

COUNSELLING AND EDUCATING THE PATIENT

INTRODUCTION TO NUTRITION COUNSELLING

Nutrition counselling is an ongoing process in which a health professional, usually a registered dietitian, works with an individual to assess his or her usual dietary intake and identify areas where change is needed. The nutrition counsellor provides information, educational materials, support, and follow-up to help the individual make and maintain the needed dietary changes. A process by which a health professional with special training in nutrition helps people make healthy food choices and form healthy eating habits.

Nutrition counselling is a two-way interaction through which a patient and the member of the medical team interpret the results of a nutritional assessment, identify patient's nutritional problems, needs and goals, discuss ways to meet these goals, and agree on future steps and the frequency of monitoring.

Purpose of nutritional counselling

The goal of nutrition counselling is to help a person make and maintain dietary changes.

For example-For a person with a mental disorder, dietary change may be needed to promote healthier eating, to adopt a therapeutic diet, or to avoid nutrient-drug interactions. Nutrition counselling is an integral part of treatment for persons with eating disorders or chemical dependencies. Many drugs used to treat mental disorders can cause weight gain or loss, so persons taking these drugs may also benefit from nutrition counselling. The nutrition counsellor and individual work together to assess current eating patterns and identify areas where change is needed.

Registered dietitians have met certain education and experience standards and are well qualified to provide nutrition counselling.

A nutrition counsellor is a supportive resource in helping others make healthier choices. They'll work to identify problems and gaps in nutrition and suggest ways to incorporate healthy foods into our lifestyle.

Steps in nutrition counselling

The entire nutrition care process involves four steps:

1. Nutrition assessment
2. Nutrition diagnosis
3. Nutrition intervention
4. Nutrition monitoring and evaluation

1. Nutritional assessment

Nutrition counselling usually begins with an interview in which the counsellor asks questions about a person's typical food intake. Nutrition counsellors use different methods to assess typical food intake.

The 24-hour recall method is a listing of all the foods and beverages a person consumed within the previous 24-hour period. The nutrition counsellor may ask a person to recall the first thing

he or she ate or drank the previous morning. The counsellor then records the estimated amounts of all the foods and beverages the person consumed the rest of the day. The 24-hour food recall can be used to provide an estimate of energy and nutrient intake.

A food frequency questionnaire can sometimes provide a more accurate picture of a person's typical eating patterns. The nutrition counsellor may ask the client how often he or she consumes certain food groups.

For example, the counsellor may ask a person how many servings of dairy products, fruits, vegetables, grains and cereals, meats, or fats he or she consumes in a typical day, week, or month. Daily food records are also useful in assessing food intake. An individual keeps a written record of the amounts of all foods and beverages consumed over a given period of time. The nutrition counsellor can then use the food records to analyse actual energy and nutrient intake. Three-day food records kept over two weekdays and one weekend day are often used.

2. Nutritional diagnosis

Nutrition counselors may assess an individual's body weight by comparing his or her weight to various weight-for-height tables. A rough rule of thumb for determining a woman's ideal body weight is to allow 100 lb (45 kg) for the first 5 ft (1.5 m) of height plus 5 lb (2.3 kg) for every additional inch. A man is allowed 106 lb (48 kg) for the first 5 ft (1.5 m) of height plus 6 lb (2.7 kg) for every additional inch. However, this guide does not take into account a person's frame size. Body mass index, or BMI, is another indicator used to assess body weight. BMI is calculated as weight in kilograms divided by height in meters squared. A BMI of 20 to 25 is considered normal weight, a BMI of less than 20 is considered underweight, and a BMI of greater than 25 is considered overweight.

3. Nutrition intervention

The initial dietary assessment and interview provide the basis for identifying behaviours that need to be changed. Sometimes a person already has a good idea of what dietary changes are needed, but may require help making the changes. Other times the nutrition counsellor can help educate a person on the health effects of different dietary choices. The nutrition counsellor and client work together to identify areas where change is needed, prioritize changes, and problem-solve as to how to make the changes.

Making dietary change is a gradual process. An individual may start with one or two easier dietary changes the first few weeks and gradually make additional or more difficult changes over several weeks or months. In making dietary changes, each individual's situation and background must be carefully considered. Factors that affect food decisions include an individual's ethnic background, religion, education, socioeconomic status, and life style.

