

## Case Study 1

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### Patient A

Patient A, a 21-year old female, who is 5'3" tall and weighs 150 lbs. wants to become slimmer and reduce her weight. She always has been very active. She was a gymnast in high school and still works out 4 times per week. Because of work and school her eating patterns are irregular. She is very busy so she has little time to prepare her meals at home. She also is too tired to cook, so she usually eats cereal. She mostly skips breakfast because she is not hungry. She tries to incorporate fruits and vegetables but usually falls back on high fat and sugary foods, such as fries, ranch dressing, and sweet coffee drinks. She is concerned with the cost of food but she can reduce it since she eats 3 times a week at her workplace. Patient A takes no medication.

### Treatment

Over the next six visits patient A was asked to continue her exercise routine. After the first visit she was asked to keep a 3-day food log, and reduce her large coffee drink to a small and replace half of her lemonade intake with water. She was also asked to bring lunch from home at least once in the coming week. On the second visit, vegetables were added to her diet twice a week, starting with broccoli. At the third visit, patient A was asked to track her food choices against the "*MyPyramid Worksheet*" three times a week. Since patient A had difficulty tracking her food choices, tracking was reduced to once a week by the next visit. However she still had difficulty tracking so, in order to help her develop a tracking habit, tracking was reduced and limited to the fruit group only for four days in a week. Fruits and vegetables were increased to four times per week by the sixth visit.

### Outcome

Overall the patient A has more energy and feels better by following a regular eating pattern which includes more fruits and vegetables. She became more aware about how she feels when making unhealthy food choices. Patient A is also now more confident in making better food choices and understands the importance of healthy eating. Patient A lost 4 pounds over about a 2 month period. She lost a total of 2 inches on her arms, waste, and thighs.

### Approach

I first addressed the most obvious unhealthy food choices of patient A by slowly replacing them with healthier ones. This was done by educating patient A about the health problems those types of foods can cause and how much better the alternative healthier choices are for her. I listened to patient A to understand her concerns of being busy and tired after work and made only small changes to her diet which would not overwhelm her. My patient liked smoothies and so we found a healthy way to combine fruits and vegetables and dairy products in healthy smoothies. I pointed out to her the positive things she accomplished even though she had some set-backs. My goal was to give her tools to help her make her own smarter food choices.

### Discussion

When I counseled patient A I thought that my treatment plan was appropriate, but now after I analyzed the plan I would make a few changes. I realized that with patient A change is very hard and takes a long time - so I would not ask her to follow the *"MyPyramid Worksheet"* for three days on her third visit. Patient A would have benefited from more education regarding portion size and control before I had given her the worksheet. Also, with patient A I should have concentrated on following one food group requirement at a time on the worksheet and then add another one after she successfully fulfilled the requirement of the previous one.

Patient A was the second patient I saw in PNC. I selected patient A for a case study because I could follow her progress in changing eating habits since she consistently came to her appointments and tried to follow my counsel as best as she could. The exciting part was that she was successful in implementing some steps which I recommended and which also had beneficial outcomes. She felt better, her attitude changed towards food, and she lost some weight. By giving patient A the right tools to be more confident in her own ability of making the right food choices, she helped me build my own confidence in being able to counsel patients to improve their health through diet and exercise.

## Case Study 2

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### Patient B

Patient B, a 49-year old female, who is 5'5" tall and weighs 110 lbs., has always been preoccupied with her food intake. She feels sick when eating breakfast and therefore does not eat it. She also skips lunch and eats only dinner. Patient B is too busy to cook and eat. Patient B self-restricts her food because she feels that all carbohydrates, fats, and proteins will make her gain weight and fruits and vegetables are the only healthy choices for her. Her skin is thin, pale, and tight. Her hair is dull and dry. Her BMI is 18.3. She exercises three times a week. She sometimes takes calcium supplements but takes no other supplements or medication.

### Treatment

The patient B was asked to prepare her meals on weekends and take along her lunches three times during the week. The three lunches were: 1) yogurt, fruits, and trail mix; 2) one piece of string cheese, crackers, and carrots; and 3) yogurt, banana and a handful of almonds and water. I also recommended to the patient B that she should see a registered dietitian and a doctor for a regular checkup.

### Outcome

Patient B was not ready to make a follow-up appointment so I did not know if she followed the treatment plan.

### Approach

I was very concerned about her preoccupation with food. I skipped addressing eating breakfast since she was very adamant about feeling sick when eating it. I discussed lunch instead. I listened to patient B to understand her concerns of having no time to eat and her self-restriction regarding food. I counseled her about why she needed carbohydrates, proteins, and fats, and advised her to try to focus on the benefits of those nutrients. We worked on 3 simple lunches which she felt were appropriate for her and she was able to eat guilt free. We also discussed some easy ways to prepare meals for dinner, such as buying a cooked chicken and putting in on her salad.

## Discussion

After analyzing the treatment plan I would have not changed the plan for this patient. The reason I chose patient B for a case study was because she was the most interesting patient I saw as a peer nutrition counselor. She was my first patient with an eating disorders and it was difficult for me to understand how she felt about food. With this person I learned how to be sensitive about her disorder, how to listen without being judgmental, and be affirmative about her healthy food choices. Patient B taught me that it is important as a nutrition counselor to set my own feelings aside and focus on my patient in order to keep her open-minded and receptive to change. I needed to understand that she is in charge of her food intake and she needs to decide what she feels she can eat, not what I think she should eating.