

SECTION 4

GENERAL ASSESSMENT OF FOOD AND NUTRITION ISSUES

4.1 Summary of General Assessment Factors Affecting Food and Nutrition

1) Financial difficulties?

- a) Has food run out in the past week with no \$ to buy more?
- b) Less than \$30 for food for each adult person every week?

2) Social problems.

- a) Bereavement, depression, social isolation (reduced food intake common)?
- b) Reduced motivation to eat or drink for known or unknown reasons?
- c) Unable to access or use secure, clean food storage and preparation area?
- d) Rummaging, foraging, begging or stealing food?

3) Personal hygiene and food hygiene problems.

- a) Possible food contamination, diarrhoeal illnesses

4) Food and dietary problems (refer Section 5.9)

- a) Irregular meals or less than 3 meals a day?
- b) Doesn't take 1 3 3 4 5+ food plan most days (older person)?
- c) Doesn't take 1 2 3 4 5+ food plan most days (younger adults)?
- d) Did not have one or more of the food groups yesterday?
- e) Excessive use of sweet or savoury foods?
- f) 2+ alcoholic drinks daily?
- g) Housebound? No direct skin exposure to sunlight?
- h) Eats inedible objects such as dirt, soap (pica)?
- i) Inappropriate and challenging behaviours which involve food?

5) Mental health problems.

6) Poly-drugs (more than three types of medications daily)

The more medications taken, the more likely these medications are to interact to produce side effects such as loss of appetite, taste change, nausea, diarrhoea, constipation, fatigue and drowsiness (causing reduced food intake).

7) Gastro-intestinal problems

- a) Nausea and vomiting
- b) Diarrhoea
- c) Constipation
- d) Incontinence
- e) Rumination
- f) Regurgitation

8) Breathing problems

9) Other medical problems

- a) Medical problems reducing ability to access enough food and fluids
- b) Medical problems increasing the need for nourishment
- c) Major medical disorders which change the client's need for nourishment
- d) Medical problems which are effectively treated by specific modified/special diets

10) Alcoholism and substance abuse

4.2 FINANCIAL DIFFICULTIES

The amount of money that an adult has to spend on food each week may restrict the variety and amount of food bought (see weekly food budget below). More expensive foods such as meat contain many important nutrients. Adequate diets can be purchased on limited income but it needs care and knowledge to do so.

Some people may not spend enough on food even when they have sufficient money to buy an adequate diet. Their meals may become very limited and boring; they may lose interest in eating.

If less than \$30 is spent on food for each adult every week (\$22 in 1995), it is likely that the person is not getting enough nourishment. People suffering economic hardship on a low income can find it difficult to buy enough food, and to buy food which supplies them with adequate nourishment (energy and nutrients). A consequence can be the effect of poor nutrition on quality of life and health, which can progress into malnutrition.

Relevant comments:

- *I don't always have enough money to buy food*
- *Cat food is so expensive now*

Observations:

- Try to identify possible reasons for financial difficulty

Further questions:

- *How much money do you spend on food each week?*
- *Are you getting all of the financial assistance you are entitled to?*

Weekly food budget

The minimum amount of foods needed for an adult to obtain adequate nourishment (but not total energy) each day can be described in the food plan for each group as follows:

Adults over 65 years	
1 serve	Meat, fish, poultry
3 serves	Dairy foods
3 pieces	Fruit
4 serves	Vegetables
5+ serves	Breads and cereals
20 g	Margarine, butter, oil

Adults from 16 to 64 years	
1 serve	Meat, fish, poultry
2 serves	Dairy foods
3 pieces	Fruit
4 serves	Vegetables
5+ serves	Breads and cereals
20 g	Margarine, butter, or oil

When these (minimum) food group items alone are costed as actual purchases in a competitive supermarket, the total bill comes to about \$30 a week. So it costs even more than this to buy enough food to satisfy energy needs and appetite.

This is a theoretical exercise because people do not eat in such a prescribed and fixed way. However it demonstrates the reasons why about \$30 a week is the smallest amount of money that an adult needs each week to purchase food which will meet their own basic need for nourishment.

A younger active adult will need to spend even more than \$30 a week on food for adequate nourishment.

Monitoring:

- Monthly-weight, physical appearance and life quality.

Check outcome: Financial difficulties?

