

Season 3 Episode 3 – Beyond Medicine: Coaching, Movement in Chronic Disease

Guest: Ingrid Adelsberger

Len Usvyat

Welcome to the Renal Research Institute, Frontiers in Kidney Medicine and Biointelligence, where we share knowledge and advances in kidney research with the world. In this episode, I am joined by Ingrid Adelsberger, a National Board-Certified Health and Wellness coach, who has lived with a chronic disease for 15 years. Together, we're going to discuss the power of health coaching, exercise and nutrition with chronic conditions.

Welcome, Ingrid.

Ingrid Adelsberger

Thank you for having me, Len.

Len Usvyat

Absolutely. So, Ingrid. Of course. I find this a fascinating topic. And I think, just to start off, I think it's important for people to understand what health coaching is and also what brought you to this profession. What got you interested in health coaching?

Ingrid Adelsberger

I think the story that maybe most health coaches and I share, which is our own health. So I was diagnosed with multiple sclerosis almost 15 years ago, and I wanted to know what else there is for me to do other than just taking medications. So I found a lifestyle management program, which means diet and exercise, meditation, supplements, all these things.

But it's evidence based. And that really got me curious about what other diseases are and other things that you can do. And I wanted to help people then. And I realized that there is really a gap, I think, between the doctor or the nutritionist and the patient, because you walk out the door and they give you a menu plan, or they tell you, you are obese and you should lose weight, but then you come home and you're like, what should I do?

What is the next meal I'm going to have? And that is really what got me into it. And I wanted to find it out for myself and also help others. And then I think part of the question also was what a health coaching is. So often people think it's like a nutritionist or they think it's a personal trainer that helps you to get your goals, but it's really about behavior change and helping people day to day on the goals that they are setting themselves and so they can accomplish them.

Len Usvyat

How do you think it's different? How is health coaching different from social work psychology, psychiatry and all these disciplines that to many people may sound very similar.

Ingrid Adelsberger

Yeah. I think exactly what we just said. Coaching or health coaching focuses on behavior change versus psychiatry therapists, all of them. It's more about mental health or about a trait that somebody wants to work on. And they're helping them with that. And it also is a lot about the past versus coaching is more about the present and every day.

And what we can do tomorrow or the next meal or something like that. And social work, I think, is more about managing systems. So for example, if somebody needs housing or they have a problem with insurance and they need somebody to help them with or disability benefits, something like that.

Len Usvyat

I really like this. What you mentioned looking at the past, but I think usually health coaches, that's not really what you do. But whereas I think certainly therapy for example, psychiatry probably looks at those things.

Ingrid Adelsberger

It does come up, but I think when you try to stay within coaching, then we really don't want to be therapists, and we should not be therapists.

Len Usvyat

Sure, sure. Makes sense. Well, I know that, of course, you have a unique perspective internationally. I think you're in, Austria right now. But you have lived in the U.S. you grew up in, in, Vienna. And, you know, you spent quite a long time in the United States. Tell me the perspective that you think where there's a difference between the European and a more American perspective on health coaching, for example.

How is that different? And what are some of the pros and cons that you see between the two kind of continents?

Ingrid Adelsberger

Yeah, I think first, there is no perfect system. That's something I have learned. Also, there's no perfect place to live. I have learned that. So I think the great thing about Europe is socialized medicine. So that means if you need something, you will get it. It can also mean that you have to wait for a long, long time to get it.

So for example, yesterday I saw somebody that needs a hip replacement and was on crutches and we don't know how long this will take until he gets that hip replacement,

he will get it. But we don't know one person in the US. I think because it's private insurance, you get these things a little quicker. And I think there's also a little more room for preventative care, which I think here is like trying to make sure that everybody has everything.

And obviously we're having in the city of Vienna, it's about 2 million. We do have a large population, and obviously it's not enough doctors or that's probably a similar situation to what you have in the US. But sometimes preventative care is really on the backbone. So right now, which I think is interesting with coaching, is that coaching is only ten years old, not even ten years.

