

START FOCUSING ON MOTIVATION ...AND KEEP GOING

Jana Družincová | B. Braun Avitum | Ostrava - Vitkovice | Czech Republic

INTRODUCTION

Maintaining optimum weight becomes increasingly difficult for a healthy individual as age increases. It is even more complicated for those with chronic renal failure who receive regular haemodialysis. The aim of the research was to motivate patients who were interested in reducing their weight and wanted to change their eating habits.

METHODS

At our centre, we created a team consisting of nephrologists, general nurses, nutrition therapists, and nutrition therapy students. This team tries to motivate patients who are interested in reducing their weight and want to change their eating habits.

An active interest in weight reduction was demonstrated by a group of 10 patients. We started working actively with this group in 2017. For this research, two patients were selected from this group, a male and a female, who wanted to reduce their weight in order to be placed on the active waiting list.

RESULTS

FEMALE PATIENT (41):

- the patient has been in the chronic dialysis programme since November 2012. Within one year of starting dialysis treatment, the patient lost 16 kg of the original 136 kg of weight. Until the end of 2015, she was able to systematically reduce her weight. However, she reached a breakpoint in 2015, and the weight reduction began to stagnate. Subjectively, communication with the patient is largely difficult because she is an introvert and very often responds irritably to the mention of her weight reduction. The patient's eating habits are affected by her workload and concerns for her family. The patient works full-time and spends 20 hours a week at the haemodialysis centre. She tries to attend aerobics classes, but admits that she does not exercise regularly.

Before setting up the diet, the patient recorded everything she ate and drank for 7 days. Daily energy intake was around 9,000 KJ. The patient likes sweetened drinks and fruit. Sweetened beverages consisted of an average of 1700 to 2000 KJ per day. The excess of carbohydrates eaten significantly increases her daily energy intake. The patient also often consumes sandwiches that contain a large amount of mayonnaise and low-quality smoked meat products. The patient often eats very irregularly - sometimes she has long breaks between meals and sometimes she eats „non-stop“. Nutritional therapists put together a special diet for the patient that contained an average of 8,000 KJ/day. The daily intake was set to a higher value to avoid muscle mass reduction. Due to problematic communication with the patient, it was very difficult to find out whether the diet suited her or not, and to make changes if necessary. Surgical treatment for obesity (gastric sleeve resection) was considered for the patient, but this method was not recommended due to the patient's non-compliance in the conservative treatment of obesity. She now follows a diet which was assembled in an obesitology clinic with a daily intake of 6000 - 6500 KJ. The patient is satisfied with this diet, does not feel hungry, and has observed the first minor weight loss.

MALE PATIENT (47):

- the patient has been in the chronic dialysis programme since January 2017. The patient's diet at the beginning of the haemodialysis programme contained a large number of smoked meat products, and fatty and sweet meals. His eating habits have been affected by work that is often intermittent, and does not allow for a regular diet and intake of good quality food.

Another factor that affects the patient's life is his wife. The patient's wife likes to cook traditional Czech dishes that are not suitable for a well-balanced diet if they are consumed on a daily basis. His wife suffers from second degree obesity, but in consultation with her physician she said that: „she does not want to change anything and she's happy with herself“.

Before composing the diet, the patient recorded his diet for 7 days. The energy intake value of meals varied from 6751 KJ to 11379 KJ. When composing the diet, a daily target was set at about 9,000 KJ, adherence to a regular diet and, last but not least, the choice of good quality food. After 7 months the patient evaluates his eating habits positively. To a large extent, he has reduced portion sizes and does not overeat. Even though he works full time and spends 20 hours a week at the haemodialysis centre, he tries to find time for walks and other sports activities.

