



The Role of a Nutritionist

Learning Outcomes

By the end of this unit the learner will be able to:

- ✓ Discuss the role and importance of a Nutritionist in society.
- ✓ Explores the stages involved in the implementation of dietary advice and the consultation process.

The Role of a Nutritionist

Nutrition is an area of growing interest to the public. Nowadays we get lots of information about diet from the media, advertisements, and food manufacturers. Some of this information is reliable but some is not and most people do not know the difference. A source of sound, unbiased dietary advice is therefore vital, and nutritionists are well placed to provide it.

For those of us who aren't blessed with a great metabolism or a naturally fit and healthy body, having the guidance of a nutritionist can make all the difference. From obesity to eating disorders, nutritionists play an important part in educating the public about the proper way to nourish the body, mind, and spirit.

By definition, a nutritionist is a health specialist who is highly knowledgeable about food, diet, nutrition, diseases related to nutrition deficiencies, and other areas dealing with health and wellness.

The goal of nutritionists is to help others learn how to eat right and prevent disease. People who suffer from obesity, high blood pressure, diabetes, and eating disorders, such as bulimia and anorexia nervosa, are typically referred to a nutritionist by their doctor in order to learn how to get their body back in shape in a way that is healthy and natural. Nutritionists are very experienced in how different foods work within the body and how to find solutions to typical health problems. Often a nutritionist helps clients develop a special diet that must be followed, with routine checkups to ensure the client is on the right path to recovery. There are public health nutritionists who offer their services to entire communities. These professionals often work to educate the general public about the types of foods they should and should not be eating and what health hazards to avoid.

The best thing about nutritionists is that they serve as a positive source of motivation for healthier living. Many act as coaches, pushing clients to meet their goals, while providing useful information and resources along the way. Nutritionists use various methods to help clients see results, including daily food logs, questionnaires, recommended lifestyle changes, and monitoring their clients' stress levels.

Qualities of a Good Nutritionist

1. Be able to translate scientific information into dietary advice.
2. Be an excellent communicator: direct and empathetic without being patronising.
3. Be able to motivate the patient to take charge of their own health which will result in behaviour modification.
4. Build a good rapport with the patient.
5. Have a calm manner.
6. Have good listening skills.
7. Enjoy working with people in a clinical setting.
8. Be comfortable working as part of a multidisciplinary healthcare team.

Why is Dietary Advice Important?

The importance of having a good diet has long been known, but the discovery of vitamins in the early 1900s, confirmed the belief that a wide variety of foods was important for growth in children and for maintenance of health in adults. This knowledge was then transferred to medical practice and national nutritional programmes. The dietary advice emphasised the importance of meat, fish, eggs, milk, other dairy products, fruits, and vegetables as the best sources of essential nutrients. When the variety and quality of food improved, it helped a lot.

After the Second World War, the medical practice was dominated by the power of antibiotics and other drugs and there was less emphasis on the dietary advice. The consumption of animal products increased and the intake of cereals and vegetables reduced. This resulted in an increase in the consumption of fat, particularly saturated fat, and a fall in starchy carbohydrates. By the 1960s the evidence came up that the diseases not normally associated with malnutrition were linked with diet.

The new research showed the links between nutritional excesses and deficiencies, with the development of coronary heart disease, cancer and gallstones. With all this the concept of nutrition began to change. The new nutritional concepts based on the new research demanded a reduction in the average proportion of food energy derived from total fat and fatty acids and reduction in the proportion of obese adults. The achievement of such targets is possible if some dietary changes are made; changes in social and economic policy are also crucial to allow people to choose a healthy diet.

By providing a sound dietary advice a nutritionist can make an important contribution to the achievement of all these targets. Giving dietary advice means more than just telling a person what to eat. Consideration must first be given to the person's background and personal circumstances and other factors which may affect the food choice. A nutritionist must consider that other person's knowledge and beliefs about food may be very different from his own. Therefore it is important to consider the factors which affect food choice.

History and Tradition

Eating habits are governed by the history and tradition. Before industrial revolution the majority of British people consumed a diet based on coarse bread, eggs, cheese, fish some meat and vegetables. Rich people included generous amount of fruits, meat and vegetables in their diet. At the times of industrial revolutions, when more and more people moved to the towns, food had to be transported from the countryside. Tinned food became available for the first time in 1880. Improvements in the farming methods and international trade produced increased quantities of meat, milk, dairy products, fresh fruits, and vegetables.