And so we got a few years ago, category three CPD credits, which are only there for data collection and kind of showing the value of coaching. And we are in the few months, I think by the end of the year, we will get an answer from CMS to see if coaching will get reimbursed and it will become category one CPD credits, which I think is really, really amazing and fascinating.

So I obviously hope that that will happen.

Len Usvyat

Do you think health coaching is picking up a little bit more in Europe than it did in the past?

Ingrid Adelsberger

I think it depends on the country. I do think the UK has it. I also do think that the northern countries have it, and I think we have something here too. But I don't consider it really health coaching. It's more like, you know, it would be good if you stop somebody smoking, here's a brochure and read about it.

Or they will say, like, you're overweight, why don't you eat a little better? But there is no behavior change in that. So I don't know when it will come to Austria, for example. But I do know there is a company in the US that also is in Germany that does health coaching. So I think it really depends on the country.

Len Usvyat

Well, let's talk a little bit about, chronic kidney disease. Of course. You know, Research Institute is particularly focused in, dealing, doing research, doing evidence generation for patients who have chronic kidney disease. And you may know, but many chronic kidney disease patients have lots of comorbidities and oftentimes very complicated patients. How do you think health coaching can help patients who have very many, oftentimes comorbidities that they deal with.

Ingrid Adelsberger

Coaching works with the person where they are. So we could really help looking at that specific person and their life and their stories. And what can they do? How much time do they have? How much money do they have to have all of these kinds of things? I think coaching is really great for that. The other thing is group coaching is also a possibility.

And then maybe you can make a group coaching for somebody or for a group as high as diabetes or for a group that have hypertension or something like that. And then you can really work on that specific comorbidity, maybe not on everything. But the great thing about group coaching, I worked for, insurance in the US, and we had the weight management program.

And so you and it was online, you had a group. And then at the end of the session, we had a specific topic, and then everybody would put their goal in the chat. So you had accountability with the other people, and you also had that accountability with the coach, which I think was a great system.

Len Usvyat

Yeah. Very interesting. Yeah, I think the group coaching idea makes a lot of sense, especially in a dialysis clinic setting, because as you probably know, oftentimes with dialysis patients show up in a dialysis clinic and there's quite a lot of them in the clinic. So I think that makes a lot of sense.

Ingrid Adelsberger

I think that would be a really great venue. While people are getting dialysis, which is many hours that you could have somebody come and do programs with them.

Len Usvyat

Yeah. No, I think it's extraordinarily unique. I have come to think of it now, I think it's very unique for it. Given the setting of dialysis clinics.

Ingrid Adelsberger

So let's say we come back to this, sorry, and we come back to the CBT one course, if the CBT one category codes, if they will be approved by CMS. And I think that means Medicare will reimburse it, then that could potentially be very interesting for CKD and health coaching.

Len Usvyat

Talk a little bit about nutrition and how that's part of health coaching, but also how nutrition. I think it is so culturally different, I think. And of course, there's also a lot of preferences that people may have. There's a lot of dialysis patients, certainly there's a lot of restrictions. Talk a little about how nutrition can actually help patients, do things better and have better health.

Ingrid Adelsberger

I mean, I learned a lot from you. Like, for example, sodium or phosphate is something that kidney patients have to reduce. But a lot of people, the things that they love to eat, include a lot of sodium or other things they shouldn't be eating. And I think health coaching is special in the way that again, we meet the person where they are at.

So I would work with them what kind of food they love to eat, what cultural background to have, and then see how we can change what they're eating and make it healthier. So, for example, you also mentioned that you have a lot of people from the South. And so we all know they love fried chicken and collard greens and corn bread and all these things.

And so if you tell them that they cannot have anything like that, then they will be very unhappy and they will most likely walk outside of the door and say, like, I'm not going to do that. So you would work with them and see like, okay, maybe you can make those collard greens not in bacon. Maybe you make it in another way, or maybe you can replace full fat milk with low fat milk or something.

