

THE IMPACT OF STRUCTURED DIETARY PROGRAM ON  
ATTITUDE TO DIETARY PRESCRIPTIONS AND  
COMPLIANCE AMONG IN-PATIENTS AT KIDNEY CARE  
CENTRE ONDO.

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# INTRODUCTION

- The care of renal failure patients ideally should be multi-disciplinary with the dietitian as one of the major players.
- This is because nutrition is an essential component in the management of such category of patients and therefore needs to be prescribed, evaluated and monitored for optimal effect under strict supervision of certified dietitians.

# OBJECTIVES

- To determine the attitude to healthy diets and level of compliance among in-patients.
- To identify common dietary prescriptions for in-patients at a renal hospital.
- To highlight the impact of structured dietary programme on compliance.

# METHODOLOGY

- This was a retrospective study of consecutive patients admitted between March and November 2014 at Kidney Care Centre Ondo.
- Their bio-data, medical history, biophysical profiles, dietary history and dietary prescriptions were obtained via review of patient's case notes, laboratory and dietary record.
- Recognised interventions such as dietary assessment, counseling, dietary adjustment, regular monitoring and conferences with the nephrologist and nurses were also obtained.
- A structured 'dietary calendar' was used to calculate level of adjustment, compliance and tolerance.
- Data was analysed using SPSS 16.0.

# DIETARY CALENDAR

Week/Days	1			2			3			4			5			6			7		
1																					
2																					
3																					
4																					
5																					
6																					
7																					