Consider referral for particular advice: welfare worker, financial counsellor, social worker (such as advice on finances), dietitian (for advice on buying adequate food on limited income) - a dietitian can provide carers with education sessions on the most appropriate ways to assist people on low incomes, and can also conduct supermarket tours

4.3 SOCIAL PROBLEMS

Eating is usually a social activity and meals eaten with others are often more enjoyable; eating alone can lead to reduced interest in food. Reliance may also be placed on ready prepared or snack foods rather than on maintenance of cooking skills.

Reduced food intake is common when people are experiencing social isolation, bereavement or depression. Vulnerable people may have even less motivation to eat or drink, for known or unknown reasons.

Relevant comments:

- *I eat alone most of the time*
- *I used to cook for ten people every night*
- *It is awful cooking for one person*

Observations:

- Try to identify possible reasons for social problems

Further questions:

- *Would you like to eat with other people sometimes?*
- *Do you need suggestions for easily prepared meals for one?*

Simple interventions:

- Address reasons for social problems if possible
- Encourage the person to consider ways of making meals a positive experience
- Encourage the person to eat with others when possible, for example, by arranging to have meals with family and neighbours on a regular basis
- Encourage social activities where meals are provided-Adult Day Care, Craft Groups, Adult Day Training Centres, etc.
- Consider ways for vulnerable adults to meet and eat together, and with other people

Monitoring:

- Quality of life factors

Check outcome: I eat alone most of the time.

Consider referral: local government services, dietitian (for recipes, suggestions for meals for one person, resources), doctor (for management of depression)

4.4 PERSONAL HYGIENE AND FOOD HYGIENE PROBLEMS

Personal hygiene problems and ingestion of contaminated food and fluids can cause nausea, vomiting, and diarrhoeal illnesses.

Relevant comments:

- *I have a stomach ache*
- *I have diarrhoea*
- *I am going to the toilet a lot today-I must hurry*

Observations:

- Try to identify possible reasons for personal and food hygiene problems
- Check the condition of food on the tables and in the cupboards and refrigerator
- Check the food wrappings and discarded food in the rubbish bin
- Check the diarrhoea (colour and consistency)
- If a number of people have diarrhoeal illnesses, report it

Further questions:

- *Are you taking fluids?*
- *What did you eat yesterday?*
- *Where did you get this food?*

Simple interventions:

- Address any identified problems
- Attention to personal hygiene-washing of hands before food handling
- Recommend hot food is kept hot, cold food is kept cold until a short time before eating (especially in summer)
- Always recommend washing all dishes and cutlery in hot soapy water (not under the tap)
- Throw out all old foods and fluids regularly
- ALWAYS throw food out if it smells odd, looks watery, dull and listless, or is growing bacteria
- ALWAYS heat soup to a rolling boil for a few minutes and THOROUGHLY heat stews and casseroles
- Don't refreeze food after thawing (package in small quantities instead)
- Don't freeze the following items: eggs, raw sausages, and foods which are not fresh
- All eggs should be cooked before eating
- Always use a clean tea-towel
- Follow instructions for the storage and heating of Meals on Wheels
- Keep the kitchen clean
- Keep pets away from food and kitchen tables

Monitoring:

- As often as possible, as this is a personal safety issue
- If a number of people have this problem, always report it as it may be due to food contamination

Check outcome: No tummy aches, diarrhoea etc ?

Consider referral: visiting nurse, doctor, dietitian

4.5 MENTAL HEALTH PROBLEMS

Poor mental health (sadness, grief, confusion, depression, memory loss, anxiety, nervousness) affects motivation to eat, the ability to meet nutritional needs and general health. It is therefore important to address these problems to achieve the best possible health and nutrition for the person.

Poor mental health may include depression and acquired brain injury. Other common problems affecting cognition include dementia, Parkinson's disease, Alzheimer's disease, intellectual and/or psychiatric disability. Change in mental state can result from the use of alcohol or sedatives when taking particular types of medication, or the chronic use of alcohol.

Severe micro-nutrient deficiencies (folate, vitamin B-12, thiamin, niacin), and dehydration can also cause mental problems.

