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Feature article

Food and Nutrition Care in Hospitals: Preventing Undernutrition – Guidelines from the Council of Europe

Summary and Recommendations

Existence of disease-related under-nutrition among patients in the European hospitals is a fact. So is the benefit of procuring adequate nutritional care to sick patients. This has been common knowledge for a long time.

However, despite many attempts to improve the situation, success has been meagre.

National initiatives to enhance understanding and promote good practice in nutritional care and support are slowly gathering momentum. Among these initiatives are the publication of national guidelines for hospital food provision and nutritional care and support, and the establishment of organisations/committees with main focus on clinical nutrition.

Five major factors, common for Europe, seem to be the major barriers for proper nutritional care in hospitals:

1) *Lack of clearly defined responsibilities in planning and managing nutritional care -*

The responsibilities of staff categories and the hospital management with respect to procuring nutritional care should be clearly assigned. This means that standards of practice for assessing and monitoring nutritional risk/status of the patient should be developed at a national level, and the responsibility of each task clearly assigned. The

responsibility of the hospital with regard to the nutritional care and support of the patient should not be limited to the hospital stay.

2) *Lack of sufficient educational level with regard to nutrition among all staff groups*

- A general improvement in the educational level of all staff groups is needed. Specifically, a continuing education programme on general nutrition and techniques of nutritional support for all staff involved in the nutritional care of patients should be available with focus on the nutritional training of the non-clinical staff members, and the definitions of their area of responsibility.

3) *Lack of influence and knowledge of the patients*

- Provision of meals should be individualised and flexible, and all patients should have the possibility to order food and extra food – and be informed about this possibility. Also, patients should be involved in planning their meals and have some control over food selection. This should include the possibility of immediate feedback from the patients' likes and dislikes of the served food – and the use of this feedback to develop appropriate, target group specific menus. Patients should be informed of the importance of good nutrition for successful treatment prior to admission and at discharge.

4) *Lack of co-operation between different staff groups*

- Hospital managers, physicians, nurses, dietitians and food service staff should work together toward the common goal: optimal nutritional

patient care – and the hospital management should give priority to co-operation, e.g. by initiating organisational research to optimise co-operation. In addition, organised contact between the hospital and the primary health care sector should be established.

- 5) *Lack of involvement from hospital management* - Provision of meals should be regarded as an essential part of the treatment of patients, and not as a hotel service. The hospital management should acknowledge responsibility for food service and the nutritional care of the patients, and give priority to food policy and management of food services. The hospital managers should take account of the costs of complications and prolonged hospital stay due to under-nutrition when assessing the cost of food service.

Besides the five common barriers, the following research topics have been revealed, which also need to be dealt with in order to improve nutritional care and support in hospitals:

- Development and validation of simple screening methods, aimed for use in hospitals and primary health care sector
- Development and validation of simple food recording methods
- Effect of nutritional support on both nutritional status and clinical outcome (including physical and mental functioning i.e. quality of life measures)
- Effect of nutritional support teams and nutrition steering committees in improving the nutritional care and support of patients
- Effect of energy and protein dense menus on food intake and patient outcome
- Methods to secure the intake of ordinary hospital food by the patients
- Methods to assess patient satisfaction
- Influence of food service practice on food wastage

- Influence of food service practice on nutrient losses

In the recent years, an increasing number of successful initiatives to improve the situation with respect to the nutritional practices have been documented from all over Europe. It therefore seems to be a proper time to combine the experiences from all these efforts in a common struggle to secure an adequate food intake of patients and prevent disease-related under-nutrition in hospitals.

Further information:

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Further reading:

Beck et al. Food and Nutritional Care in Hospitals: How to Prevent Undernutrition – Report and Guidelines from the Council of Europe. Clin Nutr 2001;20(5):455-60.

Beck et al. Practices in Relation to Nutritional Care and Support – Report from the Council of Europe. Clin Nutr 2002;21(4):351-4.