**COMPLIANCE RATE**

**No of meals taken x100%**  
**Total no of meals served**

**TOLERANCE RATE**

**No of reaction to food x 100%**  
**Total no of meals served**

**ADJUSTMENT RATE**

**No of days taken to adjust to dietary prescription**

**TAKEN**

**SKIPPED**

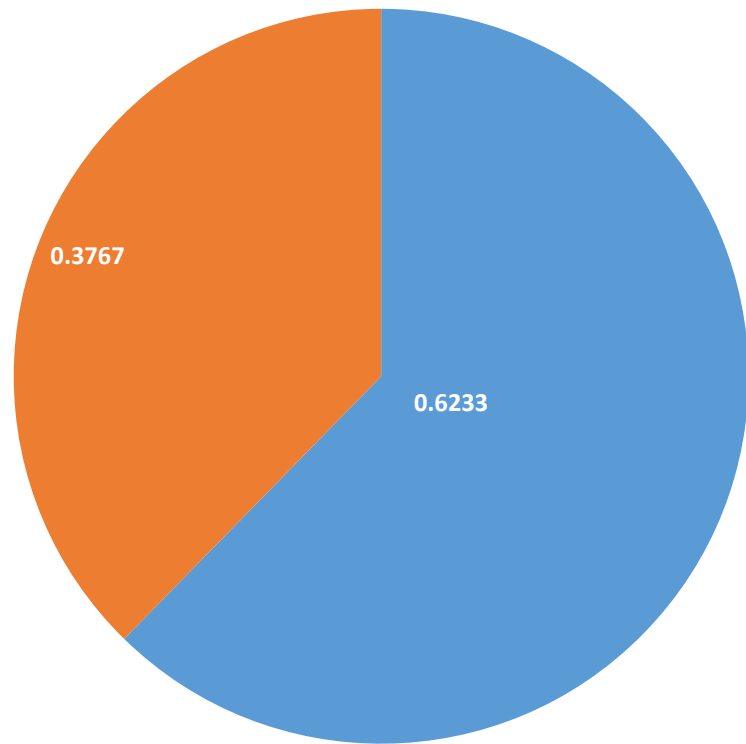
**BREAKFAST**

**LUNCH**

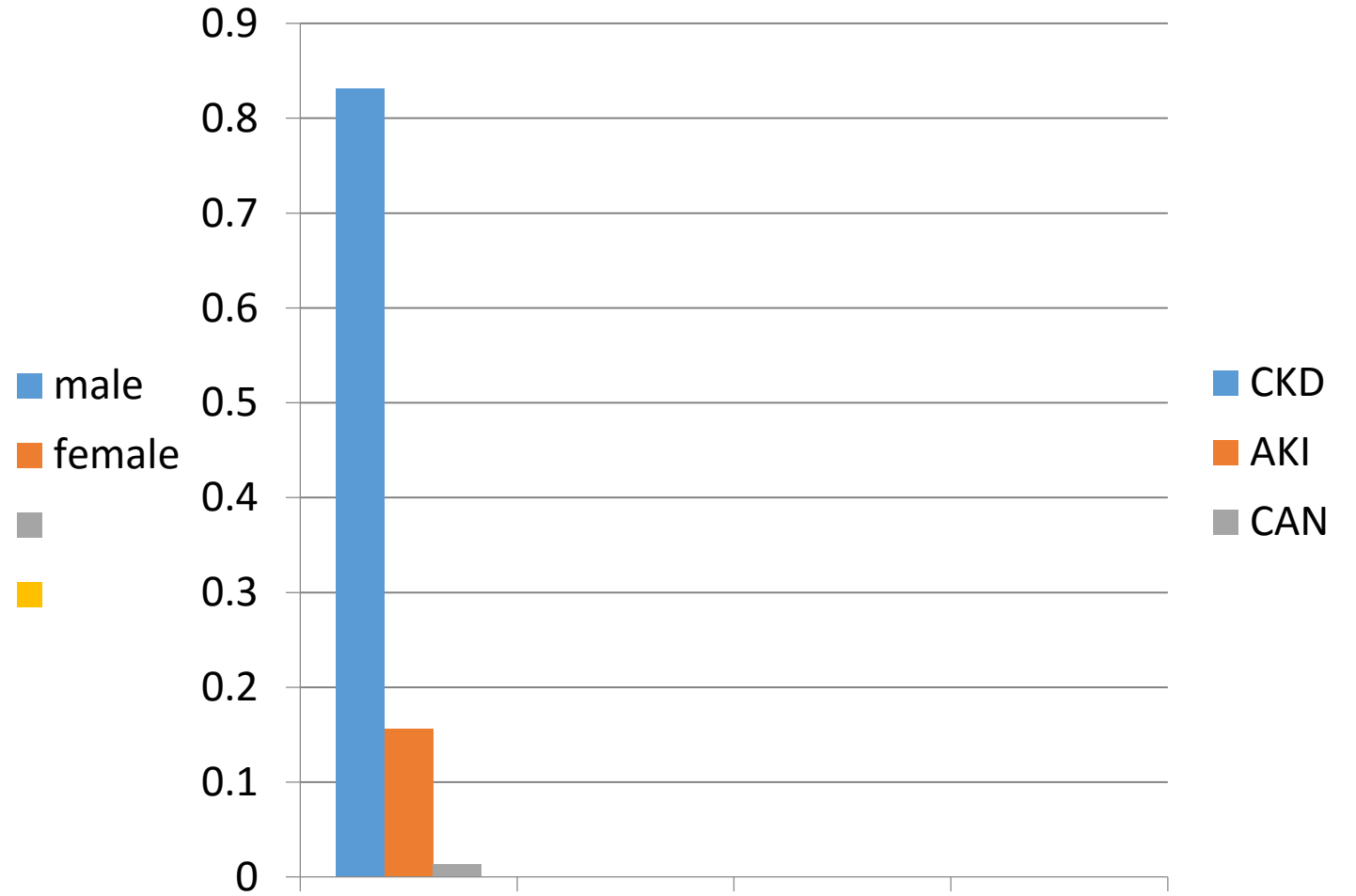
**DINNER**

N=77, M:F= 1.7:1

Chart Title



RANGE OF KIDNEY DISEASES

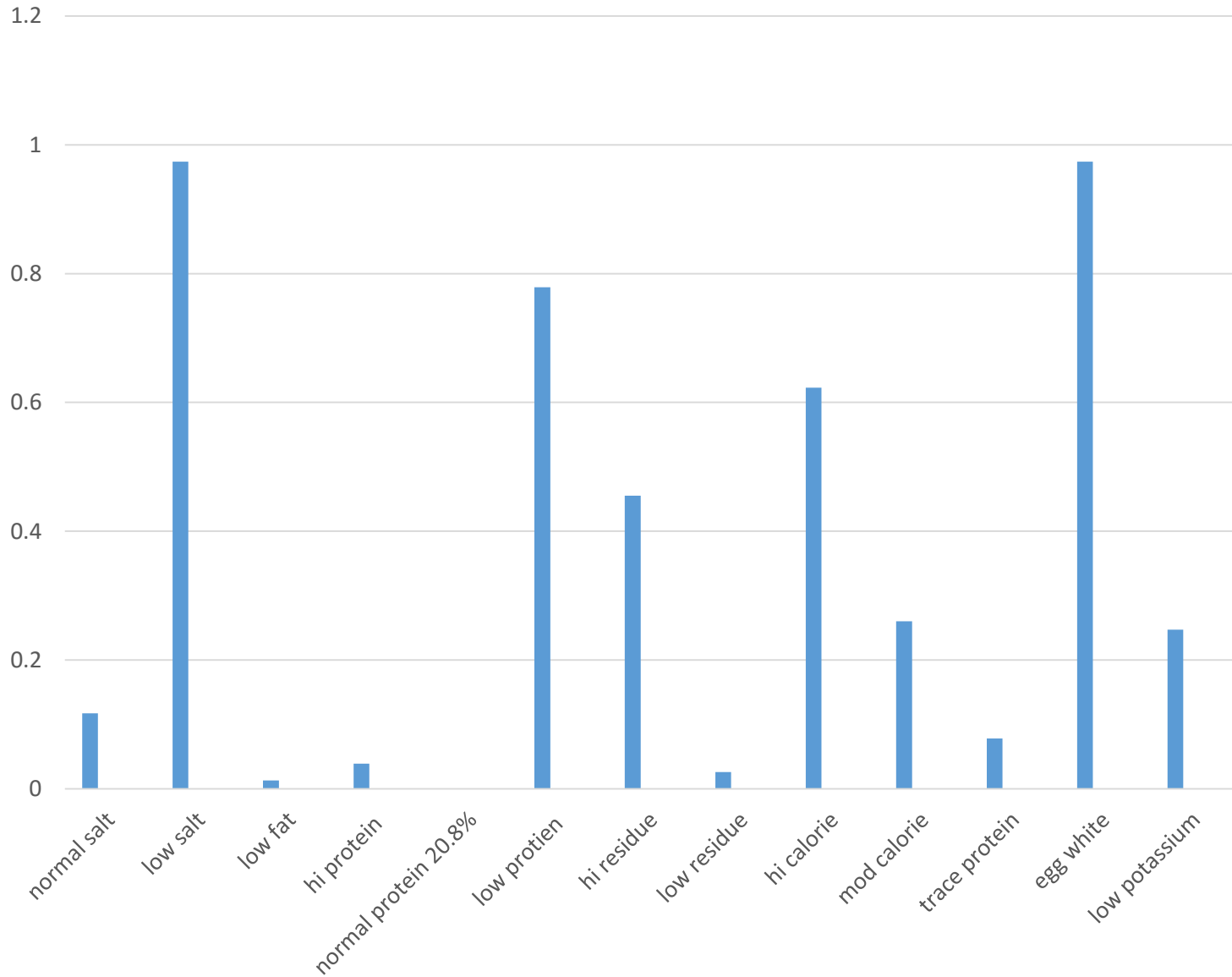


## CLINICAL, LABORATORY PARAMETERS

Parameters	Mean	±SD
Age (yrs)	47.1	17.1
SBP (mmHg)	154.3	30.3
DBP (mmHg)	94.2	20.4
BMI (kg/m <sup>2</sup> )	24.6	5.5
Serum creatinine	1028.8	777.1
Serum albumin (g/L)	30.8	7.1
Total cholesterol	4.3	1.7

- Hypertension was the most common co-morbidity (75.3%).
- 41.5% of the subjects had BMI above normal range.
- 79.0% had hypoalbuminaemia.
- 22.6% had total cholesterol (TC) above the ideal range while 35.5% had TC below range.

## Dietary types



## Dietary forms

- **The forms of diet included**
- **liquid diet (3.9%)**
- **blenderized diet (6.5%)**
- **and soft diet (14.3%).**



# ATTITUDE TO DIET

- 54.5% skipped meals (mainly lunch)
- Majority used palm oil (96.1%)
- Vegetable oil (90.9%) for cooking
- None used soya, olive or groundnut oil.
- 70.1% took animal entrails
- 7.8% and 9.1% took fruit and vegetable respectively on a daily basis.

## ATTITUDINAL SCORE QUESTIONNAIRE

The attitudinal score was derived from the dietary history of each of the subjects which includes the following:

