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# Characterizing Goal Setting by the Registered Dietitian for Adolescents with Newly Diagnosed Polycystic Ovary Syndrome

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### Introduction

**Polycystic Ovary Syndrome (PCOS)** affects 1 in 10 females<sup>1</sup>

- Develops in adolescence
- Associated with significant metabolic comorbidities<sup>2</sup>

**Early diet-modification strategies** – critical to mitigate PCOS severity

**Registered Dietitians (RDs)** play important role in guiding diet-related strategies following PCOS diagnosis<sup>3</sup>

**Goal setting** is a critical tool to promote behavior change<sup>4</sup>

- Current goal setting for dietary management of adolescents with PCOS is lacking

### Objective

To characterize goal setting used by RDs for adolescents newly diagnosed with PCOS at the CMH multi-specialty PCOS (MAPP) clinic

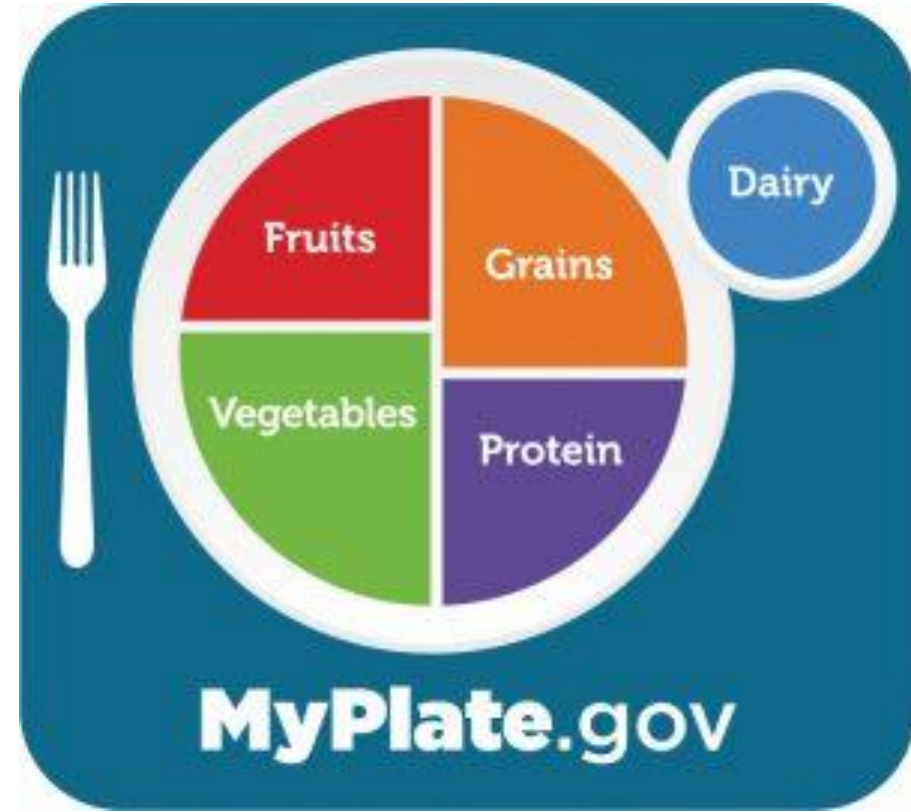
### Methodology

- Retrospective chart review of 118 consecutive patients seen at the MAPP Clinic between 2015 – 2020
- Collaboratively generated codebook used to code notes in Dedoose – open coding and *a priori* objectives
- One investigator (MG) independently coded notes
- Goals characterized for emerging themes using qualitative content analysis by four investigators

| Age (years; mean, range)   | 16.1 years (11.2 – 21) |
|----------------------------|------------------------|
| Race and Ethnicity (n, %)  |                        |
| Non-Hispanic White         | 52 (44.1%)             |
| Hispanic White             | 29 (24.6%)             |
| Black and African American | 21 (17.8%)             |
| Asian                      | 4 (3.3%)               |
| Multiracial and Other      | 12 (10.2%)             |

### Results: Emerging Themes Across Goals


#### Theme 1: MyPlate



Majority of goals referenced MyPlate as an achievable goal-setting tool.