Relevant comments:

- *I have three or more glasses of beer, wine or spirits almost every day*
- *I eat alone most of the time*
- *I have lost or gained 5 kg in the last six months*
- *I can't remember where my bed is*

Observations:

- Try to identify possible reasons for mental health problems

Further questions:

- Does the person exhibit memory problems or confusion, depression, anxiety, nervousness?
- Does the person have loss of appetite or recent weight loss?
- Is the person underweight?
- Does the person drink alcohol?
 - How much alcohol is taken on an average day?
 - How long has the person been drinking at this level?
 - Has the person ever had any treatment for alcohol abuse?
- What is the person's living situation and conditions?
- Are all medical problems under control?
- Are medications having side effects?

Simple interventions:

General:

- Review medications and alcohol intake
- Seek support from family, neighbours, friends, or provide home care or personal care
- Refer to day care centres and adult day training centres
- Provide Meals on Wheels or group meals

Adults with confusion and/or dementia:

- Avoid burns by not serving very hot foods
- Reduce confusion by presenting a limited number of food choices
- Serve finger foods if the person has poor balance and coordination, and reduced mobility

Adults with Alzheimer's disease (symptoms: agitation, confusion, loss of memory, depression, loss of skills, medication effects, weight loss):

- Reduce distractions (sound, sight, smells and other activities)
- Serve meals at regular times
- Orient the client to food
- Provide relaxing quiet music
- Serve one course at a time
- Make sure the client has enough time to eat
- Provide nourishing supplements
- Follow food preferences

Monitoring:

- Safety and nourishment

Check outcome: No accidents, stable weight?

Possible referrals: case manager, doctor, dietitian, alcoholics anonymous, social worker, psychologist, local council services (Meals on Wheels, group meals)

4.6 POLY-DRUGS (MORE THAN THREE TYPES OF MEDICATION DAILY)

The more medications taken, the more likely these medications are to interact and produce side effects such as loss of appetite, taste change, nausea, diarrhoea, constipation, fatigue and drowsiness, with reduced food intake.

Medications can also affect nutrient needs and may alter the body's response to nutrients and medications (drug-nutrient and drug-drug interactions). Drug-nutrient interactions are exacerbated by poly-pharmacy, ageing, and marginal food intakes or existing nutritional deficiencies.

Taking more than three medications can increase the chance of these effects, and can lead to weight loss. Some drugs also affect taste (Allopurinol, Atromid, Diabex, Prednisolone, Salazopyrin, Valium). These effects increase with increasing age and reduced body weight.

It is important that an adult gets all of their medications from the same pharmacy so that the pharmacist can inform them of any possible interactions. If the effectiveness of drug therapy changes without known reasons, always review whether there has been a recent diet change. Food itself can alter the action of a drug or drugs that are taken.

An example of inappropriate poly-drugs for one person for one day:

Captopril (bd)	Anginine (prn)	Prednisolone (mane)
Prazosin (bd)	Mianserin (nocte)	Pulmicort (bd)
Diltiazem (tds)	Coloxyl (nocte)	Atrovent (bd)
Lasix (mane)	Panadol (prn)	Aspirin (mane)
Slow K (mane)	Eye drops (qid)	Nilstat (qid)
Sherry		

Relevant comments:

- *These pills upset me*
- *I have stopped taking my pills*
- *I love a sherry before tea*
- *I have less than 6 to 8 cups of fluid most days*
- *I have lost (or gained) 5 kg in the last six months*

Observations:

- Try to identify any possible poly-drug effects
- Does the person go to more than one pharmacy to get prescriptions filled?
- Is the person able to read the labels on medications and does the client understand the instructions?
- Is the person aware when medications should be taken such as before or after eating?
- Has the person gained or lost more than 5 kg since taking any new medication?
- Has the effectiveness of the drug therapy declined since the person's diet changed?

- Has the person's nutrition and weight declined since drug therapy began?
- Is the person taking other medications bought over the counter or in the supermarket?

Simple interventions:

- If possible, base interventions on correcting the causative factor
- Use a dosette box-supervise the filling of the box and the taking of medication
- Check that the person gets all prescribed medications from one pharmacy
- Check the person can read the labels and follow instructions about taking the drugs
- Review the possibility of unprescribed medications and alcohol intake
- Review fluid intake

Monitoring:

- As often as possible

Always check at the commencement of a new regime, or a new drug

Check outcome: No side effects of medication

Consider referral: pharmacist, doctor, dietitian

Note about Warfarin and diet: This drug is an anti-coagulant and is prescribed according to the client's level of blood vitamin K (another anti-coagulant). If the person does not have a change of diet, then the food that the client eats will not affect the dose of Warfarin required.

