is there between those qualities and not considering a change?
- If a person is **near 5**:
  - Why did you put your mark there and not closer to the left?
  - What might make you put your mark a little further to the right?
  - What are the good things about the way you are currently trying to change?
  - What are the things that are not so good?
  - What would be a good result of changing?
  - What are the barriers to changing?
- If a person is **above 5**:
  - What is one barrier to change?
  - What are some things that could help you overcome this barrier?

## 2 Example questions for follow-up visits

- If the person has taken a serious step in making a change:
  - What made you decide on that particular step?
  - What has worked in taking this step?
  - What helped it work?
  - What could help it work even better?
  - What else would help?
  - Can you break that helpful step down into smaller parts?
- If the person is changing and trying to maintain that change:
  - Congratulations! What’s helping you?
  - What else would help?
  - What makes it hard to maintain the change?
- If the person has “relapsed”:
  - Don’t be hard on yourself. Change is hard and may take time
  - What worked for a while?
  - What did you learn that will help when you give it another try?