Once the needed changes have been identified, the client and nutrition counsellor think through potential problems that may arise. Some common barriers to changing eating habits include:

- Inconvenience
- social gatherings
- food preferences
- lack of knowledge or time
- cost

4. Nutrition monitoring

The challenge for the nutrition client lies not in making the initial dietary changes, but in maintaining them over the long term. Self-monitoring, realistic expectations, and continued follow-up can help a person maintain dietary changes. Self-monitoring involves regularly checking eating habits against desired goals and keeping track of eating behaviours. Keeping a food diary on a daily or periodic basis helps the individual be more aware of his or her eating behaviours and provides a ready tool to analyse eating habits. Sometimes a simplified checklist to assure adequate intake of different food groups may be used

The nutrition counsellor and client set behaviour-oriented goals together. Goals should focus on the behaviours needed to achieve the desired dietary change, not on an absolute value, such as achieving a certain body weight. For a person working to prevent weight gain associated with certain medications, for example, his or her goals might be to increase the amount of fruits, vegetables, and whole grains consumed each day. Such changes would help prevent weight gain while placing the emphasis on needed behaviours rather than on actual weight.

Family members are encouraged to attend nutrition counselling sessions with the client, especially if they share responsibility for food selection and preparation. Although the individual must make food choices and take responsibility for dietary changes, having the support and understanding of family and friends makes success more likely.

RESPONSIBILITIES AND ROLE OF NUTRITION COUNSELLOR

- Identifying nutrition problems and assessing the nutritional status of patients in a clinical setting.
- Developing diet plans and counselling patients on special diet modifications.
- Assessing, promoting, protecting, and enhancing the health of the general public in a community setting and providing strategies for prevention of nutrition-related diseases.
- Managing a cost effective food production operation, distributing high quality meals/snacks, and monitoring sanitation and safety standards in a food service setting.
- Operating private consulting practices to provide expertise in nutrition, as well as promote health and prevent disease
- Working with individuals, groups, workplaces and media to provide dietary advice for healthy living.
- Working with food and pharmaceutical companies to provide research, develop products, educate consumers, and promote nutritional products in a business setting.
- Teaching nutrition, food chemistry, or food service administration to students in any health profession and at all levels of education.

PRACTITIONER VERSUS CLIENT MANAGED CARE

Nutrition therapy is an essential component of disease management and healthcare provided by managed care organizations, and that such care must be provided by qualified nutrition professionals.

Health management or healthcare management designates the process of organising and coordinating the performance of a healthcare facility. Regardless of specific curricula, the main

focus of such programmes is to provide solid business and administrative knowledge in healthcare contexts.

CONCEPTUALIZING ENTREPRENEURIAL SKILLS, COMMUNICATION AND NEGOTIATION SKILLS AND BEHAVIOUR

The implementation of changes on nutrition behaviour is a complex procedure, as it combines elements of psychology, physiological needs, socioeconomic status and the level of the counsellor's ability to firstly identify the needs of the patients, and then to work co-operatively with them. The patient-centred approach is generally accepted as efficient in managing nutritional counselling. The patient has to identify the diet related problems and the nutritional counsellor will guide him towards the possible solutions.

The nutritionist/dietitian is the expert in the medical nutrition team, able to translate and combine the most current scientific information on food and health, food composition, psychological and physiological factors that could have an impact on dietary choices, and the relationship of those with health and diseases. He/she is the nutrition communicator, a skilled listener and a translator of emotions and abstract ideas on specific actions and steps towards dietary modification needed to enhance nutritional status, based on the individuals' life and biomedical requirements. Gaining a better understanding of patients' preferences, attitudes and beliefs regarding their state of health and nutrition would allow interventions to be more focused, appropriate, sustainable and therefore, more effective. The clinician–patient relationship has been associated with better patient attendance and adherence and greater patient satisfaction with care and treatment. Moreover, patients' recall understanding, treatment adherence, and psychological wellbeing have been associated with effective doctor–patient communication. Therefore, an effective counsellor refers not only to the expert nutrition knowledge but also to the privilege of having good communication skills. In this way, the development of a therapeutic relationship, characterized by mutual respect with the clients, will be easier to manage. However, this mode of practice requires organizational support and time, which are not always available to the dietitian in clinical practice. These dimensions may also be important in nutrition interventions, and future research should focus on the efficacy of nutritional counselling with these limitations in mind.

Under this spectrum, the main aim, and yet a great challenge, is to ensure that the patient has a full understanding of the relevant information of the nutritional problem and can work towards the development of specific skills to deal with the health challenges and their personal goals. In order to have a successful outcome in patients receiving nutritional counselling, it is important to assess not only the patients' food choices and behaviour, but also their access to health, environmental and social support systems. Therefore, the challenge is to be able to achieve essential and meaningful clinical outcomes, enhance the quality of life of the patient and, at the same time, encourage positive attitudes towards behavioural changes.