The foods which contain the most vitamin K include lettuce, cooked cabbage, liver, cooked broccoli and spinach. If a person begins to take large amounts of these foods or omits their usual large intake of these foods, it may affect their Warfarin requirement. An effect may also occur if the person suddenly and drastically increases or reduces their intake of other foods which contain lower amounts of vitamin K (peas, ham, bacon, green beans, cheese, egg, beef, milk, peaches, butter, tomatoes and bananas).

4.7 NAUSEA AND VOMITING

Reduced fluid and food intake can result from nausea and vomiting, and lead to dehydration and weight loss.

Nausea and vomiting can be caused by poor personal hygiene, poor food hygiene, food contamination, medication side effects illness and disease.

Relevant comments:

- *I am feeling a bit sick*
- *I am getting very thirsty*
- *I don't want to eat anything in case I am sick*

Observations:

- Try to identify any possible reasons for nausea and vomiting

Further questions:

- *Are you taking any medication which can cause these side effects?*
- *If you take your medication after meals will that help?*

Simple interventions:

- Refer to doctor immediately if you suspect that medication is causing nausea or vomiting
- Address any other identified problems
- Encourage 1/2 cup of fluid every hour or so
- Best tolerance is initially achieved by cold clear sweet fluids, and then anything the client feels like
- Best tolerance is initially achieved by small quantities of plain dry or sweet biscuits, dry bread, progressing through plain foods according to appetite
- Recommend small frequent snacks throughout the day, building up to the client's usual food pattern
- Anti-nausea tablets (such as Maxalon) may be used before food
- Recommend medication is taken at the right times, perhaps after meals

Monitoring:

- Until nausea and vomiting cease

Check outcome: No further episodes?

After 24 hours, consider referral: doctor, visiting nurse, dietitian

4.8 DIARRHOEA

Diarrhoea results from malabsorption of fluid or food (wasted fluid or food). It can cause abdominal discomfort, pain and distress, which in turn leads to reduced fluid and food intake.

Diarrhoea may be due to one or more possible reasons:

- 1) Eating contaminated food
- 9) Laxative abuse
- 2) Lactose intolerance
- 3) As a side effect of medication
- 4) As a side effect of constipation (faecal overflow)
- 5) Use of some sugarless/diabetic foods containing sorbitol and/or fructose as sugar substitutes
- 6) Stress
- 7) Gastro-intestinal disease
- 8) Kidney disease
- 9) Pica (eating dirt or other inedible substances)

Relevant comments:

- *I feel bloated*
- *I am spending all the time in the toilet*

Observations:

- Try to identify any possible reasons for diarrhoea

Further questions:

- *How often do you have diarrhoea in a day?*
- *What is it like (colour and smell)?*

Simple interventions:

1) Acute diarrhoea

- Recommend clear sweet or other clear fluids (not fruit juices or milk) for 24 hours
- Then introduce other fluids and foods (avoid rough fibrous foods and fatty foods)
- Continue until usual food pattern restored

2) Chronic diarrhoea

- Seek advice (doctor, visiting nurse, dietitian)
- Ensure a nourishing diet is taken

Monitor:

- Until diarrhoea has ceased and client is recovered

Check outcome: No further episodes of diarrhoea?

Consider referral: visiting nurse, doctor, dietitian, psychologist (for pica)

4.9 CONSTIPATION

Constipation can cause abdominal bloating, discomfort and reduced food intake, and may be due to one or more of the following reasons:

- 1) Dehydration
- 2) Low fluid intake
- 3) Low food intake
- 4) Low intake of dietary fibre (over-refined diet)
- 5) Side-effect of medication
- 6) Low activity level
- 7) Laxative abuse

Relevant comments:

- *I feel bloated*
- *I have to spend hours on the toilet*
- *Going to the toilet is painful for me*
- *I need to strain to use my bowels*

Observations:

- Try to identify the possible reasons for constipation
- Check use of laxatives

Further questions:

- *Do you think that your medication has something to do with it?*
- *How many cups of fluid are you drinking in a day?*
- *Do you eat cereal (high fibre) in the mornings?*
- *Are you eating brown bread, fruit and vegetables?*

Simple interventions:

- Address cause of constipation if known
- Review medication
- Check use of laxatives
- Recommend at least 6 to 8 cups of fluid every day
- Recommend slow but steady increase in dietary fibre (over weeks and months):
wholegrain cereals (*All-bran, Fibre Plus, Just Right, Sultana Bran*, porridge, muesli),
wholemeal breads (or high fibre white bread), fruits (pineapple, apricots, pineapple,
fresh fruit), fibrous vegetables, legumes

- Recommend mobility and activity as tolerated
- Recommend regular toileting to achieve soft bowel motions without straining
- Offer hot tea and coffee (caffeine)

Monitoring:

- As often as possible

Check outcome: Gradual improvement in regularity and ease of bowel actions (over months)?

