

One More for the Road



JOSEPH B. NELSON, MA, LP, CST

Tim was a big man; in fact, he carried his nearly 300 pounds fairly well. He was very pleasant, smiling most of the time, and had a great laugh. It was hard not to laugh with him.

Tim came in with newly diagnosed diabetes, high blood pressure, elevated lipids, and early neuropathy. These medical issues had complicated his life more than he expected.

As a health psychologist, part of my job was to help Tim sort out his therapy goals and priorities. In our initial session, Tim identified exercise and diet as his primary focus.

Another part of my job was to explore other areas of Tim's life and behavior that might affect his diabetes. When questioned about his alcohol use during the course of our discussion, Tim denied any concerns and reported no consequences from drinking. (Alcoholics are very likely to underreport

the amount and frequency of their use.) He and I were so focused on exercise and diet that we didn't explore his drinking any further at this time.

There are many issues such as stress, relationship issues, and lack of support that diabetes educators commonly ask patients about. By doing so, we can understand how these may be affecting diabetes control and make suggestions that might be helpful. One area that may not get enough attention is alcohol consumption.

In this case study, my own experience of not fully exploring alcohol consumption with Tim will exemplify both what happens when we don't discuss the topic completely and what can happen when it is addressed.

Working on Goals

Tim and I set up weekly appointments, agreeing to focus on eating and exercising differently to help improve his weight, blood pressure, lipids, and neuropathy. I looked forward to and enjoyed our sessions. Tim was funny and open about his life and about how he would sometimes misbehave. He also seemed genuinely interested in becoming healthier. He was a single business professional with a long-term live-in partner, Susanne. Tim traveled frequently, did a great deal of hunting, including big game, and was a pilot who owned his own plane. As we dug deeper, I learned that being a pilot was Tim's primary motivation for seeing me. His license to fly would be threatened if he were to be treated with insulin.

Tim chose exercise as his initial goal. He had weights and a treadmill at home, and he thought he could start a routine without a problem. We began with small goals: 5 minutes on the treadmill, 3 sets of 10 curls, bench press, 10 pushups, and 25 sit-ups 3 times per week. He felt he could do more,

but for now Tim agreed this would be fine, admitting that he could set unrealistic goals, become defeated quickly, and give up.

Tim had completed 1 exercise session when we met a week later. He said he couldn't find time for more because he was too late at work or too busy with Susanne. We continued to have a good session, with the conversation turning to Tim's fear of public speaking. Since I overcame my own fear of public speaking, I felt this diversion would be helpful for Tim and for establishing trust and connection. By the end of the session, we had set the same goals for the next week, and we also identified specific times that Tim would work on his goals to help him be accountable.

At our third session the following week, Tim had again met his goal only once. In discussing what got in the way, Tim let me know he and Susanne had a ritual of having a drink when he got home from work. After their cocktail, it was useless to try to exercise, and he thought he would have to do it in the morning. This was an opportunity for me to probe a little more about his drinking. I learned that he drank bourbon on the rocks, apparently the "good stuff." I asked if he ever drank to excess. He said no, but that he did drink more days than not. Further questioning revealed that Tim got a ticket for driving under the influence when he was in his 20s, his brother was a recovering alcoholic, and his dad was a heavy drinker who died in his early 50s of a heart attack. Tim's drinking *sounded* controlled, but I had suspicions and knew I had to watch this issue closely.

We set Tim's goals for exercise again—2 times during the week before work. He reluctantly agreed to this; he still thought he could do more. He came back the next week having accomplished his goal, and he reported that he had started the South

Beach diet. While this would not have been my suggestion, he and Susanne were doing it together so I encouraged it. Tim also had some energy around this. He was pleased that he had achieved his exercise goal for the week but downplayed it as not really hard enough. He had a very macho attitude: if it's important enough to do, it should be somewhat painful. No pain, no gain.

One Step Forward, One Step Back

We spent the next few months in the dance of Tim making some movement and then retreating. He would meet some goals and make progress, and then he would lose interest and struggle to sustain motivation. In my experience, it is normal to have many starts and stops. Overall he made improvements, including dropping a few pounds. The most important changes had to do with diet and





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included consuming fewer obvious carbohydrates. Tim and Susanne also joined a health club, began working with a personal trainer, and made cooking changes at home.