When you make that cornbread, something like that. And that's just one example. Maybe there is somebody that is from New York and they have an Italian background, and they are like eating tons of parmesan cheese. And we know that parmesan cheese is cheese. And cheese is higher in sodium. So is there a way that they can replace that cheese with a different cheese.

So for example, fresh mozzarella that I think that's also very tasty. Obviously there are also alternatives meaning like nondairy cheeses but depending on if they're like that or not like that, maybe we can find a cheese. But smaller quantity and one that has a little less fat, less sodium. But it's really about when you are working with them in the session to say like, hey, what can you do today?

Or what can you do this week to ask them and so, so they use and they set the goals themselves.

Len Usvyat

Yeah. I think probably one of the hardest things with nutrition and generally behavior change is behavior change. I think, oftentimes people are not willing to do it. Have you have had examples and seen patients change their behavior over time? Because of health coaching?

Ingrid Adelsberger

Yes. I think it's possible. I think the little secret is consistency and not perfection. You can maybe start with a three-minute walk around the block, or you start with a five-minute workout for when you Tube exercise at home. It doesn't need to be that one

hour that you go to the gym. I'm a big believer of small changes that you can work in your daily routine, and I think the small changes make people feel confident then because they feel good about themselves and they're like, oh wow, I was able to do that.

And then to try for more. And then eventually they get to where they want to go. But the other thing is what I've set already, they set the goals themselves. It's not me or anybody else coming and saying, hey, you have to do this. Like, no, no, coach is supposed to tell their patient what they should be doing.

It's from them. And I think that's makes it very different. And then the last thing is also I think that accountability, like I think I am a cheerleader to them. They have somebody in the corner, somebody that watches out for them a little bit versus I think when you go to a doctor, the moment you out there, the doctors are ready with the next patient, not because they're not good or they're mean or anything.

It's just like how the system works at times if they have.

Len Usvyat

As you talk about that said, I'm thinking about this a little bit more. I think seeing, of course, changes and improvements is probably what drives people to say, yes, I will adopt this change and I will make that particular change. And I do realize with nutrition especially often takes time for some of that, for some of these changes and the results of these changes to be visible.

So I, I think your point about incremental changes is makes a lot of sense. Well, nowadays, of course, the other thing that we're all dealing with, many of us now have access to, is a lot of digital technologies and apps and all kinds of other, wearables that people can use. Tell it, tell me a little bit about how you think health coaching uses some of these technologies and whether that's something that's actually useful.

Ingrid Adelsberger

I love them. I'm a big believer out of my Fitbit. I used to track my weight or what I eat or things like that. These days I'm more about tracking my steps and I love my sleep score every morning. And I think it's data that we can really use. So that's great in this self-reported data that everybody has then and can bring to the couch or to the session or to a doctor as well, and it can really motivate the person.

So for example, you were like, okay, I have 3000 steps. I want to get to 5000 steps, something like that. But that's the one person, I think for somebody else it's actually something daunting. They look at the data and is like, oh my God, I don't want to do this. You know that stresses them and they don't want to do it.

So it's very much, I think depends on the person. If it's good for somebody or if it's not good. And I think with everything else, it doesn't really matter the apps or the devices, they don't replace a coach or a doctor or anything like this. I think it's just something complementary. Obviously, it's not a replacement for human connection.

And I know that sounds so cliché, but I do think it's true.

Len Usvyat

Yeah. Since you brought up Sleep Score, do you think the sleep score on your device is a pretty good reflection of how you feel like you slept?

Ingrid Adelsberger

I ask myself that question almost every day. I thought already you were asking me how I slept today. No, I don't know. I really don't know. I think you were more of the data guy than I am. So how good can these wearables really tell that I don't know.

Len Usvyat

Yeah, I generally find there's a pretty good correlation. I mean, of course they use I think they sleep trackers. They use a variety of different things. Heart rate variability. You know, let's look at the score. I generally find a pretty good correlation.

