



RESEARCH ARTICLE

IMPACT OF DIETARY COUNSELLING ON THE NUTRITIONAL STATUS OF PATIENTS SUFFERING FROM DISEASES RELATED TO LIFE STYLE MODIFICATIONS

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ABSTRACT

Nutrition and diet is now in the integral and the most essential component of healthy living in today's world. Lack of awareness towards the advantages of nutritious diet and lifestyle pattern is becoming the major threat for human life. Proper and focused diet counselling plays a major preventive and curative role in various diseases. This correlational study was carried out in the time period of three months span amongst the OPD patients. Subjects were selected on the basis that the dietary modifications in their disease conditions played a very significant role. Inclusion criteria also included the condition that patient should be the regular visitor to the diet clinic of OPD and maintained their clinical and biochemical profiles record. Detailed pre dietary counselling and their eating pattern as an individual and family as unit were observed. During post counselling sessions efforts were made to encourage the patients and their family to explain and suggest about nutritional and lifestyle modifications by their own. In the present study it was observed that the respondents knew their food as one of the basic need but how food could be of therapeutic help was a new concept to them. Nutritional component of the food was totally missing as it was clearly indicated in their responses. The impact of the counselling was visible and could be identified by the responses of the respondent in the post counselling sessions. Another important factor observed was that their improved biochemical and anthropometric parameters helped to motivate them and reinforced the benefits of diet counselling amongst the patients and their families.

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INTRODUCTION

Nutrition and diet is now an the integral and the most essential component of healthy living in today's world. Lack of awareness towards the advantages of nutritious diet and lifestyle pattern is becoming the major threat for human life increasing no of disease which can be rectified with the modified diet is the great evident to this. Quantity and quality of food as well as of diet is one of the major factors to be known by the general public. Interestingly people realize the importance of diet when they lend up with diseases associated with it. In order to have an integrated and holistic approach towards achieving good health, diet counselling is one of the very important tools. Proper and focused diet counselling plays a major preventive and curative role in various diseases. Diet counselling is not restricted only with the dissemination of nutrition information but It involves various other factors such

as the psyche, emotional status, and socioeconomic status as well educational status of the patient/person in order to ensure proper implementation of diet therapy. Intensive and focused counselling of the subjects as well as the family members is quite effective in improving the health conditions of the patients. Therefore in the present study patients suffering with various disorders such as diabetes mellitus, renal dysfunction, obesity, hypertension, dyslipidemia, carcinomas were included with criteria that the dietary approach is major therapeutic need in above mentioned diseases. Objectives of the study were as follows:

Objectives

- To find out the impact of dietary counselling on biochemical parameters of various diseases.
- To analyse the role of dietary counselling in the increased nutritional awareness in the patients.
- To find out the utility of dietary counselling for the family as a unit.

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- To find out the importance of dietary counselling in terms of nutritional knowledge and various healthy options to facilitate their meal planning.

MATERIALS AND METHODS

Universe of the sample: OPD patients in Dr. Ram Manohar Lohia Institute of Medical Sciences Gomti Nagar Lucknow.

Sample size: 30 OPD patients suffering from the diseases such as obesity, diabetes, hypertension etc. and who came for regular follow up visits.

Inclusion Criteria for Sample Selection: subjects were selected on the basis that the dietary modifications in their disease conditions played a very significant role. Inclusion criteria also included the condition that patient should be the regular visitor to the diet clinic of OPD and maintained their clinical and biochemical profiles record.

Tools Adopted: Pre and post diet counselling session interview schedules were designed and patient's details were taken accordingly. Also the designed schedule was in the regional language i.e. Hindi so that they can get clear perception. This correlational study was carried out in the time period of three months span amongst the OPD patients. The sample size earlier was planned bigger but due to inclusion criteria many patients were excluded during the study span. Detailed pre dietary counselling and their eating pattern as an individual and family as unit were observed. Their regional and religious food habits were also considered. Educational backgrounds were also observed. During post counselling sessions efforts were made to encourage the patients and family to explain and recall about nutritional and lifestyle modifications by their own. Also they were made to suggest various recipe modifications so as to test their understanding about the diet. Henceforth with the help of this study their responses were noted.

RESULTS AND DISCUSSION

Question 1 response: The Figure 1 as enclosed denotes that all the respondents selected faced nutrition related problems because of lack of awareness and lack of nutritional understanding about their daily diet. They were not well equipped to modify their routine diet without any economic burden on the family. During post counselling session there was predominant changes observed in the respondents as they themselves told their family recipes substitutes which were nutritionally enriched.

Question 2&3 response: It was observed that majority of the respondents were not able to understand the therapeutic role of diet in their disease as they were of the opinion that drugs which doctors told will only help. Some diabetic patients only knew that they need to completely avoid the food stuffs like rice potato and sugars etc. While in post counselling sessions respondents were well versed about the thumb rules of diet to be followed in their disease. Locally available cheap nutritional foods were not used by them before counselling session.

Question 4 responses: Post counselling response: Almost 80 percent respondents were satisfied with the dietary counselling and accepted the attribute of the diet in their improved health status.