Culture

Cultural influences on food choice include religious beliefs and nationality. Hindus avoid meat and Muslims do not eat pork.

Availability

When giving dietary advice the nutritionist must consider the availability of food also, they should be aware of the types of shop the people can get to and what is available in them.

Economics

Another factor which can influence the food choice is income. People's food choices may be limited by their income. Lack of money, rather than information, is the main barrier to improving eating habits in poor people. Suggestions to increase consumption of fruit and lean meat can seem prohibitive to a person trying to feed a large family on a small income. Less healthy choices of food such as sausages, pies, biscuits are much cheaper. But these people can be advised for budgeting and then purchasing the most important items first, e.g. bread, potatoes, milk and cereals.

Psychological Factors

Another and most important factor which affects the food choice is personal preference.

Giving Dietary Advice

When giving dietary advice the process is started from where the person is at. Advice which doesn't take into account lifestyle and personal circumstances is bound to fail. It is important to ask questions about current dietary habits. The dietary advice which the nutritionists give depends on obtaining an accurate dietary history from the patient, and calculating nutrient intake from food tables. As a starting point, the quantity of fruit, vegetables, bread, and cereals consumed should be established, as well as the types of spreading fat and dairy products used. Cooking methods and the consumption of fatty and sugary snacks should be discussed. Once the person's life style and dietary habits have been established, the nutritionist should give guidance on the direction in which the diet needs to be changed. Some people might need to make small changes to their diets, but other might require significant amount of adjustments in their dietary routine.

It is impractical to expect people to follow dietary advice without an explanation of why such changes have been recommended. Dietary advice should be positive; the 'stop eating' approach is negative e.g. eating more fruits and cereals should be mentioned first. At the same time the dietary advice should be specific. Many people know that they should reduce their fat and sugar intake, but do not know how to manage it because they do not know which foods are high and low in fat and sugar. Which foods should they be eating and in what quantities? Often it is hard for the people to change the dietary habits, so too many changes in dietary habits should not be recommended at once, i.e. people used to the taste of full cream milk often dislike the taste of fully skimmed milk, but they could be persuaded to try semi-skimmed milk at first. Advice should be given in the clear language which is easy for the person to understand. The nutritionist should ask questions to make sure that the dietary advice has been understood. People should also be encouraged to return for follow-up advice. The dietary advice should provide the individual with the basis for action in choosing the appropriate diet for him or herself. In order for dietary advice to be effective, two essential criteria must be fulfilled. First the individual must

understand the advice properly, to be able to assess his or her current diet and to be able to make the appropriate changes to that diet so that it conforms to the advice given. Secondly the individuals must be motivated to comply with the advice. Unless the motivational issues are addressed, the dietary advice, however soundly based and excellently presented, will fail to achieve its objectives.

Motivation

Without a sufficient motivating force it may not be possible for the person to follow the dietary plan given to him. Risk of disease at some unknown point in the future is not always a sufficient motivating force. Most people know that they need to reduce their fat intake, but if they live in a house where everyone likes chips it may be very hard for them to control their fat intake.

Barriers to Understanding

- **The Language in Which the Dietary Advice is Presented**

The choice of the language used in the presentation of the dietary advice is very important for understanding and this is one aspect of the debate where giving advice in terms of nutrients may reduce the level of comprehension. First, many of the scientific terms used to describe nutrients are not part of everyday language and those terms that are commonly used, such as protein, calories, vitamins or dietary fibre, are often interpreted in a nutritionally naïve sense.

There is another point that we give quantitative nature of advice. To those for whom measurement is the centre of their working lives, with a high level of numeracy, concepts like fat intake as a percentage of energy consumption, grams of dietary fibre, milligrams of iron, etc., present no real problem of interpretation. But usually this level of familiarity with units and numeracy is not shared with most of those with dietary advice is addressed. When using nutrients dietary fibre may be interpreted as wheat bran, and bread and cereals are identified with carbohydrates. In the case of fats, all animal fats are seen as saturated and all plant fats as unsaturated. The quantitative complexity of foods as mixtures of proteins, different classes of fatty acids combined in triacylglycerols, different types of carbohydrates and vitamins can be further confusing for many individuals and make dietary advice even more difficult to understand.

