

NUTRITION DIETETICS: EVALUATION

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Introduction:

The observation of absolute strict, sustained calorific intake by meticulous dietary control is mandatory in the management of any diabetic, irrespective of whether he/she needs additional insulin or oral hypoglycemic drug therapy. A theoretically effective, carefully calculated and planned dietary programme is successful only if it is properly eaten. Therefore diet counselling forms an integral part in the diabetes management. Education of the patient about his/her disease and its treatment is also very important. The patient who has some knowledge of the disease and the reasons for the various therapeutic/diet interventions, is much more compliant and does better than the patient who has no understanding and is only told what to do. It is much better achieved in a group instruction. Many patients are helped by this approach in as much as they learn to appreciate that others have similar problems and that they can share experiences with one another. With this as one of the main objectives, the various camp programmes were organised.

Nutrition education:

For formal and informal instruction, various audiovisual aids were prepared like charts, games, puzzles, handouts etc., which included easy to prepare recipes and daily intake proformas. The charts including the exchange lists and nutrition education posters were displayed in the dining hall and in the dormitories. Everyday's menu along with their exchange breakup were put up in the dining hall, for the better understanding of exchange lists by the patients.

In addition to these, a one hour formal nutrition education class (in hindi) was held as a part of the total camp diabetes education programme. The mode of presentation was lecture-cum-discussion. It included various aspects of diet for IDDM, i.e., food groups; relation between insulin, calories and food; exchanges list; fiber, cholesterol, alternative foods: sick day guidelines; emergencies and food; emphasis on midmorning, mid-afternoon and bedtime snacks; exercise and diet etc.,.

Planning:

Since the camp included IDDM patients, a six meal high protein, high satiety diet plan was designed. A skeleton menu was prepared for each camp

day, keeping in mind the travel meals, picnic meal etc.,. With regard to the procurement of ration, the nonperishable raw materials were purchased earlier, and the perishable items were purchased daily depending on the availability and requirements. Standby arrangements of foods like dry milk powder, biscuits, fruits, roasted chana etc., were also made.

Performance:

Data was collected from the precamp dietary evaluation, the daily diet intake proformas; individual questionnaires and counselling. On the basis of the precamp dietary evaluation, index cards were made for each child indicating, the deficiencies in their diet. It was found that approximately 25 children out of a total of 28, were not following the diet recommended to them and none of them were familiar with the exchange list. After the camp session, it was seen that 95% of the children were able to relate the diet and the disease; their attitude and understanding regarding the diet had improved and all the children became aware of the use of exchange lists and how it helps in increasing the variety of the meals. Patients were also individually educated on their observed deficiencies with respect to diet. Majority of the children showed keen interest in monitoring their daily diet proformas on the basis of exchange list, which helped them in regulating and controlling their diet.

All children were well satisfied with the diet provided and maintained their weight. All the IDDM children had their blood sugars controlled within a reasonable range, with few instances of hypoglycemia easily treated without adverse effects. Hypoglycemia was mainly due to 2 reasons; either due to overactivity/play before, or missing of bedtime snacks due to various circumstances.

It was also seen that few food items like dalia, cheese etc., were not much liked by the current batch of children. At the end of the camp, 23 out of 28 children had improved their diet and were keen to understand more about the exchanges and various recipes for snacks. Parents of 6 children also participated in the camp and attempted to understand about the diet with regard to the particular likes and dislikes of their children. It was felt that the impact during this short term session was good, but still recurrent reinforcement is very essential.

Recommendations:

For this kind of activity, the children/patients and the parents should also be involved in the planning, organisation, management etc., and this would give more effective results. In the present camp it was felt that recreation might have topped above education.

For the management of dietary/catering services more administrative staff/supervisors are required so that qualified Nutritionists-dieticians can give more time for individual child care and teaching. It would also help in proper management with regards to purchase, storage, cooking, cleanliness, prevention of pilferage and other kitchen responsibilities. Optimum manpower is necessary; for a group of 30 to 50 campers, one cook and one helper may be necessary in two different shifts. Services of more volunteers would be most welcome and economical. The kitchen should be well equipped with gas appliances, cooking utensils, crockery, refrigerator etc.

Despite a few shortcomings, the Camp was a great success.