Question 5 responses: Majority of the respondents acknowledged the impact of dietary counselling on the family as one unit. The modified eating pattern of the one helped to change the family's healthy eating pattern.

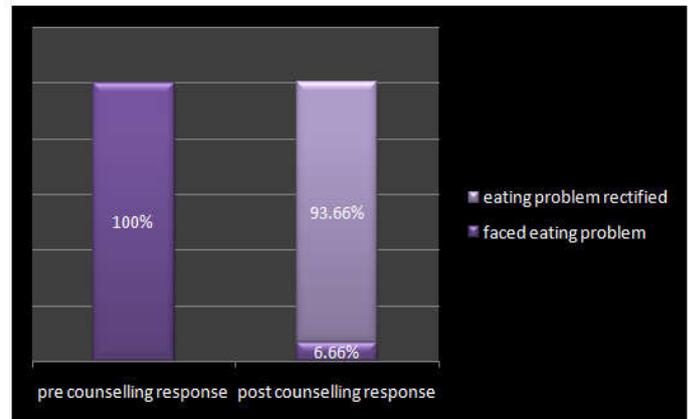


Figure 1. Impact of counselling on the diet associated problems

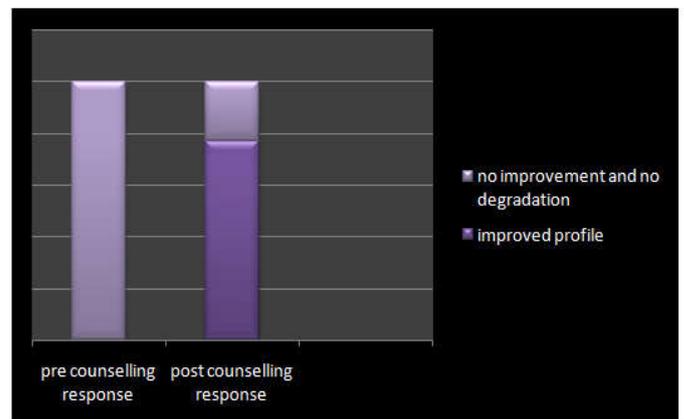


Figure 2. Impact of diet counselling on biochemical and clinical profile

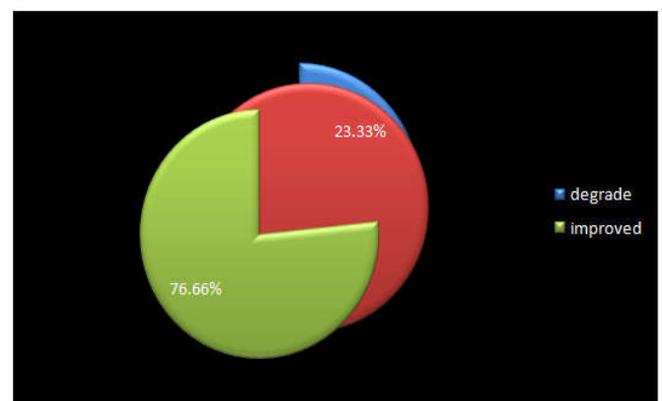


Figure 3. Impact of counselling on biochemical profile

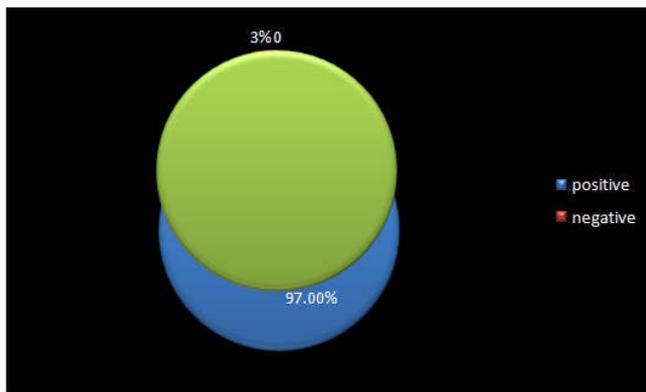


Figure 4. Impact of counselling on family as a unit

Conclusion

In the present study it was observed that the respondents knew their food as one of the basic need but how food could be of therapeutic help was a new concept to them. Nutritional component of the food was totally missing as it was clearly indicated in their responses. Before counselling session they all had a notion that dietician is going to prescribe some medicine or some costly food beyond their reach. As majority of the respondent were belonging to the mediocre families therefore they were reluctant with the dietary modifications. Negative concepts like NO to rice, sugar or potatoes, pulses, non-vegetarian foods, was reflected in their conversation. They had a pre notion that now they will be not be able to enjoy their favourite foods.

Interestingly it was found that in post dietary counselling session the respondents were contented and learnt to modify their routine diets.

The impact of the counselling was visible and could be identified by the responses of the respondent in the post counselling session. They were encouraged to come up with new options in their dietary regime within the frame of the therapeutic principle of their diets. Another important factor observed was that their improved biochemical and anthropometric parameters helped to reinforce the benefits of diet counselling amongst the patients and their families.

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