Letters to the Editor

Follow-Up Studies on Obesity

Gentlemen:

A follow-up study of sixty-one new patients who registered in the Obesity Clinic at the University of California Medical Center in 1960 may be of interest to your readers. Fifty-three had not been seen previously in the Obesity Clinic; the other eight had been termed "new" by administration because a year or more had elapsed since their last visit to the clinic.

The new patients were asked to record their food and beverage intake, both kind and amount, while eating "as usual" for a week. They were weighed before and after consuming what they supposed to be their normal food intake for one week.

Diet records were available for forty-two patients. Notations in the charts of six others indicated that they kept and returned the food records which have since been misplaced. Seven of the thirteen patients who did not comply never returned to the clinic after their initial visit. One did not record food intake because it represented "a threat," and another because "she was already on a diet." About 80 per cent kept the food records.

Two-thirds of those who complied lost weight eating "as usual." The majority lost from 1 to 3 pounds. Only one person maintained her initial weight. In the group of patients who gained weight the maximal gain was 4.6 pounds, with the majority gaining 1 to 3 pounds.

Although the food records kept by these obese patients can hardly be called "quantitative," they may be of value in helping patients to realize what and when they do eat. In addition, they provide the clinic staff with information about typical dietary patterns, meal frequency and qualitative if not quantitative records. Some patients indicated their meal hours: breakfast was taken at 11:00 or 12:00 A.M., and the dinner hour varied from 5:30 to 11:30 P.M. It is of interest that three patients who lost from 9 to 13 pounds recorded a pattern of two to three regular meals with no snacks.

After having the patient complete his record of his "usual diet" for a week, it may be advantageous to have him write out quantitatively and qualitatively what he considers "a good reducing diet" in order to determine the extent of his knowledge and to separate the patient in need of education from the patient who knows what to eat but who chooses to eat differently. Comparing this with the patient's diet record may indicate the validity of the data or reveal that it resembles the patient's version of "a reducing diet." Since two-thirds of the patients lost from 1 to 3 pounds during the week they recorded their intake, it seems probable that they ate what they thought they ought to eat rather than what they had been eating.

While diet records may not necessarily provide the information requested, they are helpful to the doctor, the dietitian and to the patient who feels no psychological "threat" by such recording. The keeping of diet records is recommended as an adjunct to reducing regimens for obese patients.

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