

Introducing more nutritious food to clients in recovery sounds worthwhile – but how easy is it to do in practice? Claire Clarke and Sue Williams told DDN how Clouds House got on when they made the brave decision to overhaul the menu.



## Serving up **healthier** recovery

When people come into treatment we see them in a low physical state, says Claire Clarke, head of treatment services at Clouds House residential rehab in Wiltshire.

'Their teeth are bad, their skin is bad, their hair is falling out – all sorts of things. We have always known that one of our tasks is to help build their physical strength during their detox, and help them follow on afterwards.'

Clarke knew the role nutrition played in repairing the body – 'I used to be a cook myself, I knew about the benefits of good food' – but had not really thought about relating her knowledge to the recovery programme she worked with. Hearing nutritionist Helen Sandwell speak about using food as fuel for recovery at the last FDAP conference suddenly struck a chord. On the way back to Clouds, she began planning a review of the menus.

'We already had a pretty healthy diet, but there were things we weren't paying enough attention to,' she says. 'We weren't really monitoring levels of salt,

sugar and fat in our patients' diets – so we set about re-evaluating our menus.'

Out went foods with 'no nutritional value whatsoever', which meant sacrificing vending machines stocked with sweets and fizzy drinks. In came fresh fruit throughout the day, water dispensers everywhere – and a redesigned six-week menu plan, devised by Clouds' chefs.

The chefs' remit was to reduce salt, sugar and saturated fat, and replace convenience food with fresh fruit, vegetables and homemade sauces. Their challenge was to make a clientele with a sweet tooth take to the new regime without protest or refusal.

Reducing sugar intake made perfect sense, explains Clarke. 'We know that blood sugar is an important factor in controlling mood disorders... poor blood control and sugar cravings are really common among drug and alcohol users. When people use a lot of caffeine and sugar, their blood sugar levels peak and dip – similar to the effects of alcohol – causing irritability

and roller coaster mood swings.'

Depriving people of caffeine and refined sugar can be like breaking another addiction, and staff were initially worried that the fresh food would be met with refusal. Clarke is still surprised that the change was greeted so positively by clients, but credits the staff team with making the transition such a positive experience.

Chefs go into the dining room after the last serving in an evening to make sure everybody has eaten, and that there are no problems. Clients with specific medical needs or cultural variations for religious reasons are encouraged to talk to the chefs so they have an instant link with someone who is providing their food and will make sure that their needs are met. Beyond the personal touch, imaginative presentation has become an enjoyable challenge – rewarded by seeing a man who had never eaten vegetables tucking into broccoli and salad, and weaning another client off a two-year diet of Weetabix.

Staff throughout Clouds have supported the programme willingly as they have witnessed the wider implications of seemingly small changes like replacing sugary desserts with a fruit platter in the evening, and cups of coffee with herbal tea. The night nurse team reports more settled behaviour and better sleep patterns. Clients are noticing the benefits for themselves, and take an interest in the nutrition lecture that gives advice on maintaining healthy eating without hassle when they go back home.

Now that the brave step to change has been taken, new clients accept that healthy eating goes with the territory of holistic treatment for recovery. Clouds offers alternative therapies like shiatsu, reflexology and Indian head massage, alongside doing tai chi and auricular acupuncture. Good nutrition becomes part of the toolkit for repairing body and soul.

Certainly it seems one part of recovery that can be arranged

relatively easily, by basic awareness.

'Food of any type is low on the priority list for drug and alcohol users,' says Clarke. 'With their chaotic lifestyle they are much more likely to spend money on drugs than to get a good meal inside them.' Eating the right foods regularly can do wonders for morale, as the benefits show pretty quickly.

Clouds House administration manager Sue Williams confirms that the quiet revolution has worked on many levels. Full buy-in from an enthusiastic chef team was a fundamental force, but the logistics of ordering different ingredients was not prohibitively disruptive or expensive. They have the same suppliers delivering, but are buying a little differently with the same budget, to incorporate more fresh ingredients, she says.

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'We always had fresh fruit, vegetables and herbs as part of the everyday diet, and there had always been a salad option. It's just moved on that bit further, so the salad might take the main focus of a meal.'

Williams also stresses that the meal plan is not about forbidden foods, but about getting a balance – highly important if there is going to be a transition to foods that clients are likely to eat back home.