The Report from the Council of Europe in press (August 2002)

Submitted by Members of the Ad Hoc Group on Nutrition Programmes in Hospitals, Council of Europe - Anne Marie Beck, Ulla Nilsson Balknäs, Maria Ermelinda Camilo, Peter Fürst, Maria Gabriella Gentile, Kaija Hasunen, Liz Jones, Cora Jonkers-Schuitema, Ulrich Keller, Jean-Claude Melchior, Bent Egberg Mikkelsen, Marusa Pavcic, Peter Schauder, Lauri Sivonen, Orla Zinck, Henriette Øien, Lars Ovesen (ad hoc group on Nutrition).

From the Boardroom

In June, the Board of Directors met again by teleconference to monitor progress on ICDA's action plan. This report highlights our progress for everyone who is interested in advancement of the International Confederation of Dietetic Associations.

We are pleased to report that dietitians around the world are using ICDA's web site www.internationaldietetics.org in growing numbers. We have learned that the number of visits to the site has grown to several thousand each month and that the number of "hits" is regularly over 40,000 per month. We encourage national dietetic associations and dietitians around the world to "bookmark" the site and to visit it often for updates about the International Congress of Dietetics, to read Dietetics Around the World, and to Network with other dietitians. Together we have created the ICDA web site and together we can use it to grow and strengthen our international community of dietitians.

We are excited about plans for the XIV International Congress of Dietetics (ICD) to be held May 28-31, 2004 in Chicago USA. The keynote speaker Stephen Lewis is eminently qualified to speak to the theme and set the stage for the Congress because of his deep personal commitment to international health issues and his lifelong efforts to build global understanding. A veteran diplomat, educator and leader of Canada's social-democratic movement, Stephen Lewis has been Canada's Ambassador to the UN, has served as the Deputy Director of UNICEF, and has been the UN Secretary-General's Special Advisor on Africa. His work in child nutrition, food security and community capacity building, and his advocacy for human rights worldwide has made him a renowned and respected advisor and commentator on public policy issues. Be sure to read the latest news at the Congress

Planning Centre

http://www.internationaldietetics.org/icd_planning.asp

National dietetic associations and individual dietitians are encouraged to submit ideas for the scientific program not later than January 2003. Refer to the XIV International Congress of Dietetics article below for details on "how to" submit your ideas. The Board of Directors looks forward to a Congress scientific program that includes experts who will contribute to our learning from the diversity of professional experience around the world and who will help us identify the common ground we share as a global dietetics profession.

An ICDA survey designed to collect data about the education, standards, and work of dietitians around the world has been sent to all ICDA member associations. Data. By responding to the survey, national dietetic associations will ensure that their members are represented in our collective understanding of the profession of dietetics. Building on this data, an ICDA hosted workshop will allow all those attending the XIV Congress to work together on a vision statement about dietetic standards and to form ideas on how to use the vision to enhance the image of the profession of dietetics throughout the world.

The Board of Directors extends appreciation to Dietitians of Canada for serving as Secretariat for ICDA since 1992, and is announcing that DC has been re-appointed for another eight-year term.

Irene C. I. Mackay
Chairperson, ICDA Board of Directors

Secretary's Report

Call for bids from members in the Europe Region to host the XVI ICD (2012)

According to ICDA policy, up to the end of May 2003 ICDA Member national dietetic associations in the Europe Region have the first right to host the 2012 International Congress of Dietetics. If no national dietetic association from the Europe Region submits a bid by the end of May 2003, bids will be accepted from any ICDA member national dietetic association in the world.

Official Representatives can find Minutes and other official documents online

http://www.internationaldietetics.org/members/document_search.asp

Member fees for member countries will be due March 2003 For budgeting purposes ICDA member national dietetic associations are reminded that your fees for 2003 and 2004 will be due by March 31, 2003. Official Representatives set fees in July 2000 at twenty cents US per member in the national dietetic association/per year. Fees are collected every two years and will be invoiced in the spring.

Next Board of Directors Meeting: January 22, 2003.

Next issue of Dietetics Around the World will be published in March 2003. Official Representatives are encouraged to submit an article on behalf of their national dietetic association for each issue of Dietetics Around the World. The newsletter also provides an opportunity for promoting awards, events and resources of interest to dietetics professionals.

