

Table 4 Priority Learning Objectives in Group Classes where 1 or 2 classes are offered

The client understands...	
Background Knowledge	<ul style="list-style-type: none"> laboratory data and can interpret his/her results the need for smoking cessation, if appropriate the role of the dietitian – what the dietitian can do for the client the rationale for nutrition therapy in reducing risk factors changes are lifestyle changes not only diet changes the types of fats in food
Healthy Weight	<ul style="list-style-type: none"> healthy weight and risks of overweight/obesity health risks of high waist circumference/excess abdominal weight benefits of modest weight loss of 5-10%, if appropriate how to achieve energy balance
Food/Nutrient Goals	<ul style="list-style-type: none"> how to limit foods high in total fat (e.g. goal 20-35% of total kcal) how to limit foods high in saturated and trans fat (e.g. goal <7-10% of total kcal) how to include foods high in monounsaturated fat (e.g. goal ≥10% of total kcal) how to include foods high in omega-3 fatty acids how to limit foods high in cholesterol (e.g. goal <200 mg/day) how to increase intake of vegetables and fruit (e.g. goal 5 or more svgs /day) how to increase intake of foods high in fibre, including sources of soluble fibre (e.g. goal 20-35g/day) how to choose lower fat meat sources how to increase intake of low fat milk products (e.g. goal 2 to 4 svgs/day) or other sources of calcium/vitamin D how to decrease intake of foods high in added sugar (e.g. sweets, sweetened beverages, desserts) how to decrease intake of foods high in sodium moderate alcohol intake moderate caffeine intake
Eating Pattern	<ul style="list-style-type: none"> a balanced diet, (e.g. based on <i>Canada's Food Guide to Healthy Eating</i>) how to distribute food intake through the day into three or more eating occasions how to include recommended snacks how to follow specified meal/menu/recipe suggestions how to modify recipes to meet nutrient goals how to use low-fat cooking techniques how to use the plate model (visual of foods on plate) to guide meals appropriate portion size how to select appropriately from a menu of food prepared away from home. (e.g. restaurants, fast food, take-out, order-in, cafeterias)
Supplements	<ul style="list-style-type: none"> the appropriate use of vitamin/ mineral or other dietary supplements
Consumer Information	<ul style="list-style-type: none"> how to accurately read food labels how to find and evaluate nutrition information for credibility (e.g. cookbooks, web-based information)
Physical Activity	<ul style="list-style-type: none"> how to increase physical activity (e.g. as per <i>Canada's Physical Activity Guide</i> recommendations)
Self-Monitoring	<ul style="list-style-type: none"> self-monitoring of food intake and activity self-monitoring of body weight, waist circumference, glucose levels, A1C, etc. self-monitoring of fat or carbohydrate (e.g. grams, servings, portions, exchanges)

Clinical Nutrition Therapy for Overweight Clients with Dyslipidemia

Dietitian's Quick Reference Guide

(August 2005 version)

This care map summarizes recommended processes of dietetic practice for overweight clients with dyslipidemia, including those at risk for or who already have clinical cardiovascular disease, hypertension, and/or diabetes seen individually or in groups. The recommendations are based on the judgment of 39 dietitians, physicians and researchers from a range of practice settings across Canada who participated in a rigorous process to build consensus on highly appropriate and feasible dietetic practice in the Canadian health care system. Each client is unique and the care map is to be adapted to meet each client's needs.

Evidence Level:

Consensus, using a modified Delphi appropriateness method. Reviewed by participants and Dietitians of Canada members.

Supporting Documents:

The care map is to be used with current guidelines for medical management of dyslipidemia. *Genest J, Frohlich J, Fodor G, McPherson R. Recommendations for the management of dyslipidemia and the prevention of cardiovascular disease: summary of the 2003 update. Can Med Assoc J 2003; 168:921-4 and online at: <http://www.cmaj.ca/cgi/content/full/169/9/921/DC1>*

How to use it:

Individual Counselling: The process and core assessment and counselling goals that are included in Tables 1 to 3 are common to most clients. These goals are high priority topics. Other possible goals and topics are appropriate sometimes in some clients.

