

by small qualitative changes in the initial dietary proposal, especially when these increments are given by addition of fats in the diet. These changes could not be perceived by the patient, that not always have consciousness that this practice not only increases the energy value of the diet but, also alters the macronutrients composition specified initially by the health professional.

The nutritionist should be sufficiently astute to notice the cultural habits, the socioeconomic conditions, and mainly the factors that difficulties the patient adherence to the diet, and exercise its noblest function, that is to adapt these conditions to the dietary treatment, becomes it a concrete and accessible proposal, avoiding that the initial goals do not be achieved.

The model developed in this work is an instrument that supplies the necessary support to the nutritionist for a more effective process of nutritional education, because it is a clear and objective as original plate model, however it shows the damages of principal responsible for dietetic treatment failure for obese: fatty foods; being that, it is possible emphasize the consequences of excess of fat and benefits of a healthier alimentary pattern. This way, is expected that with a wider understanding of the foods properties the patient has success in its dietary treatment.

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