Marsha Sharp,
Secretary, ICDA Board of Directors

XIV International Congress of Dietetics

Sharing Global Perspectives – Building Our Common Ground

is the theme for the next International Congress of Dietetics to be held in Chicago USA, May 28-31, 2004. To provide the global perspective that will make this Congress a success, the Congress Planning Committee is seeking your ideas for topics and speakers who can challenge and inspire this international audience, share new skills and build global networks.

There are five sub-themes for the Congress on which speakers are invited to build a presentation:

- Building Healthy Communities
- Issues in the Dietetic Profession
- Food Administration Management
- Nutrition Strategies for New Epidemics
- Food Security – Ensuring safe, healthy, appropriate food for all

If your work focuses on one of these key topics, and you have some ideas that you'd like to exchange with dietitians from other countries around the globe, the Congress Planning Committee would like to hear about your program proposal. You can submit a proposal as an individual or team up with one or more other dietitians to plan a program around one of the sub themes. Or perhaps you know of the work of dietitians in your country or other parts of the world that you would like to suggest as topics and speakers on a program sub theme.

Workshops, panel presentations, plenary sessions, discussion groups are some of the many ways you might chose for presenting your program. If you would like the opportunity to discuss your ideas with a member of the planning subcommittee, send an email requesting assistance to congress@internationaldietetics.org.

For more information on how to submit a program proposal for ICD-2004, visit the

ICDA website at www.internationaldietetics.org and follow the links to the Congress Planning Centre where you will find the online Program Proposal submission form. But don't wait much longer – the closing date for program proposals is January 31, 2003. The Planning Committee is looking forward to receiving your ideas.

Still want more information?

Email: congress@internationaldietetics.org

Or write to:
2004 International Congress of Dietetics
c/o ADA International Alliance Program
216 West Jackson Blvd
Chicago, IL 60606 USA

National Association Reports

Australia

Australian Journal Developing New Features

Nutrition & Dietetics, the Journal of the Dietitians Association of Australia, has a new name, editorial board and design. It was previously titled the Australian Journal of Nutrition and Dietetics. The primary aim continues to be publication of the highest quality work in this field.

Nutrition & Dietetics has three new Editorial Board members, Professor Fatimah Arshad, Universiti Kebangsaan Malaysia, Dr. Mabel Deurenberg-Yap, Singapore Health Promotion Board and Dr. Warren Lee, The Chinese University of Hong Kong. A special issue was published in June 2002 with guest editorials by Professor Arshad, who is also Co-Chairperson of the 3rd Asian Congress of Dietetics in Kuala Lumpur in August and Dr Lee, who is also President of the Hong Kong Nutrition Association. As well as continuing to be well recognised as a prominent peer-reviewed journal, it is also regarded as an

important reference tool by nutritionists, dietitians, other health professionals, researchers and educators in Australia and internationally.

Nutrition & Dietetics was released this year with a new distinctive cover design highlighting feature articles. The web site also reflects the new name and style. The journal covers public health and community nutrition, nutritional science, education and clinical nutrition in original research papers, case studies, review articles, conference reports and its coverage of nutrition issues in the Asian region is increasing. New developments include some redesigned sections of the journal keeping readers informed of major contributions to current developments internationally. One of these, "Of interest from the journals", now includes short summaries of selected articles.

The index which is only available on the web site is a valuable tool for researchers. An e-TOC service is also available. Supplements extending the depth and breadth of key subjects are usually published each year. Further information about submitting papers, arranging subscriptions, previous supplements and other details are available from <http://www.ajnd.org.au> or by contacting the Managing Editor at journal@daa.asn.au

Chile

Objectives of the Professional Association of Nutritionists of Chile 2002-2004

Vision: Let's give a hand to strengthen and seal our compromise

To dream does not have any limits, for that reason, this administration has determined the direction of our professional association for the period 2002-2004 and expects to have an association formed by a number of collegiate members, active and in alliance with others,

proposing and participating in the immediate tasks and in the future, advancing in the knowledge of our actual labor duties, public, private, and independent that allow us to generate proposals that contribute to better our professional quality and the our community.

