

## Case Study 1

### **Pedro; a 16-year-old patient with obesity**

#### **Description of the case Study**

Pedro\* has a history of obesity with the onset of overweight in childhood at around the age of 8 years. He tried many different kinds of treatment such as hypocaloric diets ( a diet low in calories) but without any success and this was due to exhaustion and and a lack of “feeling” with the health professionals.

The dietary anamnesis showed that the patient's eating behaviour was totally abnormal. He had a completely unstructured eating pattern, with a predominance of high-calorie, high-volume meals, accompanied by snacking on sweet or salty foods during the afternoon. He consumed virtually no vegetables and little fruit in his regular diet.

However, his social life was good and he had good family support and did well at school. Nevertheless, he was not physically active, except when at school. During 2020, he did not come to the hospital because of the COVID-19 pandemic and in 2022, he returned for consultation, and during the pandemic and due to isolation his weight had increased by about 20 kg. So, he now weighed 176 kg, with a BMI of 61 kg.

Given the situation and the worsening of his excess weight, he was scheduled with fortnightly visits and family meetings were also held. The doctors began to work again on dietary habits, selection of food groups, division of meals throughout the day, as well as always being accompanied during mealtimes, with an emphasis on home-cooked meals. His level of motivation was high, and he was offered basic strategies for a balanced diet, based on split meals, and the introduction of fruits and vegetables. Due to the severity of his case a further consultation with the endocrinology and the psychology units were requested for assessment.

Four and a half months later and after several check-ups, the patient had lost a total of 55 kilos, with proper adherence to the diet and regular cardiovascular and strength training, and five months later, in February 2022, he had lost 53 kilos more. Pedro's weight was now at 96 kg, with a BMI of 32 kg/m<sup>2</sup>. He continued with the same weekly training and started to cook for himself. Given that the weight loss was higher than expected and it was evident that the patient had started a restrictive process, the Psychology Unit was contacted again for a new assessment.

Finally, it was decided to assist him psychologically and the healthy eating profile was maintained without insisting on other aspects of nutrition until he was discharged from the psychology unit.

\*Real name not used for reasons of privacy



## Questions

1. How much did the isolation affect Pedro in terms of his problem with obesity?
2. In cases like Pedro's how important do you think a good social life and good family support are?
3. If you were the health professional responsible for Pedro how would you motivate him?
4. And how would you de-stigmatize Pedro's obesity? What language would you use?

Referred by endocrinologist to the Nutrition Department of the Son Espases University Hospital.

Special thanks to **Gabriela Nicola**, Nutritionist at Son Espases University Hospital, Spain.

