

Weight reducing of an obese female college student by 5-7kg within 60 days

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The population of obesity is increasing and tends to be more in youth. Now in the United States and Canada, people like to use the term “freshman, fifteen pounds” to describe the weight gained by students during their first year in college or university (Brown, 2008). In China, although there weren't many investigations concern about this issue, university students' physique has been attracted more attention. The client, a college freshman, has gained 9 Kg in the first year and Body Mass Index (BMI) of 27.6. Although no apparent harm to her health directly, her self-awareness on body image and self-confidence are obviously negative.

1. Background of the client

A 20-year-old female college student has been overweight 25% (14kg) than her preferred weight because of unhealthy diet habit and lacking exercise. She came to Macau for university education 2 years ago. She couldn't adapt herself to the new conditions and her life style has changed: more meals and less exercises. In addition her meal time was always not on schedule and ate too much. On average over 2200kcal/day and often snacks on chocolate, cheese, ice-cream, etc. Moreover she also lacked exercise (≤ 1.5 hours/week).

2. Process of the programme design and implementation

2.1 Preparation stage

The client was sought purposively and the relationship was built up. The diet and exercise programme of 11 weeks were designed through books and literatures. It was recommended to reduce 500–1000kcal/day based on the current level combined with a reduction in dietary fat to 30% of

total intake but all health diet didn't agree subtracting the fat from diet. Moreover, eating in a slower speed could effectively avoid intake excessively. A minimum weight loss of 0.5–0.9kg per week would be realistic. The client was recommended to increase the amounts of exercise to ≥ 360 mins/week gradually also we provided the information of Calories burned among difference types of exercise (Chen & Chen, 2008; Clark et al., 2001; Dirienzo, Greer, Shi, & Zemel, 2000; Gao & Xian, 2006; Wang, 2006).

2.2 Implementation stage

The diet and exercise programme were run as scheduled for 11 weeks from November 10, 2008 to January 23, 2009.

3. Result

Figure 1 showed that client had 5 weeks over intake but 3 of them weren't serious. Figure 2 showed that there were 6 weeks under output but only 3 of them were more serious. At the sixtieth day, client's weight which was 64.5kg (Figure 3) didn't achieve the goal so that she requested to extend the programme. Finally, client decreased 6 kg by extending the 60 days' programme to 75 days. Table 1 showed that the total actual intake was less than the total recommended intake; also the total actual output was more than the total recommended output. Consequently, the weight of client has decreased. Her weight was 62 kg (Figure 3) and BMI was 25.2. We encouraged her to keep on doing exercise and controlling the diet. Furthermore, client obtained a T-shirt as a gift of encouragement.

4. Discussion

After client lost weight successfully, she reflected that her self-confidence has come back via this programme. Moreover, she indicated that she would keep on the healthy diet and doing exercise. Although we were succeeded to achieve the preset