*“Goals: 1. Snacks- half of the week have non-starchy veggies (ex: raw carrots with dip), rest of week can have something such as small portion of cheerios with veggies and/or protein/fat food 2. Work towards 60 minutes of physical activity 3. Follow plate model 4. Pair carbohydrate foods with fat/protein foods.”*

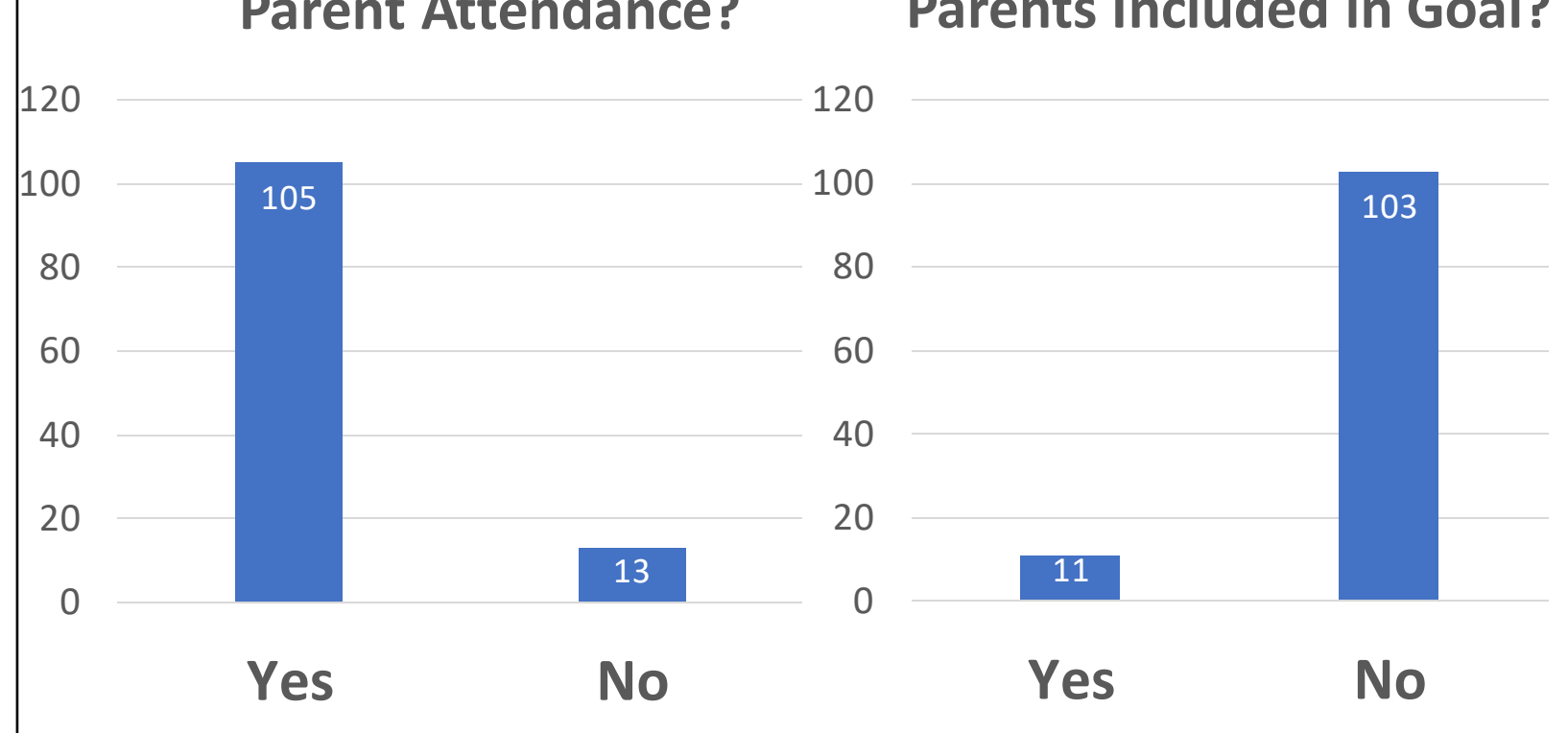
#### Theme 2: Carbohydrate Intake Modification



**Restriction** of simple carbohydrates (reduce sugar-sweetened beverages), **pairing** with other macronutrients (protein or fat), **increasing** intake (whole grains).