Therefore, it would be more effective to use the language of the consumer in the presentation of dietary advice. This means talking about foods and the combinations of foods in meals and in the daily diet. In most types of dietary advice there is a need for the advice to be quantitative and therefore it is important to determine the form in which the advice is to be presented.

The Form in Which the Dietary Advice is Presented

In clinical practice dietary advice is given to a patient who may need to reduce energy intake because of obesity, to control energy, fat and carbohydrate intakes because of diabetes mellitus, or to reduce fat intake because of hyperlipidaemia. The first requirement for the dietary advice is to be such that the individual is able to assess his or her own diet and to compare it with the advice given.

Stages involved in the implementation of dietary advice

Reason for referral e.g. weight reduction/ poor glycaemia

Relevant patient details e.g. medication/ insulin/ social history

Assessment

- **Height weight BMI (energy requirements calculated)**
- **Current eating habits including:**
 - **Eating pattern**
 - **Complex carbohydrate and low GI sources**
 - **Fat consumption**
 - **Fibre consumption**
 - **Sugar consumption**
 - **Salt usage**
 - **Medication**
 - **Assess motivation to make necessary changes**

Aim of dietary intervention

e.g. promote weight reduction/ improve glycaemic control

Treatment Plan

Advice must be tailored to individual needs, therefore realistic goals are given

Monitor / feed back

Review at clinic/ follow up appointment / discharge

The body weight must be assessed first to estimate the appropriate energy intake to maintain a healthy weight, or bring the body weight down to lie within ideal range. The second stage is the estimation of the consumption of the diet in terms of the percentage energy derived from total fat and saturated fat. Using an analysis of the sources of fat in the diet, the appropriate target foods, which are sources of fat, are identified. This provides basis for deciding the amounts by which the intake of these foods should be reduced and the amounts of complex carbohydrates containing foods to meet the energy from fat reductions are identified. The implementation requires a series of calculations that depend on knowledge of ideal body weight coupled with the nutritional analysis of the diet eaten.

What Happens in a Nutrition Consultation?

Using a questionnaire as a basis for discussion, the consultation is used to build a complete picture of the person's medical and family history, areas of imbalance, current diet, environment and lifestyle. The nutritionist then works with the person to agree a Personal Action Plan.

1) Pre-submit questionnaire

While every nutritionist has their own procedures and priorities, and each client has their own individual set of goals, there are standards of practice that most nutritionists follow. The first session (and sometimes, even before with a pre-submit questionnaire/health history) is usually spent collecting information about the client that will help the nutritionist assess and develop a plan. The information collected should include a general health and wellness assessment and a detailed discussion of goals and objectives.

Sample Health check questionnaire

All details on this questionnaire will be held private and confidential.

Date completed:

PERSONAL DETAILS

Surname: First name: Marital status:

Contact address:

Post Code:..... email:.....

Contact tel no: Emergency contact no:.....

Occupation:.....

Date of birth: Height: Weight:

No. of dependents: Age/sex of children:

GP Name & address:.....

Post Code: Doctor's tel no:

Do you give permission for your medical doctor to be contacted? ☐ *tick for yes*

Are you currently following a medically prescribed diet? ☐

Are you currently undergoing medical treatment? ☐

Are you pregnant, or aiming to become pregnant? ☐

Do you have a medically identified food allergy or intolerance? ☐

Goals

Are there any specific goals that you are looking to address through this clinic?

- 1.
- 2.

Personal Health History

Health Problem	Duration	Management	Date
EXAMPLE:			
migraines	20 years	Migrileve	1976-current
abdominal pain	2 years	Paracetamol	1966-1968
		Appendectomy	1968
1.....			
2.....			
3.....			
4.....			
5.....			
6.....			
7.....			
8.....			

Supplements

* Please note that some of the supplements we recommend are not suitable if you are pregnant or planning to become pregnant. By signing this form you are confirming that this is not the case.

Prescribed / Over the counter Medication	Dose	Condition being treated	Frequency	Duration	current	past
.....					☐	☐
.....					☐	☐
.....					☐	☐

.....					☐	☐
Supplement/Herb	Dose	Condition being treated	Frequency	Duration	current	past
.....					☐	☐
.....					☐	☐
.....					☐	☐

Is there any history of health problems or disease in your family?

