

# EFFECT OF SMART GOAL SETTING AND NUTRITIONAL ASSESSMENT ON TREATMENT CONTINUATION IN PRIMARY CARE DIETETIC TREATMENT

E. Leistra<sup>1,2</sup>, M.T. Streppel<sup>1,2</sup>, J. Klamer<sup>1,2</sup>, A.C. Tump<sup>2</sup>, P.J.M. Weijs<sup>1,2,3</sup>

<sup>1</sup> Department of Nutrition and Dietetics, School of Sports and Nutrition, <sup>2</sup> Centre for Applied Research on Sports and Nutrition, Amsterdam University of Applied Sciences, <sup>3</sup> Nutrition and Dietetics, Department of Internal Medicine, VU University Medical Center, Amsterdam, The Netherlands.

## Background

Primary care dietitians need to demonstrate their effectiveness to both patients and stakeholders. Treatment compliance influences overall treatment effectiveness. We studied the influence of (SMART) goal setting and the use of nutritional assessment on treatment continuation after one consultation.

## Methods

This study was part of the DIEET study (DIETetics: Effective and Towards a sustainable profession). Trained students performed structured observations during first dietetic consultations in the primary care setting. Primary focus was on SMART goal setting and nutritional assessment. Data on treatment termination or continuation after one consultation was obtained at 6 month study follow-up. Univariate logistic regression analysis was used to express associations between goal setting and nutritional assessment and treatment continuation after one consultation.

## Results

Complete data were obtained from 407 patients (40% male; mean age  $56 \pm 14$  years) visiting 182 dietitians. Primary diagnoses were: overweight (46%), DM2 (36%), hypercholesterolemia (10%), hypertension (3%), or malnutrition (7%).

During first consultation, treatment goals were defined in 292 patients (72%), and SMART goals in 80 (20%); Specific (68%), Measurable (51%), Attainable (65%), Realistic (55%); Time-bound (21%).

Nutritional assessment was performed in 327 patients (80%), including measurements of body weight (78%), height (19%), waist circumference (22%), bioelectrical impedance analysis (BIA) (21%), and mid upper arm circumference (MUAC) (0.3%).

63 patients (16%) had only one dietetic consultation. Treatment continuation after one consultation was associated with goal setting in general (OR 3.2 [95%CI 1.8-5.6]  $p < 0.01$ ) and SMART goal setting (OR 3.2 [95%CI 1.3-8.4]  $p = 0.02$ ), and performing nutritional assessment (OR 3.5 [95%CI 1.9-6.2]  $p < 0.01$ ) (Table).

**Table.** Influence of goal setting and nutritional assessment on treatment continuation after one consultation in dietetic practice.

	n (%)	OR	95%CI
Goal setting	292 (72%)	3.2	[1.8-5.6]
Long-term goal setting	266 (65%)	2.8	[1.6-4.9]
Short-term goal setting	97 (24%)	1.4	[0.7-2.7]
SMART goal setting	80 (20%)	3.2	[1.3-8.4]
Specific	276 (68%)	3.5	[2.0-6.1]
Measurable	207 (51%)	2.6	[1.5-4.5]
Attainable	263 (65%)	2.7	[1.7-4.7]
Realistic	225 (55%)	2.5	[1.4-4.3]
Time-bound	85 (21%)	3.5	[1.4-9.1]
Nutritional assessment	327 (80%)	3.5	[1.9-6.2]
Weight	318 (78%)	3.4	[1.9-6.2]
Height	78 (19%)	1.3	[0.6-2.7]
Waist circumference	90 (22%)	3.8	[1.5-9.8]
BIA	87 (21%)	2.4	[1.1-5.5]
MUAC	1 (0.3%)	-	-

## Conclusion

Setting SMART treatment goals and performing nutritional assessment during the first dietetic consultation are related to higher treatment continuation in primary care setting. The DIEET study will further explore whether SMART goal setting and performing nutritional assessment during the first consultation will result in higher long-term effectiveness.

## Correspondence

e.leistra@hva.nl, Eva Leistra, PhD, School of Sports and Nutrition, Amsterdam University of Applied Sciences, Dr. Meurerlaan 8, 1067 AM, Amsterdam, Netherlands