We are an association with a flexible organization (structure) striving for the betterment of the quality of life of the population and concerned about our associates.

Mission: To conquest a new collegiate, to gain more and newer spaces

To enhance collegiality through the intensification of the existing use of technological resources and to form a network of professional contacts and to develop training activities, social networks, and to generate benefits for members. Also, to motivate the future generations to participate in an association that represents them and gives answers to the needs that the new millennium will bring.

Short and Medium Term Objectives:

- 1) To continue with the actions developed by the outgoing directors. Specifically,
 - technical proposal to FONASA (government health insurance plan) to obtain professional nutritionist appointments for the patients of chronic non- transmissible diseases;
 - sensitizing the population in regards to subjects that are in the public's eye through the media such as newspapers, radios, TV and others;
 - campaigns of eating healthy; and
 - participation in the health system reform.
- 2) To continue participation in the discussion of Health System Reforms and the Auge Plan - a significant change in the health benefits given by the government to the people

- 3) To strengthen the coordination of the regional offices
- 4) To obtain a greater participation of the membership in the regional activities
- 5) To incorporate young professionals from the public and private universities into the Association of Dietitians that would allow us to have new generations
- 6) To gather information that would allow us to make a more complete profile of nutritionist professionals to generate answers that would respond to their real needs
- 7) To coordinate actions with Schools of Nutrition from the public and private universities to interchange technical opinions respect the profile of today's nutritionists in Latin America, Europe, USA and other world's regions
- 8) To contribute to the technical update of nutritionists in their labor environment
- 9) To increase understanding of the population with regards to the role of the nutritionist in the promotion of healthy eating life styles, prevention and rehabilitation of the country's health problems, specially in regards to obesity and chronic and non-communicable diseases
- 10) To develop or initiate networks of cooperation with other professional associations in Latin America, Europe, USA and other world's regions
- 11) To develop social activities, cultural and recreation that would contribute to the strength and professional relationships of the collegiate.

Long Term Objectives:

- 1) To advance or to achieve the revision of the sanitary code with the inclusion of the tasks of the nutritionist
- 2) To review the bylaws of the association and to propose changes that would give answer to today's reality

Israel

PhD Research in Israel Leads to Award of Fulbright Scholarship to Harvard

Iris Shai from the S. Daniel Abraham International Center for Health and Nutrition, Ben-Gurion University, Israel has been awarded a Fulbright Post Doctoral fellowship to the School of Public Health at Harvard University for her PhD entitled "Development and Validation of Tools for the Assessment of Dietary Intake and Its Components in an Israeli Population; Building a Computerized Nutritional Database, Conducting a Nutrition Survey, Development and Validation a Food Frequency Questionnaire".

Abstract of the work

Introduction- the goal of this research was to build and validate the appropriate instruments for the analysis of food and nutrients intake as consumed by the Israeli population. Methods - The goal was achieved in four stages: (1) Building a computerized nutritional database tailored to food consumption in Israel (2) Conducting a nutrition survey using a 24-hour recall questionnaire (3) Developing a food frequency questionnaire (FFQ) based on the results of the nutrition survey (4) Testing the validity and reliability of the FFQ over the course of a year against multiple 24-hour recall questionnaires and biochemical markers.

Results - Our nutritional database (in Hebrew) contains over 2,000 items with 30 nutritional components. Over 300 ethnic recipes and over 1,500 Israeli commercial food products have also been added. The Israeli food data entry software was developed to allow for flexibility in adjusting specific recipes for individual reports. The population survey resulted in 1,465 interviews from 1,173 people (55% women, 45% men). In 25% of the sample a second questionnaire was obtained 2-4 weeks after the first. Only 9.9%

