



Nutrition: Assessment & Treatment

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Initial Dietary Assessment

Case Study: Casey

Meet Casey, a 16 year old girl living with her father, who often works and brings home takeout due to his busy schedule and lack of confidence when it comes to cooking. Casey feels she has limited experience making food and finds herself spending most of her time studying.

She is stressed about school and to cope she will often eat from the fast food restaurant in her neighbourhood. She snacks on granola bars, chips, and chocolate. She drinks pop, 100% orange juice, and a few cups of water throughout the day. She does not like the taste of vegetables.

Her father is concerned because he has noticed that Casey is gaining weight. He has also noticed that Casey has stopped going out with her friends, is concerned about her body image, and has started skipping meals.



What should be assessed?

There are many factors that **influence** the *type and amount of food we eat*. The following factors should be considered when assessing a patient's nutritional background:

History



**Socioeconomic
status**



Culture

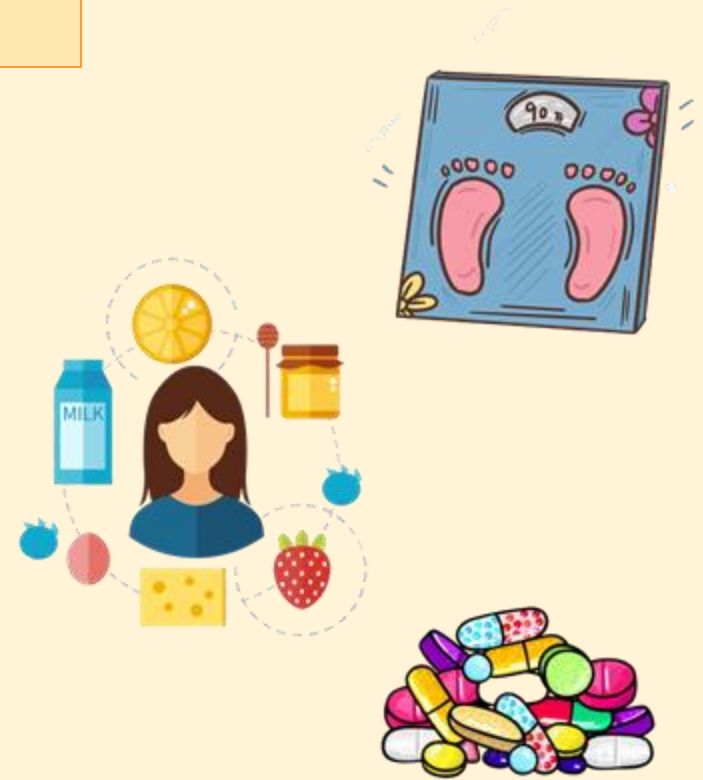


Routines



History

- Nutrition supplements
- Food allergies or intolerances
- Previous involvement with a dietitian, holistic nutritionist, or naturopathic doctor
- Past attempts at dieting and/or other methods for weight loss (including other members in-home)
- Recent changes to dietary pattern (e.g., past 3 months)
- Recent weight trends (unaware, stable, increase, decrease)



Socioeconomic Status

- Food insecurity
- Special diet allowance



Culture

- Cultural and personal food influences (e.g., fasting, food restrictions)



Routines

- Overall daily routine
- Sleep schedule
- Eating schedule
- Grocery shopping frequency
- Use of meal delivery programs
- Eating out/ordering in frequency



What factors shape a person's eating and food relationships?

It is important to examine several factors **inside** and **outside** the home as part of the initial dietary assessment. These include lifestyle factors, eating habits and patterns. It is important to collect input from your patient as well as a family member, if possible.

