



## From the desktop

# Individualising clients in dietary management

Erin Jackson

**“**You have your way. I have my way. As for the right way, the correct way, and the only way, it does not exist.”  
Philosopher Friedrich Nietzsche wrote this in the late 19<sup>th</sup> Century, articulating the diversity among individuals; however, it took me a while to fully realise what he meant.

As a freshly graduated dietitian with a brain full of nutrition facts and a head size to match, it became clear there was something amiss when I began working in the clinic. The outcomes that the literature promised were few and far between, and the client return statistics were dismal. But how? I was following the guidelines; all the client needed to do was comply with these very precise dietary principles every day for the rest of their life.

Luckily, after a little more practice in the game and with some hard-to-take reflection, it became clear that no two clients required the same diet even when they had the same condition. The importance of what they were eating and the reasons why was more of an influence than the dietary advice I was giving. Take your diet yesterday, for example. What influenced the foods you ate? Was it taste, time, convenience, cost, environment, availability, culture or tradition? Despite both of us knowing it is not the healthiest option, the reason why you had toast and jam for breakfast might be very different from the reason why I had had toast and jam, and if these reasons are different then the solutions to change are also likely to differ.

So returning to Nietzsche, once I had come to terms with “the only way does not exist” and had individualised the dietary approach to my clients, the outcomes we were after finally followed. We developed suitable options that clients were able to contemplate slotting into their daily lives because, in the end, it is the client who decides whether or

not to implement the advice. We’ve found that if advice is impractical or too dissimilar to what they are used to doing, then the sustainability of any change will be compromised.

Implementing the individual-based approach becomes even more pertinent when considering the presenting condition of the clients. For example, as we all know in diabetes, one client may have very good glycaemic control whilst another may not. Therefore despite both of these clients having diabetes, the approach to their dietary management will differ significantly. This is perhaps why, when we were approached to trial lowering carbohydrate intake as a means of improving glycaemic control in some clients, I was open to the idea. As a result, my practice incurred the biggest and most inspiring change yet. Once an advocate for encouraging carbohydrate intake in diabetes management (as long as it was low glycaemic index!), I was now lowering carbohydrate altogether and seeing significantly better client outcomes across all key parameters including weight, glycaemic control and even lipids. Again, the amount of restriction was individualised to the client based on what they could sustain and their glycaemic profile. Surprisingly, clients were finding the change much more achievable and sustainable than previous dietary advice and were inevitably eating a much healthier, unprocessed and well-rounded diet.

As a dietitian, I am so fortunate to have the time to sit with a client and determine and understand the details of why they eat what they eat. When they return to the clinic (and yes, they do now return!), they know that if a strategy hasn’t worked, we will find an alternative. They won’t be chastised or made to feel uncomfortable; they will be supported and encouraged, because the right way, the correct way and the only way – it does not exist. ■

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### About this series

The aim of the “From the desktop” series is to provide practical expert opinion and comment from the clinic. In this issue, Erin Jackson champions individualised care after seeing the results for herself in clinic.

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