I don't think it's perfect but sometimes I get surprised. Just like you I think I look at the sleep score in the morning and I say, well, I don't think I slept that bad or the other way around actually.

Yeah. Like I didn't sleep that well. And the score was surprisingly very high. But I do agree with you. I think technology unquestionably plays a big role, and I think we'll probably play an even bigger role in this as we move forward. So when it comes to health coaching and what is success, how would you measure success, especially with, for example, dialysis patients or patients with chronic kidney disease in general?

What would you say is a success?

Ingrid Adelsberger

I think it's, again, very personable and very different from person to person. And also it depends on the goal. So I think if you want to lose weight and you see a number on the scale, it's very easy to say, okay, this is success or it's not. The same thing is like when you say like, I'm walking ten minutes every day and now suddenly you walk 30 minutes every day, you can see that success.

But I think a lot of other things are in between the lines that, you know, somebody feels better when they have more energy, like, how can you really tell? Yeah, they would feel it themselves. But for CKD patients especially, I think it could be something like taking

you on a medication on time. You know that after a week you see that or that they're well hydrated.

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Ingrid Adelsberger

We know fluid is a big thing with CKD patients so that they're well hydrated. That could be a success. Or also fewer hospital visits.

Len Usvyat

Yeah. No, that's certainly true. And you know, I think with dialysis patients, I think it also should be things like phosphate levels and potassium levels that they become more normal within range for patients because of course, a lot of these get really out of, out of normal ranges. Especially in dialysis patients.

Ingrid Adelsberger

I think that's pretty easy to measure. So I think it's more things like I've been working on that and this is how I feel. How do you measure that? That could be sometimes tricky.

Len Usvyat

Yeah. It's much harder to measure things like stress or things that tend to be much more subjective, for example, than the more objective things like potassium or blood pressure or body weight or things like that. I think that that makes, makes a lot of sense. Well, talking about technology, let's talk about artificial intelligence of course, AI plays such a massive role nowadays, and everybody hears about artificial intelligence.

And so what do you think? Have you been using it? Do you think it's useful in health coaching and where do you think things are going in that area?

Ingrid Adelsberger

I think it's useful in everything, to be honest, because you can ask it and you get so many answers. And if you keep on asking more and more, then you come down to the bottom. And I think that's great. I think it's also great for health coaching for my prep work. I don't think it is useful for anything when it comes to the clients or to the patients, because it's a lot about we're first about the relationship that the coach has with the patient, but also then what the patient that's after the session that you do the work with them together, because the real work really happens when they go home and then they implement all these things. So again, I think similarly, what I answered you when we talked about the wearables is that it's not a replacement, but it is something that can help us to get more data.

Len Usvyat

Yeah, I know you talked before. You talked a little about more incremental changes and, you know, making small changes. For example, in a diet, do you think, some people prefer a black and white approach, you know, that one day they just stop doing something or they start doing something. I'm assuming there must be some people that you also have found.

Yeah.

Ingrid Adelsberger

Or the cold turkey.

Len Usvyat

Yeah.

Ingrid Adelsberger

Yeah, very much so. It's amazing. Like some people can do that. And I think I tried it didn't work for me. So I don't think that it works for everybody. But there are some people, they look at the easy data or the look at, success stories or whatever it is, and they make up their mind and they decide that's what they going to do.

And the next day they change everything and to stick with it. And that's amazing. I think it's incredible when people can do that. But I think most people cannot do that.

Len Usvyat

But I think measurement is really key. So for example, if you didn't know how many steps you did a day, that would be much harder to say, well, what should I be doing tomorrow? Because I think, again, the subjective number of steps is very different sometimes than the objective number of steps. So I assume that's also critical.

Ingrid Adelsberger

Yeah, I think that there is what we have said already. It's like you need the data. And I think the wearables are great because you can get that data easily. And if you don't know what your regular day is, then you cannot improve.

