

Chronic dieters using the non-diet approach – Case Studies

Case Study 1: Sally W (initial appointment)

Nutrition Assessment

Female, 46yrs, administrator, mother of two, lives with husband (who doesn't care what he eats), kids have moved out. Twenty year hx of dieting, starting after the birth of her first child (she was trying to lose baby weight fast). Goes on 1-2 diets a year, many types, has lost and regained 15 kgs many times, with a little extra weight gained each time. Stable weight in 20's was ~ 65kgs, now ~90kgs, stable for past 3/12 but increased 5 kgs in 3/12 prior. Height 168cms. Tries to keep house bare of danger foods. Has been to a dietitian before, about 5 years ago, lost weight but regained again 'because of Christmas'. Biochem fairly normal although cholesterol borderline. Meds etc: OCP, multivitamin, metabolism booster CAM product, recommended by naturopath at pharmacy. Parents in reasonable health although they both have elevated cholesterol. Walks dog sometimes although when on health kick joins a gym and does group classes. Intuitive Eating Scale score of 32 (21-105).

Diet History

BF WW cereal with skim milk and a coffee (w+1)
MT Apple and tea (w+1)
L Tuna and salad sandwich on wholemeal
AT Café bran muffin and skinny cappuccino
D Grilled chicken breast and veggies, no sauce

Extras

Packets of m&ms, chocolate bars in the afternoon at work. Sometimes gets chocolate on the way home from work. All extra foods bought and eaten outside of home but in private (office or in car).

Snacks on dinner while she prepares it

Favourite food: lasagne (but never eats it)

Dislikes: nothing – reports she loves++ all foods

Reports that pasta and potatoes are bad

Feels very full after dinner most nights

Hungry at work by 9am most mornings

No purging

Feels very guilty and out of control most nights, esp about chocolate

Sick of dieting but can't see any other solution to her weight 'problem'

Believes her weight must be killing her since that's what they say on the news

Nutrition Diagnosis

See activities

Nutrition Intervention

Nutrition Education – content

Using motivational interviewing style, discussion around:

Non-diet approach rationale and outcomes

Futility of weight loss dieting using pts own experiences and research findings

Hunger and fullness body cue identification introduction

Nutrition Education – application

Homework – worksheet activities

- Hunger awareness (BC)
- Your hunger and Fullness (BC)
- Debunking Diets (AF)

Activities

1. What do you see as Sally's main eating behaviour drivers? Comment on her likely hunger patterns given the diet history provided.
2. What three things could you ask Sally to do right now in order to begin her non-diet approach journey?
3. Is she currently eating in excess of her kJ and protein requirements?
4. Comment on her dietary balance and which strategies you may eventually use to move her towards increased dietary variety
5. Write a PESS statement appropriate for the non-diet approach paradigm, and one for the diet approach paradigm
6. Write three long-term non-diet approach goals for Sally

Case Study 2: Peta C (review appointment)

Peta has been coming to you for the non-diet approach for 2 months. She has a history of dieting 5+ times a year since year 10, and is now 24yrs. Peta is currently completing a PhD full time in microbiology and spends most of her work time standing in the lab or sitting at a computer. She lives with her family and works part time tutoring school children (4 hrs a week). When she first started coming to you she was constantly snacking on chocolate bullets and bags of lollies whilst at the computer and watching TV. Her normal diet was quite restrictive with porridge made on water for breakfast, an apple and a large long black coffee (with sweetener) for morning tea, canned tuna on wholegrain crackers for lunch, or 2 sushi rolls, vitawheet with vegemite for afternoon tea and whatever the family was having for dinner (minus the carbs). Her tendency to snack all day meant that she never felt terribly hungry, but she did tell you that she felt tired and crappy most days and couldn't be bothered doing any exercise (she couldn't see the point after blowing the diet on lollies). There is a lot of pressure in her family to perform well academically and although she is doing alright she feels as if it is never enough to please her parents. She has short legs and a long torso just like her mother but wished that she looked more like her friends, who seemed more carefree, and that is what drove her dieting behaviour initially. Now she feels depressed about not being able to keep the weight off after dieting and because she never quite gets down to the weight that she desires (55kgs) and always puts it back on. Height 170 cms, current weight ~70 kgs. She noted that when she ate the lollies and chocolate bullets it was usually out of boredom, habit or anger.

You have worked through most of the principles of Accepting and Embracing Body Cues (hunger awareness, mindful eating, building trust and acting on body cues, reducing superfluous eating) and some of the principles of Accepting and Embracing All Foods (debunking diets, normal eating). Whilst she sees now that dieting was a way to cope with the stressors in her life, and can see that the dieting itself is impeding her ability to look after herself (even though she had for a long time thought that dieting was looking after herself) she is still struggling with trying not to label foods 'good' and 'bad', and is still having bullets and lollies in preference over other foods. Her appetite awareness is quite good now and she is eating to her hunger and fullness cues most of the time. She also reports having a little more energy and wonders about starting to do some 'exercise'. You weighed her backwards (so she could not see the numbers) today and her weight is the same as at the first visit.

Diet History (past week)

BF: porridge (made on milk) (5/7) or 2 eggs on 2 wholegrain toast (2/7)

MT: skinny latte or sometimes nothing if not hungry

L: sushi (3/7) or chicken and veggie soup with roll (4/7)

AT: fruit and diet coke

D: family meal (no carbs)

Snacks on chocolate bullets or lollies when hungry.

Activities

1. Comment on her current diet. Is it 'normal'?
2. What would you discuss with her at this visit?
3. Write new non-diet approach PESS statement/s for Peta today