

## COGNITIVE STRATEGIES CONCERNING THE NUTRITIONAL PROFILE OF THE PATIENT

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**Abstract:** *Implementing a personalized nutritional program involves the application into a sequence of the medical history and of some cognitive strategies designed to identify the nutritional profile of the patient in question. In this context the implementation of the attitudinal-behavioral-nutritional investigation file (PABNF) represents in our opinion a sine-qua-non condition concerning the knowledge, but mostly, the implementation of a correct, viable and efficient nutritional program. In this way the nutritionist may determine with the aid of the file, considered as an absolutely necessary cognition instrument, the logistic platform from where he will start in patient's medico-psycho-social investigation. The efficiency of the cognitive strategy consists in delimitation and then elimination of impediments that determine dissolutions which may increase and even modify attitudes and nutritional behaviors finding the answer to the eternal dilemma "we eat to live or we live to eat".*

**Keywords:** *instrument, investigation, nutrition, cognition, attitude, behavior, personalized program*

### INTRODUCTION

Knowing the fact that nutrition, R. Segal [1] is the science of alimentation that involves: food digestion, nutritional needs, food science and eating behavior, we end to what Yudking (1999) after Z. Garban [2] defined the concept as being a relation between man and his food with psychological and social involvement and of physiological and bio-chemical aspects.

In this context what arouses interest from our point of view is the manner in which through nutrition, practically the nutritional act, we can maintain the equilibrium between health and illness, determinations exercised by certain conditions and conceptual states of other concepts that transform everything in energy ensuring the human evolution and development [3].

Thus, in the situation when the cognitive behavior concerning the nutritional profile of the patient we can start from what R. Ballentine [4] related to the inner world brought into attention the observation upon own body, own reactions to foods and drinks, own emotions, spiritual experience and thinking.

We come to differentiate the elements that after P. Holford [5] determine the personalized nutrition starting from:

- improving the mind, the spiritual state and the ability of concentration;
- increasing the IQ level;
- improving physical performances;
- improving sleeping quality;
- improving the resistance to infections;
- enjoying a longer and healthier life duration.

As well at the concept former reminded, competes the fact that the personality is always unique and original reporting to: the appurtenance to human race; the quality of social being and so member of the society; the quality of conscious being, gifted with thinking and will; participation to culture, equipped with values and orientation after this values; the potential of creativity, so that the identity is included to a bio-psycho-socio-cultural system representative and well established.

It is distinguished in the context the vision of A. Roşca [6], to whom “the personality represents the unrepresentative combination of psychical attributes that characterize more strongly and with a higher degree of stability the concrete man and his ways of behavior” so the personality is identified with the human subject as object of cognition and valorization of own being and of the living environment.

Under these aspects the existence of a personalized nutritional program becomes a necessity in the equation of medical-psychosocial success pleading for this theory of P. Holford with own thoughts: “There is no one like you. There are few rules applied to human success, for example we all need vitamins but the quantity that we need to reach to top results varies for an individual to another.

It depends on the genetic material that you inherited from parents together with strengths and weaknesses, and of the interaction between genetic inheritance and environment starting from the intrauterine life and first childhood.

The complex interaction of those factors ensures that each individual is born unique from a bio-chemical point of view, but there is for sure a resemblance with other individuals.

Constructive, progressive and cognitive we can register the fact that those items stand at the basis of necessity of existence but also of elaboration of viable instruments designed to code and then decode the complex information concerning the nutritional identity of our patient.

The initiation and development of the patient’s attitudinal-behavioral-nutritional file (PABNF) represents the identity of a cognitive strategy concerning the nutritional profile of this one determining a whole complex approach of the nutritional phenomenon.

As work instrument, PABNF involves a special logistic approach concerning its conceptual identity and also the application techniques that start in their structure from:

-where is applied the file (the place) = in the nutrition practice by the nutritionist;

-when is applied the file (the time) = in the moment of shaping the medical history;

-how is applied (the way) = with tolerance, trust, acceptance and understanding, without bringing any prejudice to the person concerning the personality;

-who applies it = the nutritionist, used as a way of communication with the patient;

-why is applied (the motivation) = to be able to identify the particular elements of the patient concerning his own feeding process.

As structural identity PABNF captures four sequential components as follows:

**1. The identity elements** = where we find items that code among name and surname the age, sex, provenience environment, educational, social and marital status elements related to: profile, working place, medical diagnostic, height, weight, body mass and contact address, all competing to a more detailed preparation from this point of view in what concerns the patient. The first component helps us in explaining the qualitative value of the answer of the following components.

**2. Psycho-nutritional connotations** = are the items that code the modality of involvement form a psychological point of view in the nutritional act, the motivation being the key element of the cognitive sequence. Thus, starting from the respect towards food at its time, place and purpose and ending to motives related to the image, trust and self esteem, the items integrate gradually in the psycho-nutritional knowledge of the patient proving its componential efficiency.

**3. Nutritional characteristics** = the component refers to patient’s involvement in cooking and preparing the food but also of serving shaping: habits, stereotypes, knowledge, traditions but also personal elements related to attitudinal-emotional-behavioral states created by a certain nutritional product.