Len Usvyat

When you get that group coaching, can you tell me a little about what kind of things you particularly focused on, or were there, was it similar topics or different topics for the group that you were focused on?

Ingrid Adelsberger

We had a schedule. So, you know, you start with nutrition is a long time ago. You started with nutrition and then you go in different things, you know, simple. You start with like carbohydrates, protein and fat and kind of explain that. And then you talk about

water. And then you had a session about junk food and then you had a session about exercise.

You we had a session about sleep. I remember, some psychological stuff, where you can see the behavior change if I'm thinking back. So those were different topics. But that's also interesting because people would put into the chat maybe what the session was about. Like for example, we talked about cutting out junk food and replacing the one with the other or so on.

Some people would choose that goal, and somebody else would say, I want to go to bed an hour earlier today, something that was completely different. And I think that's also the beauty about coaching. Like everybody should choose what works for them and what fits into their lifestyle.

Len Usvyat

Okay, so you did this I think virtually, but I assume yeah, I assume there's also in person sessions like this that sometimes happen as well. Right. So it could be both for sure.

Ingrid Adelsberger

And I think dialysis client clinics would be perfect to do that in person during the sessions. I don't know if that's, you know, legally possible, but you have all these people there. They have to wait there for hours anyways. Why not do some intervention?

Len Usvyat

Yeah, yeah. I think well, obviously dialysis clinic is also quite unique because, you know, you sit in the same chair and you generally sit next to the same person repeatedly. So, I think there's also some bond that I think develops between the people. And I assume I would think that there would be some benefit in, you know, if you're doing a health coaching and you're doing together with a few people that are kind of the same group of people and they have a bond between them, so they actually get to know each other or they know each other over a few years.

I think that's probably also beneficial.

Ingrid Adelsberger

It could also be the opposite, right, because you don't want to share certain things because you know that person. So I think that online had something positive with the anonymity that you could share. Because you don't know anybody. And back in the day nobody would be on camera. And I think if you would have this today, it would be very different to say that we would be like a zoom where you can see everybody, but still, you know, there is maybe somebody from New York and somebody from Florida and somebody from Milwaukee.

And so you never have never met these people, and you never see them again.

Len Usvyat

We talked a bit about nutrition and artificial intelligence. I guess one question I have is we within our AI, we developed this nutritional tool for dialysis patients where you can type in kind of what your preferred menu is, and it comes up with a bunch, recipes that are approved for kidney disease patients. Do you often use, do you yourself use ChatGPT or other Gemini or other large language models to come up with, for example, recipes that would be ideal with it for a given person?

Ingrid Adelsberger

Yeah, I think it's great. You can it depending on what you want. Maybe you just put in this is what they like, or you put in. This is what they have to eat. Or it's also something like, I don't know what to do. Can you just give me ideas? So I think I can do all of this?

Yeah. So yeah, it's great for that. I have used that.

Len Usvyat

Yeah. I think it's very, very powerful talking about people and folks that you have coached over the years. What kind of people do you really like working with. And, you know, do you have some? I think it would be nice to hear some examples of success stories.

Ingrid Adelsberger

In my group coaching set up. I would coach anybody meaning like we couldn't choose the people. They were kind of allocated to us. So I coach people from everywhere, any, any sex, any age, all of it, any diseases. But mainly, as I said, was obesity and maybe comorbidities. I think many people have diabetes too, or hypertension, like classical stuff.

Personally, when I coach one on one, it's normally women that have chronic diseases, or if that's the area that I like to do because I think besides my training and besides my work experience, I do also have the so-called lived experience. And I have really noticed how powerful that is and how I feel great coaching the people, but also how well it's received from some of the tips or ideas or thoughts that I have.

I really love working with people or with women that want to do something because, you know, coaching is also like when you don't have the motivation. That's the really hard thing to get them to the motivation. But sometimes you also have people that have made up their mind. And I see like, you know, I have this disease.