Group Counselling: Priority learning objectives for group classes are given in Table 4.

We encourage ongoing discussion and refinement of this first care map.

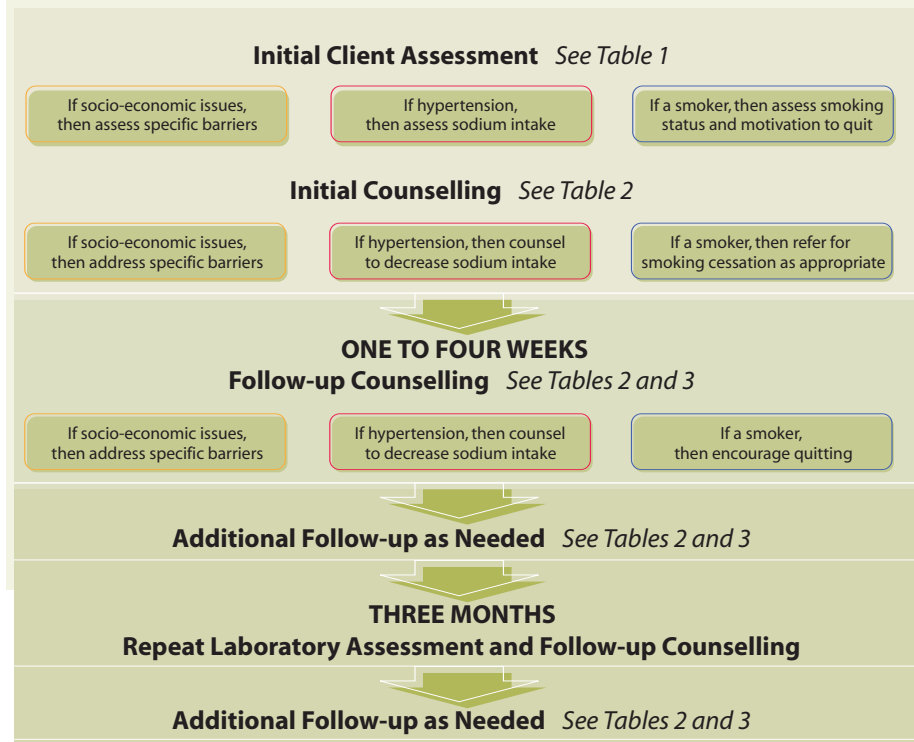


Table 1

Initial Client Assessment

The practitioner will evaluate or assess client's...

Clinical	<ul style="list-style-type: none"> lab data medical history and comorbidities (CVD risk score where appropriate) relevant medications
Anthropometric	<ul style="list-style-type: none"> height, weight, BMI waist circumference weight history
Knowledge and Readiness	<ul style="list-style-type: none"> feelings about body weight knowledge of diet and other lifestyle risk factors for CVD readiness / motivation for lifestyle change
Diet History	<ul style="list-style-type: none"> caloric intake total fat intake sources of dietary fat (e.g. saturated, trans, monounsaturated, polyunsaturated and omega-3 fats) carbohydrate intake and distribution through the day intake of added sugars (e.g. sweetened beverages, fruit drinks, candy); frequency of consumption of desserts, donuts, sweets total fibre intake; soluble fibre intake total protein intake type and amount of animal protein type and amount of plant protein / meatless meals / vegetarian meals frequency of consumption of vegetables and fruits type and amount of milk products and other calcium / vitamin D sources intake of balanced meals portion size of foods snacking behaviour
Food Preparation	<ul style="list-style-type: none"> food shopping habits cooking skills and methods frequency of meals and snacks prepared away from home (e.g. restaurants, fast food, take-out, order-in, cafeterias, convenience stores, vending machines)
Alcohol	<ul style="list-style-type: none"> alcohol intake
Supplements	<ul style="list-style-type: none"> use of any herbs, vitamins, minerals or other dietary supplements
Physical activity	<ul style="list-style-type: none"> physical activity pattern
Psychosocial / Demographic	<ul style="list-style-type: none"> psychosocial issues social support issues cultural issues economic issues literacy

Acknowledgments: Brauer P, Hanning R, Arocha J, Royall D with a grant from the Canadian Foundation for Dietetic Research, with thanks to the Advisory Committee (Dietrich L, Martino R, Grant A), Dietitians of Canada Diabetes, Obesity & Cardiovascular Network, the participants and the reviewers.