**4. Nutritional-dietary recommendations** = will consider cognitive sequences related to: patient’s registration; total value of nutriment; medical diagnosis; regular nutritional control; the results from former chapters; prescribed drug therapy; team work (doctor, nutritionist, psychologist).

**5. Personalized nutritional program** = will take into consideration all the annotations made in the file until now and it will materialize starting from: the awareness of the personalized nutritional act by the patient; the responsibility; the period of time well established being limited (days, weeks, months, years) or unlimited; the necessity of concordance with the medical diagnosis; the psycho-pedagogic-nutritional motivation in sustain the program by the patient and his direct involvement in the program; team work (doctor, nutritionist, councilor, psychologist, psychotherapist).

In this context the information coded by the components of PABNF competes through their complexity to the implementation of the nutritional profile of our patient.

After the nutritionist will go through the file identifying the specific componential structures will be able to decode the information in concrete terms realizing an efficient communication and cooperation with the patient and the patient's self involvement in own treatment.

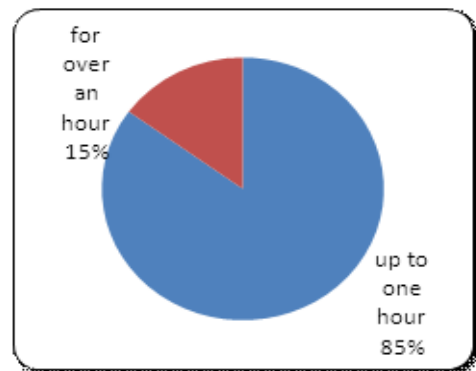
Practically the file is a work instrument that: identifies, surprises, measures, notes and decodes: attitudes, emotions, behaviors, all co-working in realizing the nutritional profile of the patient.

For the viability of the file we passed to decoding the impact not only to the patients, the sheet being apply to 60 subjects, but also on the effect of those who used it as a practical tool, a total of 30 nutritionists. To find the reliability of the file in terms of nutrition, we made their interpellations using a questionnaire, as part of the feedback file. Basically, the structure of the questionnaire was intended to be standard FIACNP application efficiency, decoding and surprising the following, by processing data.

To the first item, its usefulness as a viable work instrument resulted in a 100% percentage between reasons we found: provides a lot of complex information; is practical; is very useful in history; suggest a psychological and nutritional profile; open relationship with the patient; customize the nutritional program; is required.

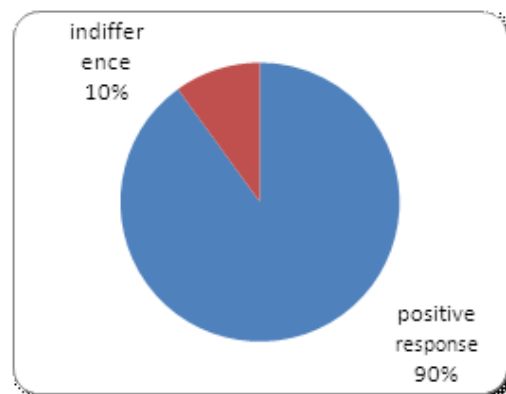
The second item complete the first by motivating its application in practice, 100% represent the best opportunity to become a work instrument.

It was argued by the fact that: is effective in history; is useful in communication; avoid to forget some questions; useful knowledge of eating habits; better knowledge of the patient; prompt method of nutritional investigation. Time was established as the main element of the third item, in addition to file, 85% of respondents needing up to one hour, and 15% for over an hour, as is configured in Figure no.1.



The efficiency is based on effective use of time for the period of history.

On the patient's response to application file, measured positive response in 90% of cases gave the verdict, recording the state of indifference 10%, which can decode a certain attitude regarding a possible future nutritional risk, fourth item. These results are illustrated in Figure no.2.



Awkward questions related to the fifth item, 95% of respondents don't claimed the existence of this impediment, 5% were those who felt slightly uncomfortable because some elements of self-knowledge, perceived as such, confidence and self-esteem not play an important role in the personality profile of the patient in question.

Although, there were phrases that refer to: contact address (it showed a certain reluctance regarding identity in terms of confidentiality); recipes and preparation required (direct involvement in nutrition education compartment); weight (self-acceptance); looking in the mirror (*Do you look in the mirror?* - especially for male patients the interpretations raised certain doubts regarding ego and personal identity).

In this context, we wanted to represent the questionnaire like an efficient and logistic instrument of measurement by the direct involvement of specialist/dietetics.

The results prove that is necessary: accept new experts; making changes in perception of nutritional phenomenon by cognoscible identity; find viable working tools of investigation range; get involved personally in self-education; have the courage to support what is a possibility and opportunity to come into relationship with the patient, showing professionalism and responsibility, all giving and taking specialist endorsement.

The efficiency of such a personalized work instrument helps and directly involves the nutritionist in his communication relation with the patient because it is entered into areas of knowledge where motivation is the strong point in decoding the information from a medico-psycho-social point of view and not only.

In the same time the file determines a certain approach from the nutritionist this one working in an interdisciplinary team making from the nutritional act the customary element between the cause and the effect of the human evolution being improved and adapted from case to case its basis components as structure remaining the same.

If the file responds to the everlasting dilemma: we eat to live or we live to eat, than through its concrete results determining new behavioral-nutritional attitudes outlining the man as being and not as an object involving the man directly in his own evolution and not involution [7].

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