

Cartas científicas**Failure of a single nutrition counseling session for climateric women**R. Deh Souza Santos¹, J. S. Marchini¹, O. Iannetta² and V. Marques Miguel Suen¹

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An adequate food intake is fundamental for eutrophy, prevention and treatment of obesity. Particularly among women, the climacteric phase leads to changes in body composition, characterized by reduced lean mass and energy metabolism resulting in increased fat accumulation associated with inadequate eating habits.¹ On this basis, these women must be counseled about a proper nutrient intake, the maintenance of a healthy weight and the performance of physical activity. Thus, we evaluated a group of climacteric women from a nutritional viewpoint, before and after a single qualitative nutritional intervention and its effectiveness. We also compared two methods of body composition analysis with a gold standard one.

Anthropometric, dietary and physical activity data were collected from the volunteers. DXA and bioelectrical impedance (BIA) analysis were performed. The population was counseled during a single interview section about healthy diet with the use of explanatory leaflets (Food Guide Pyramid and The Ten Steps for a Healthy Diet²). They were also counseled about the regular practice of physical activities, i. e., 30 min of any physical activity for, at least, 3 times a week. Two years later, the same women were reevaluated using the same criteria of the first evaluation. The data analysis were statistically compared by pair samples Wilcoxon test. St. Laurent test was applied to determine body composition³ methods concordance. All calculations were made using the SAS/STAT[®] software, version 9.

Ten climacteric women were studied. Their mean age, at the beginning, was 54 ± 8 years. The dietary history showed high energy intake and calcium, vita-

mins, zinc and fiber deficiencies, even after the nutritional counseling. The anthropometry and other body composition measures showed an excess of body weight, high waist circumference and trunk fat accumulation. These data remained constant within the study period and the method closest to the gold standard (DXA) was anthropometry (coefficient 0.57).

Despite the nutritional counseling, inadequate dietary habits and inappropriate body composition did not change in the studied climacteric women. This findings show that a single nutritional explanatory interview is not enough to treat, or even prevent nutritional disorders. We emphasize here the importance of a continuous nutritional monitoring that could be provided by continuous educational dietary program with help of multidisciplinary team.⁴

References

1. Lin SQ, Sun LZ, Lin JF, Yang X, Zhang LJ, Qiao J et al. Estradiol 1mg and drospirenone 2 mg as hormone replacement therapy in postmenopausal Chinese women. *Climacteric* 2011 [Epub ahead of print].
2. Ministério da Saúde. Dez passos para alimentação saudável. In: Guia alimentar: saiba como ter uma alimentação saudável. Disponível em: [http://www.saude.sp.gov.br/resources/cidadao/destaques/guia_de_bolso_sobre_alimentacao.pdf]. Access in April, 29 of 2011.
3. St. Laurent ET. Evaluating agreement with a gold standard in method comparison studies. *Biometrics* 1998; 54 (2): 537-45.
4. Skouroliakou M, Giannopoulou I, Kostara C, Koutri K, Stathopoulou MG, Kakavelaki C. Effects of a nutritional intervention in obese postmenopausal women on atypical antipsychotics. *Maturitas* 2010; 67 (2): 166-70.

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