Consider referral: visiting nurse, doctor, dietitian

4.10 INCONTINENCE

Always seek expert advice from a continence adviser, doctor, registered nurse, dietitian.

Incontinence is very distressing and can lead to reduced fluid and food intake. It can be caused by one or more of the following:

- 1) **Constipation (refer Section 4.9); faecal impaction leads to lack of awareness of the fullness of the bladder; the bowel is full and presses on the bladder causing discomfort and perhaps urine flow**
- 2) **Weak anal sphincter**
- 3) **Poor mobility**
- 4) **Use of medications:**
 - a) Bowel hydrating agents eg. lactulose, sorbilax
 - a) Diuretics
 - b) Sedatives, anti-cholinergic agents
 - c) Sleeping tablets
- 5) **Too much alcohol**
- 6) **Medical problems:**
 - a) Diabetes
 - b) Urinary tract infection
 - c) Obesity
 - d) Stroke
 - e) Parkinson's disease
 - f) Multiple sclerosis
- 7) **Insufficient dietary fibre (causing constipation)**
- 8) **Insufficient fluid intake (causing constipation and/or decreased potential bladder capacity).**

Relevant comments:

- *It is painful to pass water*
- *I had an accident in the hallway*
- *I wet the bed*
- *I have to get up three times every night*
- *I am always washing my clothes*

Observations:

- Try to identify the possible reasons for incontinence
- Check use of laxatives
- Check possible causative factors

Simple interventions:

- Intervention is based on identifying and correcting the causative factors and providing assistance with the development of a toileting strategy
- Assist in the development of a toileting strategy, take time with toileting

Urinary incontinence:

- Pelvic exercises for bladder control
- Maintain fluid intake at 6 to 8 cups of fluid daily (increases potential bladder capacity)
- Delay all toileting until it is really necessary

Faecal incontinence:

- Encourage time with toileting
- Encourage gradual increase in intake of dietary fibre

Always refer for expert advice: continence adviser, doctor, visiting nurse, dietitian-incontinence is very distressing and can lead to reduced fluid and food intake

Monitoring:

- Whenever possible

Check outcome: Continence achieved?
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4.11 BREATHING PROBLEMS IN THE OLDER PERSON

Asthma, chest infections and emphysema are conditions which cause difficulty with breathing and cause the body to work much harder. Thus more energy is used and it is difficult to take sufficient dietary energy to maintain a good body weight. This may also cause meal disruption by coughing and spluttering.

People with breathing problems need one and a half times more energy in their diet due to the extra effort required for breathing. More energy is used and it is difficult to take sufficient dietary energy to maintain a good body weight when people experience breathing problems.

A diet high in carbohydrate results in even more carbon dioxide being produced by the body for expiration through the lungs.

As less carbon dioxide (for expiration) is produced from the metabolism of fat, fat intake is a better source of some of a person's energy than carbohydrates for the older person with breathing problems. In younger adults increase in fat intake may need to be balanced with the prevention of cardiovascular disease.

Relevant comments:

- *I can't get enough air when I'm eating*

Observations:

Try to identify the possible reasons for the breathing problem

Further questions:

- *Is it worse at any particular time of day?*
- *Is it worse after particular foods and fluids?*

Simple interventions:

- Use whole milk products
- Suggest the addition of margarine, oil or butter to vegetables
- Include cheese as a snack between meals, or grate some into soup or on vegetables
- Suggest the addition of cream to cereals, soups and desserts
- Add mayonnaise to sandwiches or vegetables
- Fry meats to add extra fat

Monitoring:

- As often as possible

Check outcome: Some ease of eating, maintenance of body weight ?

