**Final Year Project Proposal**

**Title: Design and Implementation of a Nutritional Treatment System (Eating Disorder)**

**Project Supervisor:   Mrs. Ateko**

**Brief Project Description**

Eating Disorders (ED) are complex and fundamentally psychological disorders with a rendering in the eating behavior, in which multiple alterations are produced (Jáuregui, 2006). These disorders are characterized by an unusual nutritional pattern and cognitive distortions relating to foods and body weight which produce serious nutritional alterations and medical complications (Martínez & Gómez, 2004). Eating behavior is determined by nutritional aspects and others such as the economy, the availability, the weather, the culture or the mass media (Jáuregui, 2006). Consequently the dietary approach is essential within the action protocol for eating disorders. The nutritional treatment should consider all cited factors to modify the altered eating behavior. This part of the treatment must be carried out by a nutritionist, who should be part of an interdisciplinary team. The interdisciplinary team ought to be made up of doctors, psychologists, nutritionists and nurses, among others. These professionals are required in order to treat medical, psychological and nutritional aspects which converge in an eating disorder. All members of this team must maintain a constant communication about the patient evolution.

In the current literature, concrete and precise guidelines which constitute the action protocols to treat the medical and psychological aspects in eating disorders can be found. However, the same is not occurring for the nutritional treatment. The nutritional treatment is indispensable to treat eating disorders but only its importance has been considered recently. To establish general rules to be applied in the nutritional treatment of eating disorders is possible. However, the nutritionist must always consider each individual case and the treatment should be personalized according to the nutritional state, the age, the clinical and nutritional histories, the psychosocial situation and the attitude to the disease and the treatment of the patient (Waisberg & Woods, 2002). The family of the patient with an eating disorder has a fundamental role in the effectiveness of the nutritional treatment. To give the family clear patterns is required, emphasizing the need for meals as a relaxed social event. The nutritionist should teach the family to distinguish problems regarding meals from irrelevant aspects like “During this week, once my daughter left a little of legumes in the dish” (Jáuregui, 2006).

**Objective**

Regardless of the intervention area needed, the nutritional team functions in eating disorder units are (Iglesias et al., 2004): a. The nutritional state assessment. b. The diagnosis of organic sequelae and related illness. c. The treatment of malnutrition and other possible nutritional deficiencies. d. The treatment of the presented organic complications. e. Nutritional education for patients and their families. When patients who start the treatment in an eating disorder unit are malnourished, the nutritional treatment is indispensable because of the cognitive and affective alterations which are caused by the malnutrition make the psychological treatment impossible or hardly difficult (Fernández & Turón, 1998; Iglesias et al., 2004). When nutritionists have collected the information and obtained the diagnosis, they must establish the nutritional treatment of which the main aims are (Iglesias et al., 2004): getting an adequate nutritional state, obtaining an organized, well-balanced and sufficient food intake and avoiding the appearance of medical complications.

To address the concerns above, the researcher of this study proposes a Nutritional Treatment System. The system aims to create an application coordinated by a psychiatrist who establishes the general points of the treatment and manage the rest of the interdisciplinary team.

This application will help during the whole process of the treatment because a “forced” weight gain without psychological support is not recommended (Cheryl, 1999).

The psychologist or nutritionist will have several patients to attend to and they need to pay maximum attention and details to each of the patients. The Application helps them communicate every detail virtually and place them on a nutritional plan visible to both nutritionist and patients. Nutritionist can indicated nutritional treatment for each patient with eating disorder which depends on the therapeutic context where the patient is treated, and also give nutritional guidelines, information on culinary techniques, and dietary strategies to modify the wrong nutritional habits and eating behavior.