*“Nutrition Goals: For meals and snacks, aim to choose complex carbohydrate sources such as whole grains, fruits, and vegetables and pair with a protein or healthy fat. Continue to go to the gym five times per week or as able.”*

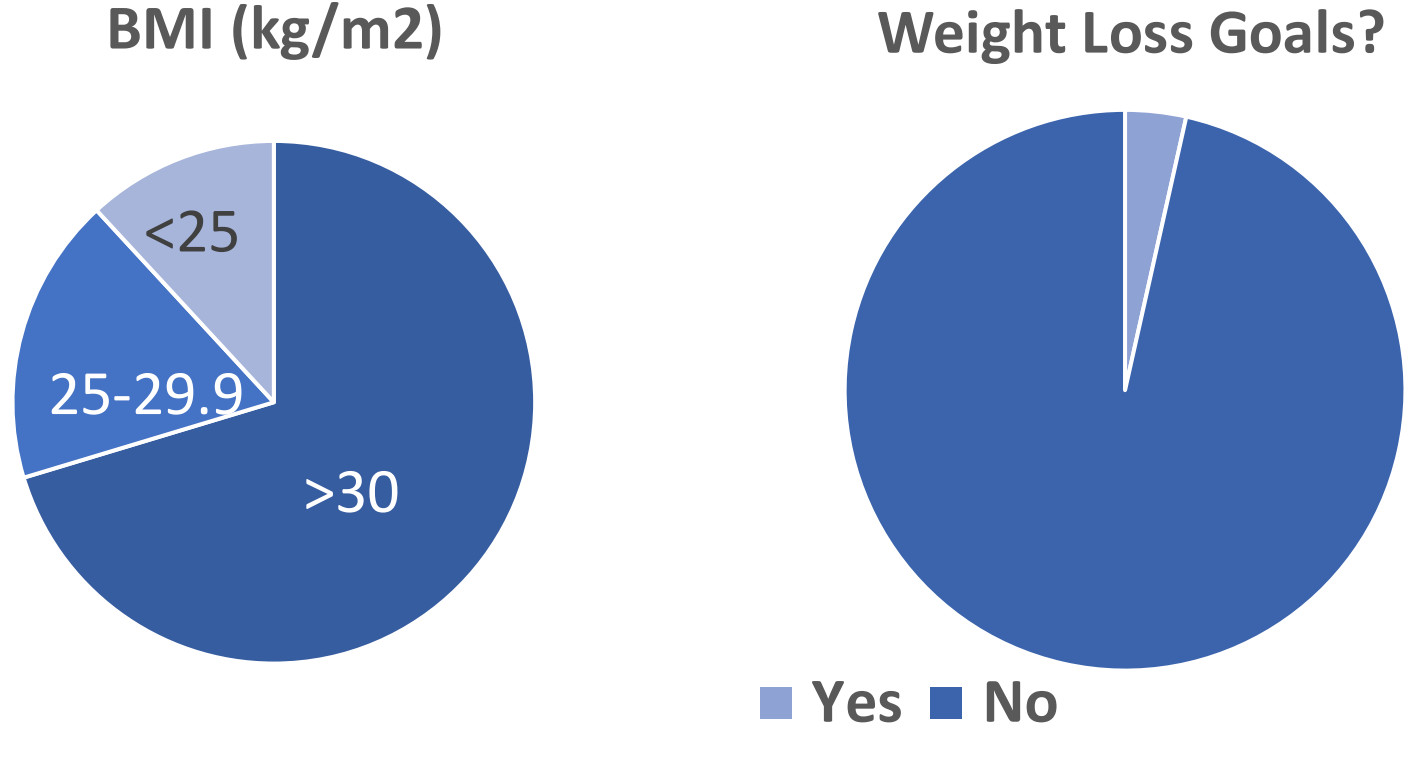
#### Theme 3: Lack of Parental Inclusion



Although we noted high parental attendance at visits, few goals directly referenced parental involvement in the recorded note.

