

Take a Dietary History

Many diseases have dietary components and this has been increasingly recognised in recent years. Exploration of your patient's diet is a crucial part of your understanding of their health and wellbeing

Learning Outcomes

- Learn the key screening questions to ask in every patient
- Use a range of other questions to explore each area more deeply when appropriate
- Understand the range of problems to which diet contributes

Key questions

- Can I ask you about your Weight?
- Are you happy with your weight / Do you have any concerns over your weight?
- Can you take me thorough a typical day's food and drink?
- Do you eat a special diet?

You need to cover each of these questions, perhaps quite briefly if there is little evidence of problems, but use the discussion below to explore in greater depth as the need arises.

NB Language: for many patients "diet" means a weight reducing diet. "Can I ask about your diet?" gets the reply "I'm not on a diet" ask about "eating habits".

Can I ask you about your Weight?

- Do you know how much you weigh? (NB it is still important to weigh your patient – see below under "examination")
- Is it increasing/decreasing?
- Are your clothes tighter/looser?

Are you happy with your weight / Do you have any concerns over your weight?

- losing wt unintentionally (eg malignancy, thyrotoxicosis, inflamm. bowel disease, diabetes),
- unexpected wt gain (myxoedema, diabetes)
- "How do you feel about your weight?" (anorexia/bulimia/ body image disorders)

Can you take me thorough a typical day's food and drink?

Go through the day finding out what the patient eats from the time they wake up, throughout the day, until bedtime. Those whose diets are of most concern, may not have proper meals and may have very chaotic eating patterns, living on snacks, bingeing and starving, eating sweets, microwaved frozen food in front of the telly etc, etc. shift/night workers may have unusual (although perfectly satisfactory) eating arrangements. So avoid asking (at least initially) about breakfast, lunch, dinner, etc .

- Look for evidence of good diet:
 - most of energy as carbohydrates especially unrefined/wholegrain,

- adequate protein intake (remember)
- modest amount of fats (unsaturated –from vegetable oils, mono-unsaturated – olive oil) in diet. “Good” fats: oily fish with omega 3 fatty acids protective against heart disease
- plenty of fruit and vegetables, provides fibre, vitamins. NHS Promotion of “five a day” (but benefits disputed)
- Evidence of bad diet:
 - lots of refined carbohydrates (sugary fizzy drinks, cakes, biscuits, sweets, “sweet tooth”),
 - excess fats eg; fried food, “bad” animal fats (butter, fatty meats eg burgers, chicken nuggets)
(NB palm oil, used in many prepared foods is a largely saturated fat despite vegetable origin)
 - Ready meals often contain more fat, salt, sugar (to add flavour at low cost)
- Junk food: “McDonalds diet” – high fat, sugar, salt
- Snacks
 - Large numbers extra calories assoc with small but frequent eating of biscuits etc
 - Do you snack in between meals?
 - Do you snack at bedtime or during the night?
- Drinks eg
 - large amounts of fizzy drinks – assoc with obesity,
 - large amounts of coffee, tea or chocolate (containing caffeine or caffeine like substances)– assoc with anxiety, arrhythmias, irritable bowel synd)
 - alcohol – calories+++ , alcoholics may get energy needs from alcohol and omit other foods becoming vitamin deficient (particularly B group), non-alcoholic “social drinkers” often underestimate calories due to alcohol.
- Vegetarian (vegetable diet ± dairy/eggs ±fish) & Vegan diets (nothing derived from animals)
 - Vegetarian diet may be healthy diet, but extremists may be vit (partic B12) deficient,
 - Some vegetarian diets lack balance so not healthy.
 - Plenty of vegetarian junk food available full of salt, sugar & fat, so not necessarily healthy

“Do you have to eat a special diet?” If so why?

- Differentiate **medically** necessary diets (eg gluten free for coeliac disease)
- From “**popular**” (ie mainly scientific sounding, but nonsensical) diets, eg detox regimes, candida diet, Gillian MacKeith: “Internationally Acclaimed Holistic Nutritionist ”
- Weight loss / Slimming diets: some sound, some wacky. A well thought out, nutritionally sound one from the BHF is <http://www.bhf.org.uk/publications/view-publication.aspx?ps=1000807>
- Food allergies. *Genuine* food allergies are common and increasing: eg Peanuts (causing anaphylaxis particularly), gluten enteropathy. (NICE review at <http://guidance.nice.org.uk/CG116> is helpful). Also lots of *bogus* ones from quack

nutritionists. Finding out who made the diagnosis often helps sort out which is which.

- Food intolerance. Non-allergic reactions to foods. Hereditary Fructose intolerance and Lactose intolerance (NB not same as cows milk *allergy*) are examples. Salicylate intolerance (producing rhinitis, nasal polyps asthma etc) is another. There is a substantial industry devoted to diagnosing food intolerances (eg wheat) for which there is little strong evidence
- “Orthorexia” a term coined in 1997 to describe people fixated on what they consider to be healthy eating, which can be so severe as to result in malnutrition

Examination: Measure height and weight

- Measure both weight and height (patients may often creatively under/overestimate!)
- **Calculate BMI** (online tools: http://www.bhf.org.uk/bmi/BMI_Calc.html, http://www.bdaweightwise.com/lose/lose_bmi.html) or manually:

$$\text{BMI} = \frac{\text{weight in kilograms}}{\text{height in meters}^2} \text{ (kg/m}^2\text{)}$$

- **Waist measurement** is a useful indicator of central obesity (and likelihood of developing “metabolic syndrome”

NB when you come to Paediatrics in year 5 you will explore this area with particular relevance to children



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