Consider specialist referral: dietitian

4.12 OUTLINE OF SOME MEDICAL PROBLEMS AFFECTING NUTRITION

1) Medical problems which reduce ability to access enough food and fluids

- a) Weight loss, muscle wasting and decreased mobility (reduced access to food and fluids) (refer Section 3.1)
- b) Difficulty with breathing and eating at the same time (refer Section 4.11)
- c) High dependency, feeding problems (refer Section 3.8.1)

2) Medical problems which increase the need for energy and nutrients

- a) Elevated body temperature, fever (wasted heat, marked increase in need for energy)
- b) Impaired wound healing, infections, recent surgery, fractured bones (increased energy and nutrient requirements, particularly protein and the micro-nutrients)
- c) Cancer, AIDS, recent surgery
- d) Hyperactivity, Alzheimer's disease (refer Section 4.5)

3) Major medical disorders which change the client's need for nourishment

- a) Metabolic disorders such as diabetes (Section 4.12.1), renal and liver disease
- b) Cancer
- c) Gastro-intestinal disorders such as ulcerative colitis, coeliac disease and other small and large bowel disorders

4) Medical disorders which are effectively treated by a specific modified/special diet (refer Section 3.5).

- a) Underweight (refer Section 3.1)
- b) Indigestion and oesophageal reflux syndrome, hernias
- c) Colostomies and ileostomies, diverticulitis
- d) Diabetes (refer Section 4.12.1)
- e) Cardiovascular disease (refer Section 4.12.2)
- f) Parkinson's disease, other neurological diseases
- g) Some kidney and liver disorders
- h) Stroke, head injury
- i) Osteoporosis, fractures, trauma
- j) Respiratory disease

If a client does not want to follow their special diet, refer Section 3.5.

Relevant comments:

- *I have too much pain to eat*
- *I feel much better on my diet*

Observations:

- Try to identify the possible effects of other medical problems on food and nutrition

Further questions:

- Is your illness affecting the way you eat?
- Has your weight changed lately?

Simple interventions:

- Address causative factors if possible
- Seek advice and support from other health professionals
- Try to achieve a coordinated approach in the client care plan

Monitoring:

- Activities of daily living, life quality, body weight

Check outcome: Signs and symptoms of illness, body weight, well being ?

Consider referral for particular advice: doctor, dietitian

4.12.1 Diabetes

Diabetes may be simple (treated with diet only), moderate (treated with diet and tablets) or more complex (treated with diet and insulin injections). Complications are common and can be severe (poor eyesight, poor wound healing, difficult mobility).

Younger adults need as much information as they can take in, to assist them to prevent the long term complications of diabetes.

Many older people have had this problem a long time, often without the benefit of enough information to look after themselves in the best way.

Simple interventions:

- Assist the person to keep a good weight
- Assist the person to be as active as possible, without overdoing it
- Assist the person to take regular meals and snacks, and nourishing foods
- Seek assistance from the visiting nurse
- Provide the person with the best and latest information to keep well

Monitoring:

- Regular medical check with doctor, with a thorough yearly medical review
- Full information about diabetes and the treatment diet with an expert dietitian; thorough yearly reviews
- Referral to a diabetic educator if appropriate

<p>Check outcome: Signs and symptoms of thirst, illness, body weight, well being?</p>
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Consider referral for particular advice: doctor, dietitian

4.12.2 Cardiovascular disease

When cardiovascular disease affects the blood vessels to the major organs-perhaps the heart, the brain, the legs-a major medical problem develops.

This happens over a lifetime and many risk factors contribute to it, such as smoking, inactivity, high blood fats, overweight and so on.

Younger adults need information to reduce these risk factors to prevent the long term development of medical problems.

Some older people have avoided the premature development of major problems with cardiovascular disease. Such problems may be even less important when an older person is at risk of losing weight, becoming frail, and perhaps developing malnutrition and losing their quality of life and independence. Depending on the individual the balance of their dietary needs starts to change to support weight maintenance, independence and quality of life.

Simple interventions:

- Check the person's blood fat or blood cholesterol level
- Check if the special diet is still required and if it assists the individual in any way (refer Section 3.5)
- Adults who start to lose weight, become underweight, or feel weak, may need to change to more nourishing foods
- Consult an expert dietitian for the best advice on food for health

Monitoring:

- Yearly review of blood cholesterol and blood fats (if the person is on a modified fat diet)
- Full information about treatment diet with an expert dietitian; thorough yearly reviews

<p>Check outcome: Signs and symptoms of illness, body weight, well being ?</p>

Consider referral for particular advice: doctor, dietitian