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Nutrition, more than body requirement: Risk

Marilyn Frenn
Marquette University, marilyn.frenn@marquette.edu

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Nutrition, More Than Body Requirement: Risk

A state in which an individual is at risk of experiencing an intake of nutrients which exceeds metabolic needs (NANDA, 1990, p. 12).

Marilyn Frenn, R.N., Ph.D.

RISK 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

Dependence on prepared or fast foods
Depression
Dysfunctional eating patterns

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

Less education for women, more education for men
Low income for women, high income for men
Regular intake of nutrients in excess of body needs, e.g.,
- alcohol
- caffeine
- fat and cholesterol
- salt
- relatively more simple sugars than complex carbohydrates, such as whole grain, fruits and vegetables
- relatively more red meats and less fish, poultry, and legumes
- relatively more foods with empty calories as compared with nutrient rich foods

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.

Client will demonstrate behaviors to reduce risk factors.
- Own risk factors for obesity and excess intake of nutrients are identified.
- Responsibility for eating patterns is acknowledged.
- Plan is identified for balancing intake with exercise to maintain optimal weight for height.

INTERVENTIONS	RATIONALE
Universal	
Assess risk factors and 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.

INTERVENTIONS	RATIONALE
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.
Inpatient None	
Community Health/ Home Care None	

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