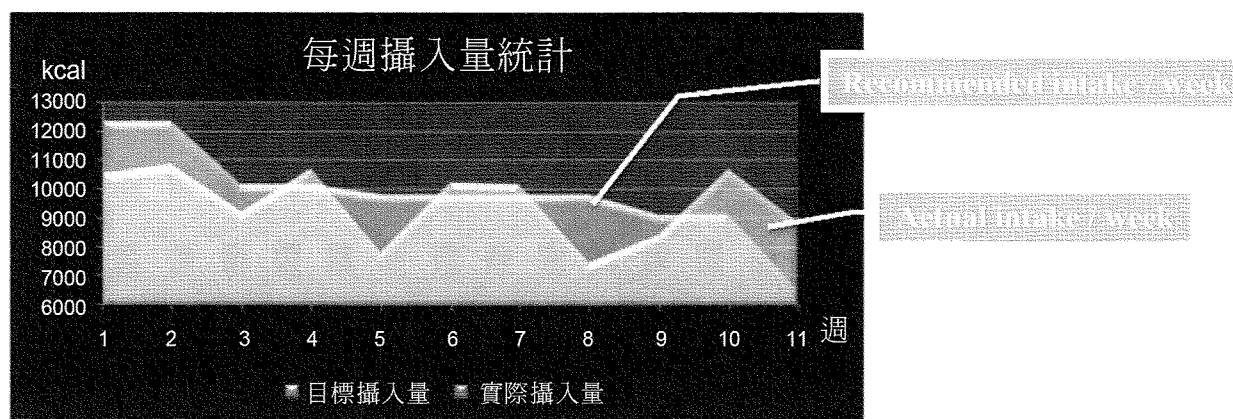


Figure 1 The statistical chart of recommended and actual intake of every week

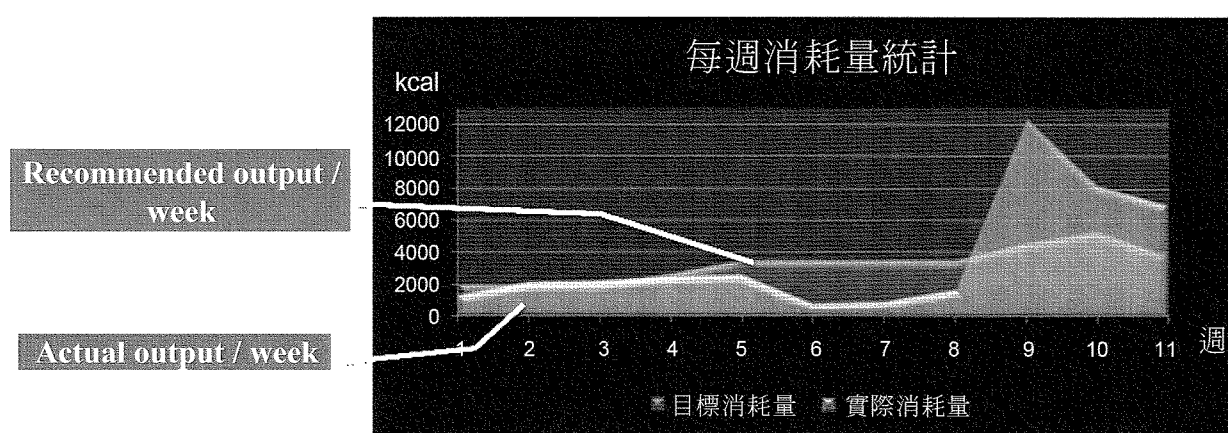


Figure 2 The statistical chart of recommended and actual intake of every week

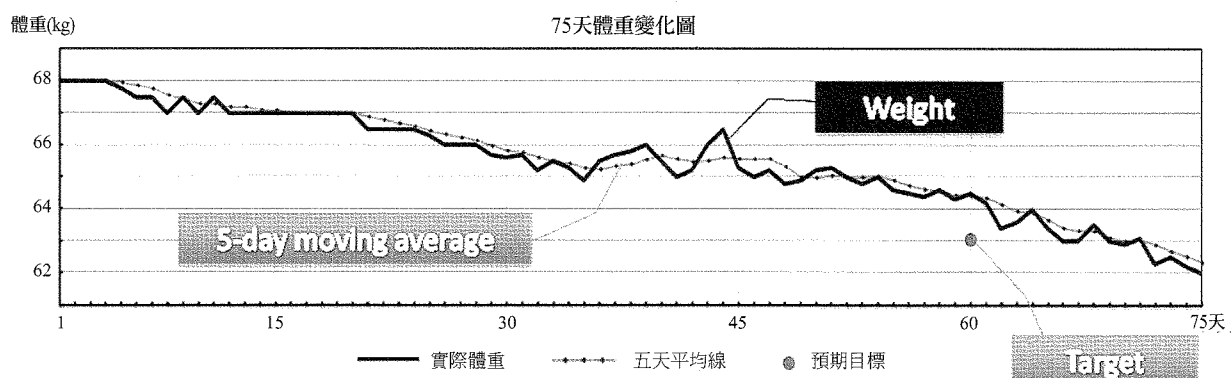


Figure 3 The variation of weight during the programme

goal, there were still some aspects which needed to be enhanced.

4.1 Strategies used

- 1) We anticipated the possible problems might occur during the programme and designed the possible solutions. For example, we knew client would stop exercise because of menstruation

present and dysmenorrheal, so that we put the preset output calories of those days on others in the following month.

- 2) Modified the programme timely as informed by tools: we analyzed the progress by inputted the statistical data in Excel and set up the formulas in order to export the graphs so that it could

Table 1 Statistics of calories and weight of every week

Week	Recommended intake (kcal/day)	Actual intake (kcal/day)	Recommended output (kcal/day)	Actual output (kcal/day)	Weight (kg)	Weight reduced (kg)
1	1759	1501	282	180	67.5	-0.5
2	1759	1547	282	302	67.0	-0.5
3	1450	1314	286	316	66.5	-0.5
4	1450	1527	375	348	66.0	-0.5
5	1400	1119	500	369	64.9	-1.1
6	1400	1458	500	110	65.2	↑ 0.3
7	1400	1450	500	127	64.9	-0.3
8	1400	1065	500	235	64.5	-0.4
9	1300	1202	650	1756	63.6	-0.9
10	1300	1525	750	1159	62.9	-0.7
11	1300	1767	750	1378	62.0	-0.9
Average	1451	1397	482	549	---	-0.08
Total	108824	104796	36130	41200	---	-6

display the specific situation and let us mastered the variation well.

- 3) Giving client a diagram to mark down her weight in order to alert self control.
- 4) Good relationship with client was an important element. We were always reflecting how to balance client's willingness and practicability.

4.2 Challenges came across

Client already had knowledge of losing weight and sometimes insisted her own ways. Her special personality did brought a series of challenges to us. Moreover, when client left Macau for holidays at the end of programme, we faced another challenge that how to keep on providing supervision and guidance to her. Those tough works triggered a high degree of difficulty hence slowed down our programme. On the other hand, those challenges also reminded us to reflect and enhance.

4.3 Reflection and suggestion

During the helping process, we enhanced the client's ability of solving problem. Proving healthy information and assisting client to set up the health belief wasn't as simple as what we expected. In a stark contrast, helping people rather liked a battle that what should do was to accompany her, help her enhanced opportunities and prevent threats. We thought that the spirit of "Problem Solving of Better Health" was to train client's self-help ability. Needless to say that the programme achieving the preset goal was succeeded, what was more gratified was to help client established the health belief.

We realized that the importance of preparation

and so we design the solving methods as soon as possible; also enhanced our ability of adjusting was necessary. In addition, client's willingness has a high correlation with adherence. Therefore we needed to communicate more with client in order to forecast her behavior effectively so that could modify the plan timely and maintained the progress. In conclusion, the main point of health promotion was to make client be active to own his/her goals and commit his/her action, not merely a co-operation with health care professionals!

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