of those selected refused to take part in the survey. Energy intake was reported by men at $1,953.9 \pm 809.2$ kcal, and by women at 1471.1 ± 663.9 kcal. ($P < 0.001$). Energy sources were divided as follows: 31% fat, 16% protein, and 53% carbohydrates. Sources of fat were as follows: 10% saturated fat (SFA), 11% monounsaturated fat (MUFA), 8% polyunsaturated fat (PUFA), and 2% other fats. The cereals and grains group was the main source of energy intake (32.5%). The milk and dairy group contributes almost one half of calcium consumed (47.8%). When intake was compared to the optimal recommended levels of consumption (DRI), the most severe deficiencies in the general population were found are in calcium consumption ($30.1\% \pm 53.9\%$ of DRI), folic acid ($45.0\% \pm 59.5\%$ of DRI), and zinc ($32.9\% \pm 56.5\%$ of DRI). Differences in consumption were found to exist between gender, age, and ethnic groups. Persons with high BMI, women, young people and those of Eastern European origin tended to under-report their food consumption compared with the expected energy expenditure calculated using their basal metabolic rate and reported physical activity. On the basis of our population survey, we developed a semi-quantitative FFQ with 126 food groups and which explains 80% of the observed differences in intake of 27 nutritional components. The food components explained by a few foods were vitamin A (1 food), alcohol (2), vitamin E (3), and cholesterol (5). On the other hand, nutrients that required a large number of foods to explain 80% of the between person variation were total energy (37 foods), potassium (31), magnesium (31), dietary fiber (30), phosphorous (31), and sodium (29). The greatest contributors to the difference in energy intake in the population were soft drinks and juices (that explained 18.47% of the difference in energy intake), bread explained 5.5% of the difference and dry wine 5.0%. Significant correlations were found for all the nutrients between the repeated FFQ's. (e.g. protein: in men $r=0.56$)

Pv<0.001, in women r=0.59 Pv<0.001). In estimating the relative validity of the FFQ against multiple 24-hour recall questionnaires, we found that in men, all nutritional components except beta-carotene were significantly correlated. In women, statistically significant correlation were not obtained for estimated energy, fat, carbohydrate, and vitamin E consumption, but were obtained for other nutrients (e.g. protein: in men r=0.47 Pv<0.001, in women r=0.39 Pv<0.001). The FFQ values were validated against the biological markers. In men, all the correlations for biochemical markers were significant. In women however, the correlations were weak, with the exception of that for beta- carotene (e.g. protein intake versus nitrogen in urine: in men r=0.31 Pv<0.05, in women r=0.07 Pv-ns). The validation we performed will allow us to adjust measurements of risk that may be obtained in future studies examining the association between nutrition and disease using these dietary instruments.

Conclusion - At the conclusion of this study, we have developed a computerized food database, a surveying system which can use 24-hour recall, results from nearly 1200 persons regarding usual dietary intake and a valid and reliable Israeli FFQ questionnaire that allows us to carry out epidemiological nutritional research using up-to-date methods.

Italy

Enteral Nutrition in Paediatric Crohn's Disease - An Italian Perspective

Aims of therapy for paediatric Crohn's disease:

- To induce disease remission
- To maintain remission
- To minimize drug toxicity
- To optimize growth
- To facilitate normal social development

To optimize growth can be considered as a marker of control of disease activity and success of therapy.

Steroid treatment has been shown to be superior to exclusive enteral nutrition in several meta-analysis of adult studies. Enteral nutrition seems more efficacious in paediatric populations. Several trials in children showed very high success rate. The success rate seems to be higher in newly diagnosed patients than that in those with long standing disease. Steroid use in children is associated with adverse effects on bone mineralization, growth, and development. This is the reason why alternative strategies to steroid usage have been developed.

The mechanism of action of enteral nutrition is still conjectural. Hypotheses are:

- Modification of intestinal microflora
- Elimination of dietary antigen uptake
- Diminution of mucosal synthesis of inflammatory mediators via reduction of dietary fat
- Overall nutritional repletion
- Provision of important micronutrients to the diseased intestine

Recent studies showed that polymeric diets are comparably efficacious when compared to elemental and semi-elemental diets. The advantages of polymeric diets are the greater palatability, so the diet can be taken orally without using the naso-gastric tube and the peristaltic pump. In addition, open trials in children have documented endoscopic healing and decreased mucosal cytokine production following an exclusive oral polymeric diet. No advantages seem to be present when using a glutamine-enriched polymeric diet instead of a standard polymeric formula.