	Tick for yes	Comments
Grandparents	☐	
Parents	☐	
Brothers/sisters	☐	
Children	☐	

Do any of the following apply? **Tick for yes** **Comments**

- ☐Family history of allergies
- ☐Diagnosed allergy
- ☐History of a severe allergic reaction/anaphylactic shock
- ☐Been tested for allergies
- Please list any foods and/or chemicals that you react to:

Digestion/Elimination Profile

- ☐ bloating/flatulence
- ☐ don't chew food properly
- ☐ can't tolerate fatty meals
- ☐ heartburn/reflux
- ☐ indigestion
- ☐ pain under right rib-cage
- ☐ pain under right shoulder-blade
- ☐ anal irritation
- ☐ blood/black stool
- ☐ constipation
- ☐ diarrhoea
- ☐ haemorrhoids
- ☐ mucus or pus in stool
- ☐ has foreign travel resulted in digestive problems

Sleep/Energy Profile

- ☐ disordered sleeping pattern
- ☐ difficulty getting to sleep
- ☐ difficulty getting/waking up
- ☐ feel un-refreshed after sleep
- ☐ fatigue
- ☐ fluctuating energy

Toxic Load Profile

- ☐ caffeine keeps you awake
- ☐ drug use including recreational
- ☐ exercise by busy main roads
- ☐ a lot of time in-front of TV/VDU
- ☐ exposure to domestic moulds
- ☐ unwashed fruit and vegetables
- ☐ eat non-organic produce
- ☐ usually drink tap water
- ☐ smoke cigarettes
- ☐ regular alcohol consumption
- ☐ headaches
- ☐ mercury fillings
- ☐ muscle / joint aches
- ☐ offensive breath / body odour
- ☐ dark coloured urine
- ☐ dark circles under the eyes
- ☐ yellowing of skin/eyes

Immunity Profile

- ☐ coated tongue
- ☐ regular colds/infections
- ☐ nail infections
- ☐ sensitivity to chemicals
- ☐ signs of premature ageing
- ☐ thrush/cystitis/athletes foot
- ☐ verruca/warts
- ☐ frequent ulcers
- ☐ traveller's diarrhoea
- ☐ unexplained itching/rashes
- ☐ antibiotics on a yearly basis
- ☐ hay fever/rhinitis
- ☐ suffer from allergies
- ☐ growths or lumps biopsied

Mood Profile

- ☐ aggression/anger
- ☐ anxiety/tension
- ☐ apathetic/lethargic
- ☐ depression
- ☐ hyperactive
- ☐ irritability
- ☐ mood swings

Adrenal/Blood Glucose Profile

- ☐ blurred vision
- ☐ excessive thirst &/or urination
- ☐ fluctuating energy
- ☐ impotence/lack of sex drive
- ☐ low blood pressure
- ☐ nausea without food
- ☐ palpitations
- ☐ panic attacks
- ☐ poor memory/concentration
- ☐ tired, particularly after lunch
- ☐ need tea/coffee/cigarette/sugar to wake up in morning
- ☐ need tea/coffee/cigarettes/sugar at regular intervals
- ☐ dizzy/irritable without regular food

Stress Profile

- ☐ easily angered/irritated
- ☐ excessive exercise
- ☐ always multi-tasking
- ☐ feel mentally dull
- ☐ shift worker
- ☐ stressful job
- ☐ difficulty getting to sleep
- ☐ feel guilty when relaxing
- ☐ get impatient easily
- ☐ unclear about goals
- ☐ unhappy at home
- ☐ unhappy at work
- ☐ recent change in life that has increased stress *please state*
.....

Cardiovascular/Circulatory Profile

- ☐ blue extremities
- ☐ calf pain
- ☐ chest pain
- ☐ feel cold/hot
- ☐ feel faint on standing
- ☐ feel stressed
- ☐ groin pain
- ☐ high blood pressure
- ☐ high cholesterol / triglycerides
- ☐ high fat/sugar diet
- ☐ nose bleeds

Female Hormonal Profile (women only)
period: _____

- ☐ do you have regular well-woman check-ups?
- ☐ do you, or have you had an IUD fitted?
- ☐ do you, or have you taken the contraceptive pill?
- ☐ do you, or have you taken HRT/natural HRT?
- ☐ have you experienced difficulty conceiving?
- ☐ have you experienced a miscarriage/stillbirth?
- ☐ have you had a hysterectomy?