The good news was that Tim was able to maintain the behavior changes he did make. The bad news was that there was little to show for it. Tim was now taking 3 blood pressure medications and barely keeping his numbers within limits. His cholesterol had not changed, and his triglycerides were worse. His A1C was better, but he was taking more oral medications. He was, however, testing his glucose more regularly, and with the exercise and diet changes he'd made, I was puzzled that Tim's outcomes were not better. He was also frustrated by the fact that his neuropathy had become quite a bit worse and was disturbing his sleep.

I assured myself and Tim that things would begin to move soon. He seemed satisfied that he had made some changes and that he felt better. I still took opportunities to ask Tim about his alcohol use, particularly after he quit the South Beach diet because he couldn't drink while on it. He also occasionally mentioned events he went to where he might drink too much. When I would press him on the issue, he denied having any concerns.

A Revelation

One afternoon Tim came in appearing quite serious and proceeded to tell me a story about his drinking. He said, "Last Sunday I was doing my usual thing, sipping bourbon while watching

football. There was nothing unusual about the day, but I did start drinking a little earlier than normal. I spent most of the day with Susanne, and some friends came by. We played cards for a while and had a good time. After our friends left, I went to put the bourbon bottle away and noticed it was almost gone. I had two thoughts: 'I have to get another bottle' and 'Oh my god, did I drink all that?' I was still functioning, walking, and talking, but when I measured it I found I had consumed 18 ounces of bourbon. That was my last drink. If I am completely functional after 18 ounces, I have a problem."

I sat there speechless. While I had suspected that there might be more to Tim's alcohol use than he admitted, this was an incredible discovery on his part. The best possible motivation for change comes from within, and this was very powerful.

Over the next several months, I witnessed remarkable results as Tim continued to exercise and to be mindful of his eating—but the main change was that he had stopped drinking. Weight began to melt off of him, and his A1C came down from the low 8s to the low 6s. Tim's daily metformin dose was cut in half, he was able to stop taking blood pressure medications entirely, and his lipids returned to normal levels. He still had some symptoms of neuropathy, but this was not affecting his sleep anymore.

I encouraged Tim to go to AA to help with sustaining the stunning changes he'd made, but he chose not to do so. Susanne was totally supportive and had quit drinking, too. Tim and I continued to meet, though less frequently, since he was doing well and feeling so much better. He was less threatened about losing his pilot's license, less fearful about his medical issues, and resolute in sustaining his weight loss.

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The Learning

Tim was unusual in the sense that most people who abuse alcohol or who are alcoholic have experienced consequences due to their drinking. Multiple drunk-driving incidents, relationship problems, legal problems, and financial problems are often the leading edge that suggests we might look further. Sometimes, however, the consequences are revealed only in the body and not in the external life. Alcoholism or alcohol abuse may be overlooked when we are preoccupied with another behavioral or medical focus. We might be looking in one direction for answers as to why outcomes are not changing, but alcohol use may be the elephant in the room.

When health professionals have honest, trusted relationships with their patients, it's possible to use our influence to ask those most personal questions that may often be overlooked. Assessing for

alcoholism is best done by chemical dependency professionals, but diabetes educators can ask a few questions that can determine the need for further exploration. A simple assessment may help us understand why some behavioral or clinical goals may go unmet and open the door to better health. Patients always have the right to not answer our questions, but, like Tim, just asking them may encourage an individual to take a deeper look themselves.

For further information, go to www.niaaa.nih.gov/publications. ■

Joseph B. Nelson, MA, LP, CST, is a health psychologist and sex therapist in private practice in Golden Valley, MN.

WHAT TO ASK PATIENTS ABOUT ALCOHOL

- How many days a week do you drink?
- When you drink, how many drinks do you have?
- Have you ever had consequences due to your drinking?
- Has anyone close to you ever suggested that you might have a problem with how much you drink?
- When you drink, do you have problems stopping?