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Table 2

Initial Counselling

General Process *The practitioner will...* • establish rapport • establish mutual goals • foster client motivation
• provide positive reinforcement • involve spouse or significant others

Likely Initial Counselling Goals or Objectives in Discussion with Client
On completion of the initial counselling session, the client...

Rationale	<ul style="list-style-type: none"> understands the role of the dietitian understands the rationale for nutrition therapy in reducing risk factors understands changes are lifestyle changes not only diet changes
Healthy Weight	<ul style="list-style-type: none"> understands healthy weight and risks of being overweight understands health risks of high waist circumference/excess abdominal fat understands benefits of modest weight loss of 5-10%
Energy Balance	<ul style="list-style-type: none"> reduces calories to establish / maintain weight loss
Food / Nutrient Goals	<ul style="list-style-type: none"> understands the types of fats in food limits foods high in total fat (e.g. goal 20-35% of total kcal) limits foods high in saturated and trans fat (e.g. goal <7-10% of total kcal) includes foods high in monounsaturated fat (e.g. goal $\geq 10\%$ total kcal) includes foods high in omega-3 fatty acids chooses lower fat meat sources increases intake of vegetables and fruit (e.g. goal 5 or more svgs/day) increases intake of foods high in fibre, including sources of soluble fibre (e.g. goal 20-35 g/d) decreases intake of foods high in added sugar (e.g. sweets, sweetened beverages, desserts) increases intake of low fat milk products (e.g. goal 2 to 4 servings/day) or other sources of calcium/vitamin D
Eating pattern	<ul style="list-style-type: none"> follows a balanced diet, (e.g. based on <i>Canada's Food Guide to Healthy Eating</i>) uses low-fat cooking techniques distributes food intake through the day into three or more eating occasions includes recommended snack suggestions uses the plate model (visual of foods on plate) to guide meals understands portion size
Eating Out	<ul style="list-style-type: none"> selects appropriately from a menu of food prepared away from home (e.g. restaurants, fast food, take-out, order-in, cafeterias)
Physical Activity	<ul style="list-style-type: none"> increases achievable physical activity, (e.g. as per <i>Canada's Physical Activity Guide</i> recommendations)
Self-Monitoring	<ul style="list-style-type: none"> uses self-monitoring of food intake and activity

Table 3

Follow-up Counselling Visit(s)

General Process *The practitioner will...* as per Table 2: Initial Counselling - General Process PLUS:
• obtain food records • evaluate client behaviour in response to the first counselling session
• evaluate clinical response to the first counselling session as applicable (e.g. bloodwork, body weight)

Likely Follow-Up Counselling Goals or Objectives
On completion of the initial counselling session, the client...

Energy balance	<ul style="list-style-type: none"> as per Table 2: Initial counselling
Food/Nutrient Goals	<ul style="list-style-type: none"> as per Table 2: Initial counselling PLUS chooses plant sources of protein at least some of the time consumes moderate amount of alcohol if they drink alcohol
Eating Pattern	<ul style="list-style-type: none"> as per Table 2: Initial counselling PLUS modifies recipes to reduce total fat / saturated fat
Eating Out	<ul style="list-style-type: none"> as per Table 2: Initial counselling
Food Labels	<ul style="list-style-type: none"> reads and applies food label information
Physical Activity	<ul style="list-style-type: none"> as per Table 2: Initial counselling
Self-Monitoring	<ul style="list-style-type: none"> as per Table 2: Initial counselling