Age at first period: _____ Age at final

- ☐ dry hair/skin
- ☐ acne
- ☐ excessive hair growth
- ☐ hair loss
- ☐ heavy/painful periods
- ☐ history of anorexia
- ☐ hot flushes
- ☐ irregular periods
- ☐ feel cold
- ☐ low sex drive
- ☐ PMS
- ☐ protruding eyes
- ☐ swollen neck/goitre
- ☐ water retention

Male Hormonal Profile (men only)

- | | | | |
|---|--|--|--|
| ☐ acne | ☐ depression | ☐ feel cold | ☐ swollen neck/goitre |
| ☐ altered urine flow | ☐ diminished sweating | ☐ impotence / low sex drive | ☐ wake up to go to the toilet |
| ☐ coarse hair | ☐ dry hair / skin | ☐ infertility | |
| ☐ cold extremities | ☐ excessive sweating | ☐ protruding eyes | |

Exercise Profile

Are you: ☐ Active?* ☐ Moderately active?* ☐ Sedentary? *please list your activities below

☐ Do you enjoy exercise? ☐ Does your job/hobby involve exercise? (e.g. gardening)

☐ If you do not participate in regular exercise, what factors prevent you from doing so?

.....

<i>Type of exercise</i>	<i>Frequency</i>	<i>Duration</i>	<i>Place</i>
-------------------------	------------------	-----------------	--------------

.....

Are there any foods that you crave?

Are there any foods that you dislike?

What are your favourite foods?

Which foods would you find hard to give up?

Are you following a special diet, now or in the past?

Do you

- | | |
|--|---|
| ☐ or have you experienced an eating disorder? | ☐ cook for more than one? |
| ☐ cater for a special diet in the family? | ☐ enjoy eating and preparing food? |
| ☐ eat lots of wheat and dairy products? | ☐ have a good appetite? |
| ☐ eat out frequently? | ☐ mainly purchase organic produce? |
| ☐ Is your diet repetitive? | ☐ Have you recently changed your diet? |
| | ☐ Is shopping easy for you? |

How Many	...	glasses of water a day?		Do you
biscuits in a week?	...	portions of oily fish per		☐ add salt to cooking or food?
cakes/pastries in a week?	...	week? (salmon, mackerel,		☐ add sugar to food or drink?
cups of coffee a day?	...	anchovies, sardines, fresh		☐ drink decaffeinated tea or coffee?
cups of tea a day?	...	tuna, herring, trout, pilchards,		☐ regularly eat fried food?
cups of herbal tea a day?	...	kippers)		☐ regularly eat processed food?
pints of milk a week?	...	cigarettes a week?		☐ regularly eat ready prepared meals?
slices of bread in a day?	...	Units of alcohol a week?		☐ regularly microwave food?
chocolate in a week?	...	(1 unit = 1 small glass of		☐ avoid additives and preservatives?
		wine, ½ pint of beer, 25ml of		
		spirit)		

What

Oil do you use to cook with
.....

Do you spread on bread etc
.....

Do you

- ☐ choose mainly low-fat food?
- ☐ eat takeaways more than once per week?
- ☐ eat mainly wholegrain bread, rice, pasta & cereals?

**Typical
Weekday**

Breakfast Time

.....
.....
.....
.....

Lunch Time

.....
.....
.....
.....
.....

Dinner Time

.....
.....
.....
.....
.....

Snacks/Treats Times of

.....
.....
.....

Drinks

.....
.....

**Typical
Weekend Day**

Breakfast Time

.....
.....
.....
.....

Lunch Time

.....
.....
.....
.....
.....

Dinner Time

.....
.....
.....
.....
.....

Snacks/Treats Times of

.....
.....
.....

Drinks

.....
.....

Please use this box for additional notes if necessary

I confirm that all information included on this questionnaire is correct to the best of my knowledge.

Signature

Discussion of Goals and Objectives

The client goals and objectives are discussed in details. The nutritionist might ask the client to write their goals in priority order.