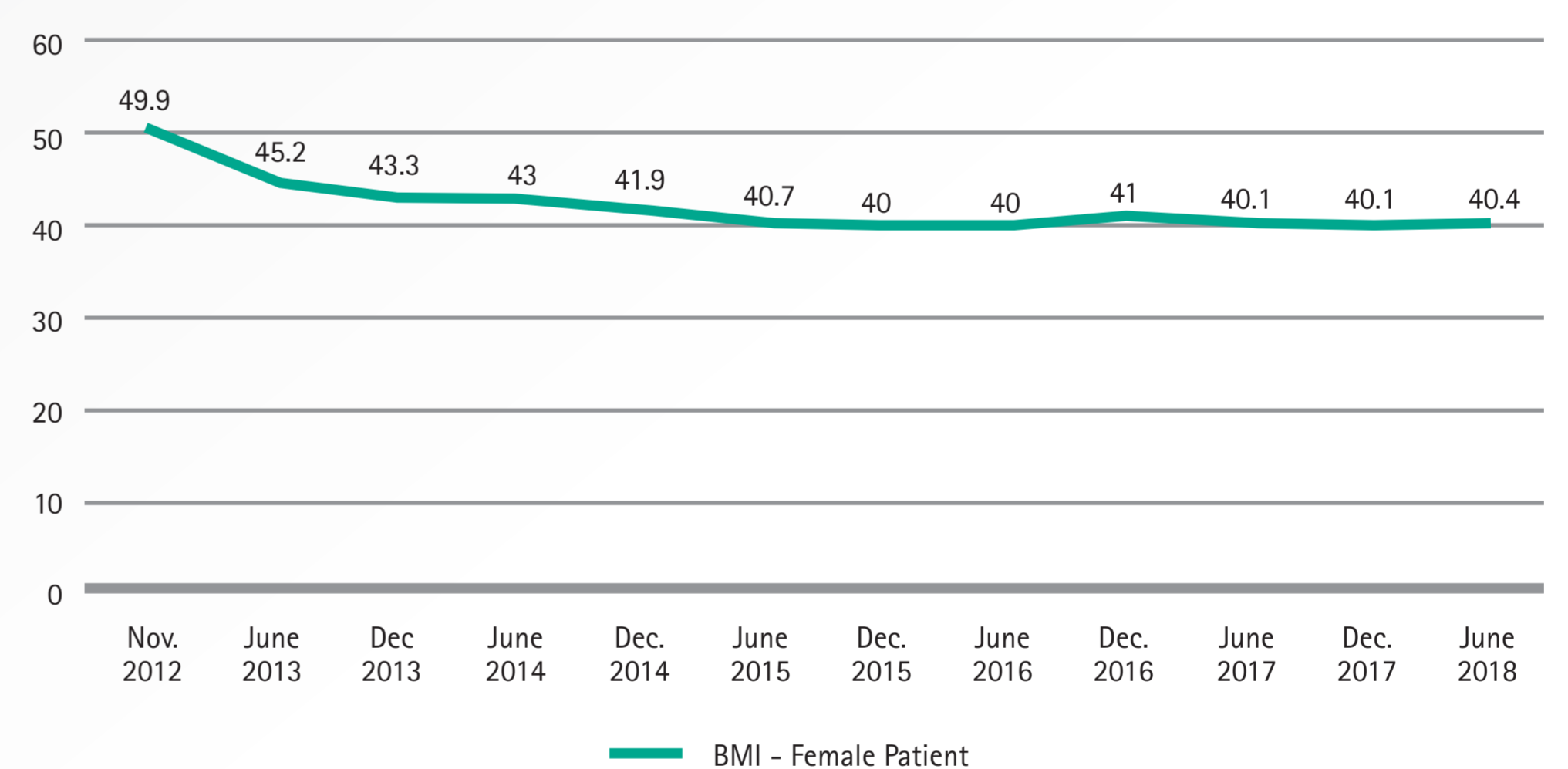
CONCLUSION

Both patients, the female (41) and the male (47), live a similar lifestyle - sedentary work, interdialytic weight gain greater than 3kg, minimal physical activity, poor eating habits, and abdominal obesity. Cooperation is easier with the male patient because he is highly motivated and, with a transplant, sees a chance to return to his „old life“. He is looking forward to being able to travel to further destinations again and not having to spend a substantial part of his week visiting the dialysis centre. The cooperation with the female patient is more complicated, as she is closed into herself and cannot to find the necessary motivation. So we are proceeding slowly with the female patient and helping her to find her lost motivation.

PRACTICAL RECOMMENDATIONS

Reasonable weight loss should be universally encouraged in obese patients, especially in the long term. Offer the patients acceptable practices and realistic goals. Do not reproach the patients for their obesity.

BMI - FEMALE PATIENT



BMI - MALE PATIENT