*“Goals: 1. Go to track conditioning practices twice per week. 2. Mom will cook at home twice per week (Mondays and Thursdays). Consider “batch cooking” and/or meal prepping for other nights. 3. [patient] will bring a vegetable to school to eat with lunch.”*

#### Theme 4: Little Focus on Weight Reduction

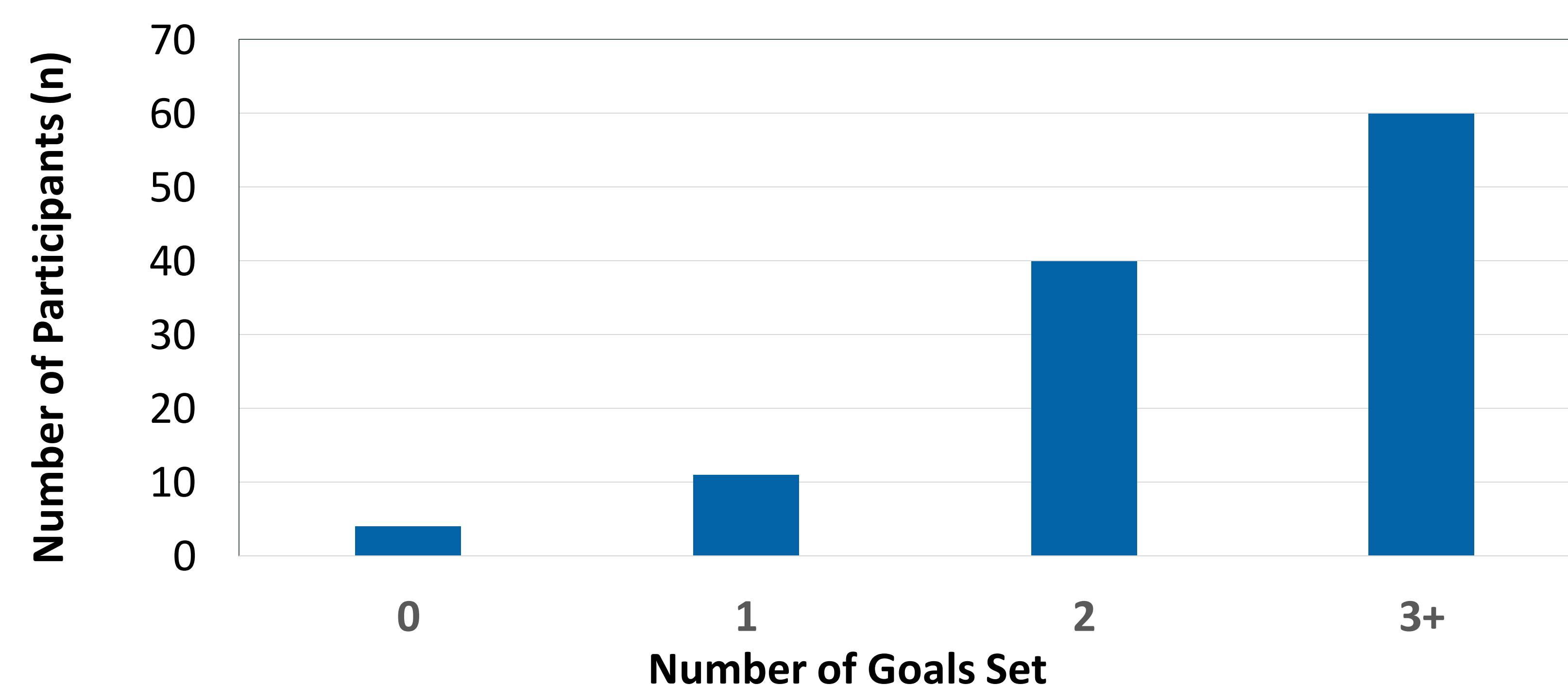


Despite high prevalence of patients with elevated BMI, few goals focused on weight reduction. Goals were focused on diet and lifestyle changes.

*“Goals: 1. Slow weight gain with long-term goal of BMI <85%ile. 2. Always include protein at breakfast.”*

### Results

Figure 1: Distribution of Nutrition-Related Goals Set Per Visit



**Representative quote from zero goals (n = 4):** “Goals: Pt very unmotivated to make any lifestyle changes. Was not willing to set a goal at today's visit.”

### Discussion

- RDs are critical in supporting lifelong dietary management of PCOS
- MyPlate and carbohydrate intake appear to be frequent starting points for nutrition behavior change in adolescent PCOS
- Zero goals reflected patients' resistance to making dietary changes; multiple goals set at once may result in barriers to change
- Parental involvement in goal setting for adolescents with PCOS may be a missed opportunity
- Intentions, motivations, and barriers are not captured, therefore unable to infer beyond what was documented in the nutrition

### References & Acknowledgements

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