- Feeding pattern
- Meal skipped
- Eating out
- Type of oil preferred to use
- Consumption rate of fried foods
- Type of meat preferred to be eaten
- Consumption rate of fruits
- Consumption rate of processed/ packaged foods
- Consumption rate of in between meals
- Adding of salt at table

## PRE-COUNSELING ATTITUDINAL SCORE (N=77)

RANGE	CATEGORY	FREQUENCY	PERCENTAGE (%)
0-4.9	GOOD	32	41.6
5.0-10.0	POOR	45	58.4
TOTAL		77	100.0

## POST-COUNSELING ATTITUDINAL SCORE (N=17)

RANGE	CATEGORY	FREQUENCY	PERCENTAGE (%)
0-4.9	GOOD	16	94.1
5.0-10.0	POOR	1	5.9
TOTAL		17	100

## TOLERANCE RATE

STATUS	FREQUENCY	PERCENTAGE (%)
YES	64	83.1
NO	13	16.4
TOTAL	77	100.0

## COMPLIANCE RATE

CATEGORY	RANGE	FREQUENCY	PERCENTAGE (%)
VERY POOR	0-30	2	2.6
POOR	41-49	2	2.6
GOOD	50-69	4	5.2
EXCELLENT	70-100	69	89.6
TOTAL		77	100

# ***ADJUSTMENT RATE***

<b>NO OF DAYS</b>	<b>FREQUENCY</b>	<b>PERCENTAGE (%)</b>
<b>2-3 DAYS</b>	69	89.6
<b>1 WEEK</b>	7	9.1
<b>NONE</b>	1	1.3
<b>TOTAL</b>	77	100

# CONCLUSION

- The general attitude of patients to globally accepted healthy diet was found to be poor.
- The use of the structured dietary programme in the care of renal failure patients contributed significantly to attitudinal change of in-patients to healthy diet, improved tolerability and compliance.
- Dietary assessment, counseling, dietary adjustment, regular monitoring and conferences with the nephrologist and nurses were the main components of structured dietary program employed to ensure compliance and tolerability.