Developing a Plan

Once the nutritionist has collected a thorough health history, current medical information, and the self-reported goals and objectives of the client, a plan is developed. The plan should be specific to the goals of the client. A nutrition plan for dietary advice of a diabetic patient is going to look different from a nutrition plan for weight loss. Both these plans will work to achieve different aims and objectives.

For example, a dietary advice for a diabetic patient can be based on the following goal and objectives:

Nutritional Management Aims

- Help optimise glycaemic control
- Reduce risk factors for cardiovascular disease and nephropathy
- Promote weight loss in overweight or obese individuals

Taking into account quality of life, cultural preferences, patient well-being, and safety, the advice should also respect the individual's wishes and willingness to change.

Nutrition and Dietary Education Should:

- Meet the needs of the individual
- Include realistic targets and goals
- Allows patients to achieve independence in managing their condition

Dietary Goals:

- Ensure an adequate and balanced nutritional intake.
- Encourage regular meals based on complex (preferably high fibre) carbohydrate foods. Foods with a low Glycaemic Index should be encouraged.
- Reduce intake of sweet foods and drinks; sucrose can contribute up to 10% of total energy and need not be excluded from the diet. For this reason, there is no need for people with diabetes to use special 'diabetic foods'.
- Reduce fat intake, especially saturated fat intake. Total fat intake should not exceed 35% of total energy with the majority of this from mono and polyunsaturated sources.
- Include at least 5 servings of fruits/vegetables daily.
- Limit salt intake to <6 g sodium chloride per day.
- Achieve and maintain a healthy weight.

Weight Reduction

Approximately 80% of people with type 2 diabetes are overweight or obese. Weight loss improves insulin sensitivity, glucose uptake and other health outcomes.

Targets for weight loss should be realistic, achievable and agreed by the patient. It is important to discuss realistic targets for weight loss with patients. A good starting point is to lose 10% of body weight over 3 to 6 months with the aim to then maintain weight.

Initial advice should be:

- To reduce energy dense food intake, in particular those high in fat.
- To increase activity levels.

- Limit alcohol intake.
- Increase fruits and vegetable intake.

If these measures are not effective then more specific advice to achieve an energy deficit may be necessary. Some individuals may find attending commercial slimming groups helpful. Those that offer exercise programmes in addition to advice on diet may be of particular benefit.

Exercise

All patients should be encouraged to be more physically active, as this improves general levels of fitness and glycaemic control. It may aid weight loss and improve lipid and blood pressure control.

Exercise advice should be realistic and include information on local facilities, e.g. swimming, health clubs, exercise prescription programmes, and should also include the costs of such activities. For those unaccustomed to exercise or those with significant diabetic complications, medical advice should be obtained.

Information required by the Nutritionist at referral includes the following -

- Demographic details including CHI Number
- Weight
- Height
- Waist circumference
- HbA1c or glucose profile
- Lipid profile
- Co-existing medical conditions, e.g. hypertension or thyroid status
- Current medication

It is important for the client to communicate their expectations as early as possible. For example, if you are training for an event, the expectations and training timeline should be developed early on. One of the most common complaints of the clients is unsuccessful relationships with nutritionists because the counselling did not seem focused enough on the goals or on the time line. The timelines developed must be realistic and attainable. For example, a weight loss client should not hope to lose 30 pounds or more in a month.

Expectation and Readiness

Like working with a personal trainer, the client/nutritionist partnership should focus on the development of realistic expectations. The goals and time lines should be agreed upon, and then written down into a contract. From this contract the client can better understand the changes that will be expected of them, and counsellors can develop a step-by-step intervention that will help support these goals.

Some Tools of Trade

The Food Diary

Most nutritionists ask for a food diary, but these may differ in length and type or amount of detail required. In essence, it is very difficult to help someone with their diet unless there is disclosure of what is being eaten. It is very difficult to accurately remember all foods eaten even several hours later. There remains a significant amount of under reporting on food diaries, but with good direction, the food diary can provide a valuable snapshot of how the client eats, as well as improve client accountability and awareness of what is actually being eaten.

Time	Food and drink	Where and who with	Thoughts
8 am	Glass of orange juice	At home with family	Rushing to get everyone organised
9 am	Chocolate muffin, large coffee	Coffee shop – alone	Stressed, need something sweet

Measurements

8 am

Glass of orange juice at home with family; rushing to get everyone organized.

