Effect of Smart Goal Setting and Nutritional Assessment on Treatment Compliance in Primary Care Dietetic Treatment
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EFFECT OF SMART GOAL SETTING AND NUTRITIONAL ASSESSMENT ON TREATMENT COMPLIANCE IN PRIMARY CARE DIETETIC TREATMENT

Rationale: Primary care dieters need to demonstrate their effectiveness to both patients and stakeholders. Treatment compliance influences overall treatment effectiveness. We studied the influence of (SMART) goal setting and the use of Nutritional Assessment on treatment compliance after 1 consultation.

Methods: This study was part of the DIEET study (Di-Etietics: Effective and Towards a sustainable profession). Trained students performed structured observations during first dietetic consultations in the primary care setting. Primary focus was on SMART goal setting and Nutritional Assessment [measuring weight, height, waist circumference, bioelectrical impedance analysis (BIA)]. At 6-month follow-up data were obtained on moment of treatment termination. Univariate logistic regression analysis was used to express associations between goal setting and Nutritional Assessment and treatment compliance after 1 consultation.

Results: Data were obtained from 289 patients (41% male; 57 ± 14 y; primary diagnosis: overweight (44%), DM2 (37%), other (19%)). 47 patients (16%) had only one dietetic consultation. During first consultation, treatment goals were defined in 199 patients (69%), SMART goals in 57 (20%). Nutritional assessment was performed in 230 patients (80%). Treatment compliance after 1 consultation was associated with goal setting in general (OR 2.4 [95% CI 1.2–4.8] p = 0.01) and SMART goal setting (OR 3.0 [95% CI 1.0–8.8] p = 0.03), and performing Nutritional Assessment (OR 2.4 [95% CI 1.2–4.8] p = 0.01).

Conclusion: Setting SMART treatment goals and performing Nutritional Assessment during first dietetic consultations are related to higher treatment compliance in primary care setting. The DIEET study will further explore whether SMART goal setting and performing Nutritional Assessment during the first consultation will result in higher long-term effectiveness.

Disclosure of Interest: None declared

SUN-PP191  
RELATIONSHIP BETWEEN THE NUTRITIONAL RISK SCREENING 2002 (NRS-2002) AND MEAN HOSPITAL STAY, MORTALITY AND READMISSIONS IN PATIENTS HOSPITALIZED IN GENERAL HOSPITAL (GH) OF PARC SANITARI SANT JOAN DE DEU (PSSHJD) FROM SANT BOI DE LLOBREGAT, BARCELONA

Rationale: To evaluate the nutrition screening assessment process for elective colorectal cancer patients and to KTPH for colorectal cancer surgery during a one year period.

Methods: A retrospective analysis of all subjects admitted to KTPH for colorectal cancer surgery during a one year period was performed. Patient demographics, characteristics of surgery and nutrition screening assessment completed by nurses on admission were collected. Nutrition screening was rescored retrospectively by a dietician as a comparison.

Results: A total of 96 patients underwent colorectal surgery. Of these 96 cases, 19 case notes were not available to be reviewed. The nurses’ assessment of a patients’ nutritional status was found to be incongruent with that of the dietician in 80% of cases examined. The nutritional status in 50% of these patients was underestimated.