How:

- Cooking methods
- Culinary abilities
- Access to suitable cooking space
- Access to food

When:

- Timing of meals and snacks
- Duration of eating
- Grocery shopping routine

What:

- Whole food vs convenient foods
- Fluids available/consumed (e.g. water, juice, pop)
- Homemade vs store bought vs restaurant bought
- Food portioning methods (e.g. buffet/family style, pre-plated)
- Food choices when eating out/take out
- Portion control
- Added sauces, dressings, salt or sugar



Where:

- Location of meals consumed
 - In front of a screen
 - Dinner table
 - Restaurants / fast food outlets
 - School programs
 - Extracurricular activities
 - Cafeteria

Why:

- Emotional or distracted eating
- Purpose of going out to eat



Dietary Assessment

- Proper dietary assessment will identify the presence and type of nutritional problems and will help identify level of risk.
- Completed as a part of an interdisciplinary team, including a dietitian and mental health worker.

Collaborative assessment: Focus on gathering information on emotional eating, disordered eating, dieting or restricting behaviours, food-seeking and sneaking tendencies, or comfort with eating in front of others.

However, many primary health-care providers work **independently**, rather than with an **interdisciplinary team**.

Case Study: Casey

What are some of the factors to consider when assessing Casey's nutritional status?

(a) Food availability in the home

(b) Stress related to school

(c) Limited experience with food prep and cooking

(d) Skipping meals

(e) All of the above

Food Evaluation methods

When evaluating food intake, using either paper & pen, online programs or an app, the most common methods are:

3-day food records

24-hour recalls

Food Evaluation methods

3-day food records

- Please keep a record of everything you EAT and DRINK for 3 days (2 weekdays and 1 weekend day).
- Ensure you are tracking your intake as soon as it happens!
- Choose days that are TYPICAL for your current eating patterns.
- It is important that you try not to change your usual eating pattern.
- It is also important to be accurate and honest when recording your intake.

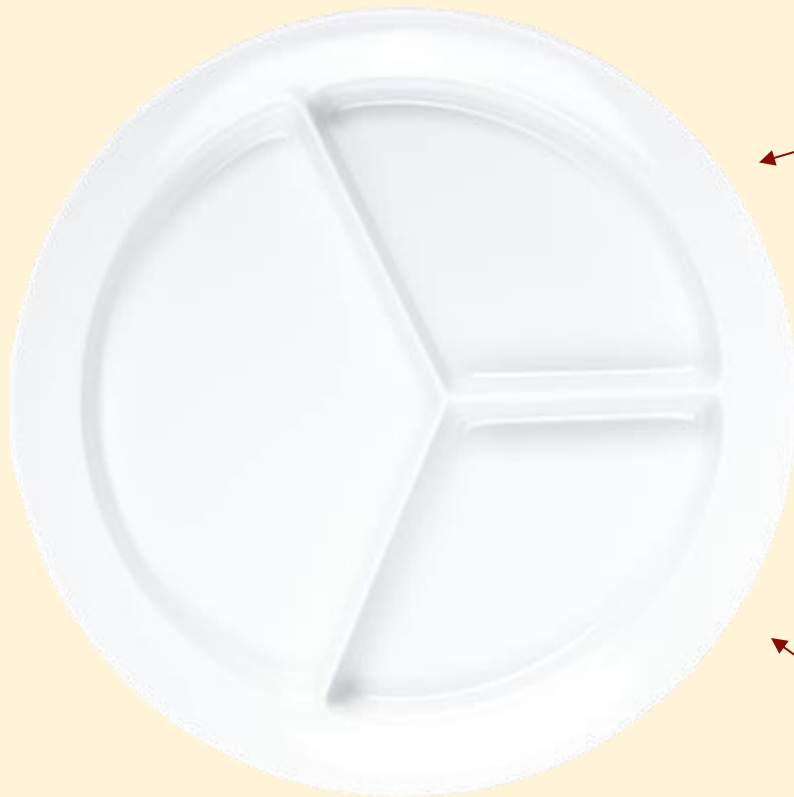
24 hour-recall

- A structured interview capturing detailed information about all foods and beverages consumed in the past 24 hours.
- Can be used to assess total dietary intake, describe a population's intake and examine relationships between diet and health or other variables.
- Can use dishware and food models for portion accuracy.



What food group
belongs here?

How about here?



What food group
goes here?