9 am

Chocolate muffin, large coffee at the coffee shop – alone, stressed, need something sweet.

If there is a weight gain or loss goal, the nutritionist will use different measurement devices to establish a baseline and periodically measure progress. These include BMI, waist circumference, blood pressure, etc. the validity of repeat measurements depends on the frequency of measuring, as well as intra and inter operator error, in the case of measurements with skin fold calipers.

Nutrition Education Material

There are a wide variety of materials a nutritionist may use to help clients meet their goals. From healthy food lists to meal plan, to carefully time lined plan. Each nutritionist work differently in terms of the amount and format of information they deliver.

Calorie diet sample Day 1

Breakfast:

- 2 eggs, low fat Cheddar cheese omelette - 320 calories
- 2 slices wholemeal toast with thin smear butter - 200 calories
- Large slice melon - 47 calories

Lunch:

- Spicy Turkey Salad recipe - 304 calories

Snack:

- Muesli or honey nut Health Bar - 180 calories

Dinner:

- Baked potato with 100g baked beans &/or Cottage cheese if desired - 300 - 400 calories (350 average)
- Large helping salad fruits &/or vegetables - 100 calories

Target: 1500

Total calories = 1501 Calorie Diet

-----****-----

Calorie diet sample Day 2

Breakfast:

- Breakfast Cereal with skimmed milk small Bowl - 350 calories
- Fruit juice unsweetened - 60 Calories

Snack:

- 1 Banana - 107 calories
- Strawberry Yogurt - 120 cals

Dinner:

- Beef Chow Mein - 850 calories

Snack:

- 1 Kiwi Fruit - 30 cals

Total calories = 1517 Calorie Diet

-----****-----

Calorie diet sample Day 3

Breakfast:

- 2 lean sausages - 250 cals
- Baked Beans 100 grams - 90 cals
- 2 slices wholemeal bread/toast with little butter - 200 cals
- Piece of fruit or fruit juice - 60 calories

Lunch:

- Fish pie frozen meal 284g - 330 calories
- Mixed Vegetables - 100 cals

Snack:

- low fat Yogurt - 95 cal
- piece of fruit - 60 calories

Dinner:

- Chinese Noodles (recipe coming soon!) - 350 cal

Total calories = 1535 Calorie Diet

-----****-----

Calorie diet sample Day 4

Breakfast:

- Large Bowl of a cereal with skimmed milk - 400 calories
- Fruit juice - 40 calories

Lunch:

- Tuna Salad Sandwich with Brown bread 2 slices & mayonnaise - 300 calories

Snack:

- Packet of low fat chips - 110 calories
- 1 Small chocolate bar - 150 calories
- Fruit - 80 calories

Dinner:

- Beef Stew & Dumplings - 320 calories
- Any Vegetables - 100 calories

Total calories = 1500 Calorie Diet

1200 calorie diet sample Day 1

Calorie diet sample Day 5

Breakfast:

- Small Bowl breakfast cereal with skimmed milk - 200 calories
- Fruit Juice unsweetened - 60 cal

Lunch:

- 1 Banana - 107 cal
- 1 Orange - 23 calories

Snack:

- Non fat yogurt small pot - 50 cal
- Fruit - 40 calories

Dinner:

- Vegetable Curry with Fried Rice- 700 calories

Total calories = 1180 Calorie Diet

-----****-----

Supplements

Nutritionists can make a recommendation, when necessary, to supplement the diet with an appropriate product, based on a thorough review of the currently available scientific evidence without jeopardizing scope of practice or ethics.

Follow Up

For some clients, a single session is enough to identify problems and solutions and provide enough direction for self guided dietary improvement. For others, an ongoing relationship will be necessary to accomplish the considerable dietary changes that require more time, education, and reinforcement

Further Reading:

- ✓ *The Role of Nutrition in Maintaining Health in the Nation's Elderly, (2000), By Committee on Nutrition Services for Medicare Beneficiaries, Institute of Medicine, Food and Nutrition Board*
- ✓ *Advanced Nutrition and Human Metabolism, (2009), By Sareen Gropper, Jack Smith*
- ✓ *Nutrition in Public Health: Principles, Policies, and Practice, (2007), By Arlene Spark*