I have to say notice, and I am ready to do this. And obviously, probably all coaches would say that that's the perfect client, the ones that already have done that extra step,

that first step. So you ask me what diseases. So I or what clients or I definitely worked with people that have I miss I have worked with people that have HIV.

I have worked with people that have cancer. Then obviously also obesity. Diabetes. I don't think so. Crohn's disease. Those are the diseases that I can think of right now.

Len Usvyat

Yeah I bet with something like multiple sclerosis certainly since you mentioned that that's what you've been diagnosed 15 years ago, I very much remember that, of course, when you were diagnosed with that, there was, you know, you wanted to do something and think, there's this, you know, you didn't know you had it, and you suddenly realize you have this, very serious condition.

I assume that may also play a role, whether it's a more abrupt diagnosis versus something that develops over many years, like maybe diabetes or something that's a little more progressive of a disease, or at least you may notice small changes, but it happens over many years. Whereas I think with M.S., certainly it can just be overnight that you realize you have a condition.

Ingrid Adelsberger

Is what do you realize? I think what the neurologist said these years is that when you get diagnosed, it goes back five, ten or even more years when the first things happen. So but I do agree with what you said. You don't notice anything until you have that first relapse or that first symptom that you can really notice.

But you had another question about it, I wanted to do something. I think it's it was also like, you don't want to feel powerless. So, a lot of people, I think, come to help coaching also because they are like, there has to be something that can help me, and I want to be part of that solution versus just having a doctor that says, use the medication, please take that.

If that doesn't feel powerful, you feel powerless in situations like that.

Len Usvyat

Yeah. Yeah. Well, and obviously there is the, a more traditional, purely medical approach, which unfortunately oftentimes does not include things like nutrition. And I certainly think this is where a health coach in very much augments and helps, provides additional support beyond the kind of the traditional medical pharmaceutical interventions, which is how medicine is usually done.

Ingrid Adelsberger

So yeah, but the great thing is that when they both work together, I think this is when you can really do a lot. And when we talk about things today, like obesity or diabetes or

hypertension, all of these things, you can take the pill and you can get better. But I think if you also change your lifestyle, that's goal.

Then I want to say, yeah.

Len Usvyat

And I guess the other benefit of health coaching, there's not a 15-minute visit like the typical doctors. Yeah. It's that are very time than at least in the US. Certainly. As you know, I think many of the primary care visits end up being very short.

Ingrid Adelsberger

Yeah. No, I think it's here also ten minutes or so. Then, you know, maybe sometimes longer. But yes, health coaches normally, maybe sometimes 30. But most of the time I think it's 45 minutes to an hour.

Len Usvyat

Okay. That's good to know. So and is that was that also similar in a group session when you were doing when you do these group sessions. Or they also vary between 30 minutes an hour.

Ingrid Adelsberger

Generally, this one was 30 minutes. And then people also had the chance to get the so-called to one on one. And that was 15 minutes. So that would be an incremental add on thing. Maybe they have a question or they want to work on something specific. And that was shorter. But again, there was a insurance setting.

So I don't think they would have the resources to give everybody an hour once a week, one on one session.

Len Usvyat

Sure, sure. No, I think it makes sense. Well, Ingrid, I think you're giving me some optimism that I think, despite the chronic conditions that most of our patients have, I think there are some other things we can do to change patients' behavior in some cases. Sounds like it's an incremental change. In other cases, it sounds like it's, maybe for some people, it's okay to do more abrupt changes, but it does give me optimism.

And I just want to thank you very, very much for your time. I think it's incredible. So, thank you in advance for joining us today.

Ingrid Adelsberger

This is. Thank you for having me.

Len Usvyat

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Thank you. And thank you to our listeners for joining the Reno Research Institute for this episode of Frontiers in Kidney Medicine and Bio Intelligence. We invite you to connect with us on our social media channels and stay tuned for future episodes as we continue sharing insights and advancements in kidney research.