



Case Study 1

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1. Patient profile

50- year-old male. Married, with problems of couple and repeated infidelities with prostitutes, he has a 20-year-old son. Addictive alcohol consumption and occasional drug use. Disability in the right leg with a slight limp. Medium-high economic situation, medium-low socio-cultural level. Not athlete. Smoker.

2. Description of the case

Man with great demotivation and desperation due to joint pain, these prevent him from developing his day to day normally. Impossibility to develop his work properly due to abdominal volume and lack of physical form. Tired of the predisposition to weight loss without going into action, generating a high degree of frustration and lack of self-confidence.

He presents an emotional situation of lack of proactivity and lack of respect for himself, as well as a significant lack of self-love and laziness, showing a clear incoherence in his actions.

3. Situation before the professional care

We are dealing with a patient to whom excess weight prevents him from adequately developing his work, which is why this physical impediment impels him to solve it. His motivation to overcome his obesity problem is not based on aesthetics but on health.

The problems of couple are the key to support the altered emotional state of this patient, causing repeated infidelities and alcoholism.

We are facing a patient with serious emotional disturbances and a situation of lack of control, tired of pretending a well-being for the family and work responsibilities.



4. Situation during the intervention of the professional

The patient begins with an apparent motivation that in short cycles of time disappears to give way to a phase of involution in the acquired achievements, with the consequent emotional damage that occurs when positioning in the attitude of victim.

This attitude entails a need for continuous help from the professional, thus preventing the assumption of responsibility by the patient about their situation.

Assuming this responsibility is the only way to start with the change of attitude towards awareness, since the need of the professional must disappear so that the patient assumes full responsibility.

5. Treatment developed for the patient

At the dietary level, we provide sessions given by professionals on the key aspects of healthy eating, where specific indications are given on amounts to be consumed, knowing the types of food, combination of foods, physical exercise adapted to the level of the patient, order in the feeding, etc.

Due to the origin of the patient's overweight and its link to processes of emotional imbalances and addictions, from the beginning the responsibility aspect becomes more important and find the deep reasons aligned with the personal values that motivate the patient to action.

6. Methodology

- Know the patient. The professional must listen and position the patient, how is it? What do you need? What is the origin of their disorders? Why is his apathy? etc.
- Self-awareness and awareness of the patient's current state.
 - o Planning and development of the awareness process.
 - o In this case, the coaching sessions are intensified to have a more thorough monitoring of the patient by the professional.
- Start of practical sessions on dietetics and its direct application
- Beginning of physical exercise
- o Evaluation by the professional
- o Restructuring the previous steps in a personalized way



7. Outcomes of the professional care

The patient's goals were only partially achieved due to the emotional complications that dragged him and that made him demotivate very easily in achieving the objectives proposed by the professional. It would have been necessary to double the time of treatment to strengthen concepts and habits, and even after completing the weekly follow-up treatment, the patient should continue with monthly support in the area of psychology, dietetics and training.

The patient was in treatment for 9 months although the professional opinion recommended a treatment of 18 months, and its subsequent monthly monitoring as a control.

8. Experiences & Recommendations

- Motivation is fundamental to adopt the correct attitude in the application of the concepts transmitted by professionals.
- The technical knowledge in dietetics is only partially effective without an adequate attitude towards the treatment on the part of the patient. The intention without action is useless.
 - The development of motivation enhances the effect of treatment on effectiveness and time.

9. Queries & Consideration

The patient due to his lack of motivation to achieve his goals, adopted a victim attitude, which made it increasingly difficult to move forward in the purpose of his initial objective to incorporate healthy habits into his life.

10. Questions to think about the theme [5]

- What do you do in your day to day brings you closer to your goal of losing weight?
- What do you get with inaction?
- What benefits does laziness produce? Do they bring you closer to your goal?
- How many times have you tried to lose weight?
- How do you spend it when you are on a strict diet for a long time?
- What happens when you have a boring, monotonous diet?
- How do you react when hunger is unbearable?



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- Are you going to continue making diets that make you go hungry and anxious?
- Do you prefer to learn to eat or to limit yourself to follow a diet?
- When you eat, do you take away your hunger or relax when you get home?
- Do you prefer to ignore anxiety when hunger devours you? Or do you prefer to manage it so that it does not happen?
- Do you know the origin of your problem of overweight?
- Do you link your problem in the excess in the meals with real hunger or with your emotional states?
- Are you aware that if you continue doing diets you will continue with the same pattern of behaviour? What would you change?
- Do you think that a behaviour that establishes the basis of a healthy life is more or less important than a diet of a week?
- Do you think that your emotional states affect your moment of lack of control in your diet?