Canada's Food Guide

- Food intakes can be evaluated by comparing the patient's usual food intake to the recommendations in Canada's Food Guide.
 - Comparing *dishware sizing* and asking how the patient *normally fill* their plates.
- Aim for $\frac{1}{2}$ your plate Fruit and vegetables, $\frac{1}{4}$ of your plate Whole grains and $\frac{1}{4}$ protein
- A plate that follows these guidelines helps control portion sizes and ensure variety.



2

**Treatment:
Nutrition
Therapy**

3 components of Nutrition Therapy

1

**Regular health care visits
to support behaviour
change**



2

**Using a family-centred
approach**



3

**Referral to a
registered
dietitian, and
other allied health,
if available**



Case Study: Casey

What should you consider when establishing nutrition therapy goals for Casey?

(a) Provide popular diet options and see what Casey thinks would best fit her lifestyle and food preferences.

(b) Focus on Canada's Food Guide, healthy behaviours, and a regular eating routine.

(c) Suggest aiming for a 10% - 15% weight loss goal and schedule weekly weight checks

(d) Suggest not eating past 8pm and avoid snacking throughout the day.

(e) All of the above

True or False?



Paediatric obesity treatment should not involve healthy behaviour changes to improve health outcomes and strictly focus on weight loss strategies?

Paediatric Obesity treatment

Did you know that the primary goal of paediatric obesity treatment is to improve health outcomes by increasing healthy behaviours, rather than focusing on weight loss?



Guidelines to Nutrition therapy

- Nutrition support should be tailored to the needs of the patient and caregivers.
- Fad diets are NOT recommended due to lack of evidence to support safety and long term success in paediatric clients.
- The following components are important when focusing on treatment plans:
 - Incorporating a variety of foods from all food groups
 - Developing a healthy eating schedule
 - Adapting the assessment to the age & development of the child
- Regular eating schedule has long-term benefits, such as increased energy, better mood, and maintained metabolic rate.



Addressing these Nutrition issues throughout Obesity management

1

Examine the environment in which meals and snacks are eaten

2

Make recommendations for food and fluid types

3

Identify and manage challenging eating behaviours

Examine the environment in which meals and snacks are eaten

- Increase the frequency of family meals eaten together at home and at the family table
- Engage in conversation during meal times without the use of screens by all family members
- Encourage more home cooking and less eating out, especially fast food.
- Advocate for school- and community-based supports for children (e.g., school breakfast or snack programs with healthy options)



Recommendations for food and fluid types

- Consume a healthy breakfast daily
- Increase fruit and vegetable intake - be creative
- Limit sugar-sweetened beverages (e.g., juice, pop, fruit drinks)
- Limit consumption of high-fat, high-sodium processed foods
- Educate on portion control (refer to Canada's Food Guide)



Identify and manage challenging eating behaviours

- Address hunger through regular timing of meals and snacks
- Assess if food and treats are being used as rewards and consider alternative non-food rewards
- Consider food preferences that limit variety (e.g., picky eating)
- Emphasize benefits of parental role modelling
- Focus on mindful eating (e.g., remove distractions at meals and aim to eat with others)



Behavioural strategies

One of the main components of paediatric obesity management is the ability to *incorporate behavioural strategies* in the development of nutrition care plans.

This includes:

- Emphasis on adding healthy lifestyle habits rather than removing unhealthy habits
- Promote healthy behavioural changes for the entire family, rather than the child alone
- Use of motivational interviewing to promote 'change talk' and goal setting
- Encourage SMART goal setting with tracking and feedback
- Promote self-monitoring and tracking of health behaviours
- Address disordered eating patterns through interdisciplinary care

Case Study: Casey

What are some nutrition goals you and Casey can come up with together? Select all that apply

(a) Suggest Casey distract herself while eating vegetables in hopes that she will eat more of them

(b) Stop ordering fast food.

(c) Create an eating schedule or routine

(d) Reduce the amount of treat foods Casey and her father bring into their home

(e) Increase the intake of water and low-fat milk and aim to reduce the intake of sugar-sweetened beverages.

3

Questions?

Thank You!