'When the chefs prepare homemade burgers they serve chips with them, because that's what they will eat when they go home,' she explains. 'But they will serve healthy chips or oven baked potato wedges, rather than greasy fatty ones. They are being realistic so people can feel they can eat this sort of food at home.'

Comfort eating has taken on a whole new meaning. Instead of the regular stodge that characterises much mass catering, clients are given carefully presented food that the chefs have obviously taken trouble

over. Small changes make healthier dishes more imaginative – adding spring onions or stilton to mashed potatoes, for example. Replacing lamb casserole with lamb cutlets and salad is a small change for another nutritious option. 'It's about making food interesting while keeping it healthy,' says Williams.

'So much care has been taken with the food they're eating – and they value that,' she adds. 'That often doesn't happen to those with addiction problems in the outside world. People don't show them that level of care – it's something that's really lacking in their lives.'

It all contributes to the culture of wellbeing, learning to care for your body, deserving high-grade fuel. As the changes took place, the whole community was told what was going

on and the healthier options were explained. Instead of chaining themselves to the KitKat machine, clients took to the on-site shop's offerings of oat bars, fruit and nut bars and sugar-free lollipops.

It's been an encouraging reaction, and one that has inspired the chefs to build on their successes. After all, the proof is in the (sugar-free) pudding: when the chefs go into the dining room at the end of the last serving to see if everything's all right, they find a really positive atmosphere in there, says Williams. So far so good... 'If the change hadn't worked, they would be shutting the kitchen door and legging it!' she points out. 'It's been a big change, but the chefs have done it wholeheartedly and it has worked very well.' **DDN**

*Nutritionist Helen Sandwell's article 'Fuel for recovery' was published in DDN, 16 January 2006, page 6-7, and is available in the archived back issues on our website, [www.drinkanddrugs.net](http://www.drinkanddrugs.net)*

## Post-its from Practice

### The effects of hidden excess

**Make no assumptions, give thanks for medical students, and don't forget to check everyone's alcohol!, says Dr Chris Ford.**



**Every few weeks**, a group of medical students comes to our practice. They come with a range of experience and knowledge, depending on their seniority, and are often surprised how exciting and varied general practice is. One previous group were especially keen and asked to go out on a home visit.

That day, I had a request to visit an 85-year-old Asian woman who had fallen again. Several doctors had visited her for similar episodes and so far, no cause had been found. So I phoned the patient and obtained her permission for the students to go ahead of me and make their assessment first.

After about 30 minutes, I went round to discuss the students' findings. They presented them rather well and rounded up their summary with a question: did I think it was relevant that she was drinking half a bottle of brandy per day..? Now nobody previously had recorded her alcohol intake, maybe because we had assumed that Asian octogenarians don't drink! Yet the patient had been drinking this amount for years and didn't think it was a problem.

Excessive alcohol is so often the condition patients don't think to mention and doctors don't want to discover. It is not only harmful to the liver, but also increases the risk of coronary heart disease, hypertension, diabetes, obesity, depression and other psychiatric illness, and is associated with gastric symptoms, accidental injuries and domestic violence – the list seems endless.

It is estimated that about 25 per cent of consultations are directly related to alcohol and a further 25 per cent indirectly related. Putting this another way, 20 per cent of patients that consult their GP are excessive drinkers, which means that the average GP sees 360 patients each year who are misusing alcohol – or approximately seven patients every week. Yet 60 per cent of GPs only intervene with seven or fewer of these patients per year! Putting it more globally, a conservative estimate suggests we 'fail to diagnose and fail to treat' about six million people.

Many, if not most, of these excessive drinkers are unlikely to seek help for their drinking, and on the whole they do not actually need treatment as such. What they do need is early identification and early intervention, based on proven clinical techniques. Clearly our baseline practice needs to be improved, with minimum standards of screening and appropriate guidelines regarding treatment and interventions.

This elderly patient had long gone past the excessive drinking stage and was dependent. She did extremely well with a home detoxification, and has not drunk since. Her diabetes and hypertension are easier to control and, so far, she has had no further visits for falls.

So don't forget to ask everyone you meet about alcohol, wherever you work. Make no assumptions – you will often be wrong. And welcome those medical students in – they can be a blessing!

*Dr Chris Ford is a GP at Lonsdale Medical Centre and Clinical Lead for SMMGP*