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Nutrition, More Than Body Requirement

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A state in which an individual is experiencing an intake of nutrients which exceeds metabolic needs (NANDA, 1990, p. 10).

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DEFINING CHARACTERISTICS

Diet history (one to two day)
Expressed concerns regarding nutrition or body weight
Regular intake of nutrients in excess of body needs, (e.g., alcohol, caffeine, calories, cholesterol, fat, salt)
Triceps skinfold greater than 15 mm in men, 25 mm in women
Weight 10% over ideal for height and frame = overweight
Weight 20% over ideal for height and frame = obese
Body mass index (BMI = wt in kg/ht. in m^2)
- BMI 25–29.9 = Grade 1 obesity
- BMI 30–40 = Grade 2 obesity
- BMI >40 = Grade 3 obesity

CONTRIBUTING FACTORS

Pathophysiological

Diseases that predispose to weight gain (e.g., Type II diabetes mellitus, Cushing's syndrome, thyroid deficiency)
Obesity in one (40% risk) or both (80% risk) parents

Psychosociobehavioral

Behavioral control deficiency
Dependence on prepared or fast foods
Depression

Dysfunctional eating patterns (contextual awareness deficiency)

1. Eating in response to external cues such as time of day, social situation
2. Eating in response to internal cues other than hunger, such as anxiety
3. Use of food as reward or comfort measure

Information deficiency
Less education for women, more education for men
Low income for women, high income for men
Sedentary life-style

EXPECTED OUTCOMES

Client will maintain weight at satisfactory level for height, frame, and genetic predisposition.
- Nutritional requirements are accurately identified.
- Nutritional intake is appropriate to body energy requirements and expenditures.
- One to two pounds per week are lost until a level appropriate to height and frame is achieved.

Client will demonstrate behaviors to balance intake with energy expenditure.
- Behaviors that contribute to excess intake of nutrients are monitored.
- Responsibility for eating and exercise patterns is acknowledged.
- Contract for behavioral changes is realistic, measurable, and includes rewards for accomplishments.

INTERVENTIONS	RATIONALE
Universal	
Assess overall health history, physical examination laboratory data (thyroid function, electrolytes, hematocrit, electrocardiogram if positive cardiac history), weight history since birth, weight of family members and those in household, previous attempts at diet maintenance, one-to two-day current diet history (including likes, dislikes, timing and frequency of meals and snacks, pattern of eating out), feelings about being overweight, pattern of exercise, goals, and mood state.	Comprehensive assessment is necessary to enable accurate planning.

INTERVENTIONS	RATIONALE
Assess congruence of actual with perceived body weight to height adequacy.	Perceptions of ideal weight may differ from weight to height ratios recommended for health.
Assess attitudes and motivation for change, as well as level of social support.	Effective life-style changes require integration of personal, behavioral, and social factors (also see "Health Seeking Behaviors—[Specify]").
Evaluate need for and interest in information regarding basic nutrition (e.g., four food groups, balanced meals, food preparation, heart-healthy eating, risk factors for obesity).	Education provided at a time of readiness may prevent reliance on fad diets and allow incorporation of accurate, up-to-date information in establishing a healthy diet.
Assist in choosing a weight control program that provides balanced nutrition and a plan for maintenance.	People lose weight safely and most effectively in programs that specialize in weight loss while providing adequate nutrition.
Provide information about community resources for safe, effective weight loss and dietary referrals as needed.	Those who view themselves as overweight are at risk for weight loss scams and unhealthy degrees of weight loss.
Provide information about ways to avoid empty calorie foods, healthy convenience foods, and restaurants serving heart-healthy menus.	Major barriers to effective weight loss are found in societal patterns of eating and ready availability of less nutritious foods.
Develop group health advocacy programs fostering healthy eating patterns as well as respect for genetic predispositions that may prevent some individuals from achieving societally valued degrees of slimness.	An informed group of clients may support each other and foster improvement in societal patterns of eating.
Teach proper administration and side effects of anorectic drugs (prescription and over-the-counter).	Certain drugs have been effective in promoting weight loss but have important side effects.

INTERVENTIONS	RATIONALE
Inpatient	
Follow specific protocols associated with clinical trials for gastric balloon placement.	Gastric balloons are recommended for use only in clinical trials.
Assist clients who have elected gastroplasty as a treatment for morbid obesity (more than 100 lb. excess weight or refractory to other methods) with pre- and post-operative recovery according to American Society for Clinical Nutrition (1985) guidelines.	Although gastroplasty has not been shown to reduce mortality associated with obesity, it results in longer term weight loss than other methods.
Assist in maintaining exercise program while hospitalized and in monitoring potential side effects of very low calorie diet.	Very low calorie diets may be effective, but require supervision due to possible severe physical and psychological sequelae. Exercise helps to prevent muscle wasting by preserving basal metabolic rate.
Community Health/ Home Care	
Conduct behavioral assessment including motivational analysis, problem identification and clarification, assets and limitations of a behavioral program, environmental supports and restrictions, and presence of psychopathology related to the obesity that may require referral.	In addition to a nutritional assessment, an information base is needed regarding use of behavioral strategies.
Assist with behavioral strategies for weight loss including self-monitoring, stimulus control, contracting, shaping, and positive reinforcement.	Behavioral strategies are most effective when combined with a calorie-reduction diet and exercise.

INTERVENTIONS	RATIONALE
Collaborate with dietitian in calculating optimal weight, assessing calorie needs, and planning balanced reduction diet (500c/da less than prior intake usually results in 1-2 lb per week loss).	Reasonable goals promote weight loss that is physically and psychologically feasible.
Assist to gradually begin exercise program (20 min 3-4 times/wk) unless medically contraindicated.	Regular exercise alone may lead to weight loss in mild obesity. Exercise also promotes maintenance of weight loss by helping to sustain basal metabolic rate.
Maintain patient, flexible, non-judgmental, positive approach.	Losing weight often is frustrating and rapport is important to success.
Develop maintenance program including exercise, support groups, financial contracts, increased number of sessions, and interpersonal problem solving.	Obesity is a chronic health problem. Maintenance programs with these characteristics have been most effective in keeping off excess weight.

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