Advantages of using the enteral nutrition as primary treatment of Crohn's disease in children are:

- Induces remission in children with efficacy almost comparable to steroids

- Has immuno-modulatory capacity by inhibiting pro-inflammatory cytokine production
- Avoidance of drug-related side effects
- Improves linear growth
- Efficacy can be checked in 2 weeks
- Can be used to maintain remission
- Can be repeated
- Low acceptability of taste and monotony of liquid diets
- Low efficacy in extensive colonic involvement
- Early relapse when the diet is stopped
- More efficacious in newly diagnosed patients

The ideal candidate to enteral nutrition is a newly diagnosed adolescent with terminal ileitis complicated by growth failure and delayed maturation. In our experience, enteral nutrition is an effective treatment in children with Crohn's disease, probably with the exception of patients with colon only involved. In the majority of our patients we used a polymeric diet that showed to be equally effective to elemental/semi-elemental diet. In the large majority of patients the polymeric diet was taken orally. Efficacy of enteral nutrition seems to be independent of weight gain. Immunosuppressive agents (AZA/6-MP) and enteral nutrition supplementation (40% of daily Kcal intake) seems to prolong clinical remission.

Submitted by Fina Belli and Paolo Lionetti, Department of Paediatrics, University of Florence, Ospedale Meyer, Florence, Italy

Jamaica

Structuring the Profession in The English Speaking Caribbean

Around the world, there are varying interpretations of the title 'nutritionist' as compared to the 'dietitian'. In the Caribbean, we have professionals in both categories and our professional association is a regional one

known as the Caribbean Association of Nutritionists and Dietitian (CANDi).

Dietitians in the region are generally qualified at least to the Bachelor's level followed by a hospital internship and are to be found working in hospitals. Up until recently, they received their training in England, Canada or the United States of America along the lines that pertained in these countries. Most of our nutritionists however were trained locally, with concentration on community nutrition. These nutritionists had a Bachelor's degree in any of the pure or applied sciences, but with a background in biochemistry. Following the nutrition training, rather than a hospital internship, they pursued a research project leading to a Masters degree in nutrition.

Some countries in the region treat the nutritionist as a promotional level for senior dietitians wishing to enter community nutrition, although some persons through further qualification in public health may earn the title of public health nutritionist. In other countries, the two professions are kept separate with no cross over from one area of practice to the other. In Jamaica, dietitians with qualification at the Masters level can shift from hospital practice to the community and persons qualified at the Bachelor's level without an internship are also found working in community nutrition. Although the dietitian and the nutritionist appear to perform different functions, we have a single administration in the Ministry of Health, a single register for professional registration as well as a common professional association.

A further development in Jamaica has been the recent introduction of training at the Bachelor's level in dietetics/nutrition. This training is designed to prepare persons for both hospital dietetics and community nutrition at the same time. The internship therefore offers both a general program in Food Service Management and Clinical Nutrition as well as a concentration in

Community Nutrition. These graduates are then registered with the double title of dietitian/nutritionist.

Graduates without an internship may still work in the field of nutrition or dietetics but are given lower status. In the hospital, they are referred to as assistant dietitians and in the community as nutrition officers.

Approximately, three years of working experience under a registered dietitian or nutritionist qualifies them for upgrading of their membership in CANDi to dietitian or nutritionist depending on the setting in which they work.

In recent months, we have felt the need in Jamaica to have a local association to facilitate communication within country as well as inter-country through liaison with CANDi. We also feel the need to have a common identity i.e. one common title to encourage the recognition of the field of dietetics and nutrition as a single profession rather than as two professions, much like other professions such as engineering. Engineers for example, may be trained in chemical engineering, electrical engineering, industrial engineering and so on. Despite the differences in their work, they are trained around a core area, which identifies them all as engineers.

In Jamaica, our association is called the Jamaica Association of Professionals in Nutrition (JAPIN). We provide the widest coverage of membership possible by recognizing dietary technicians as associates and also other professionals such as doctors and nurses who have a Masters Degree in nutrition. We propose that all professionals with specific core training in nutrition be called nutritionists. To differentiate persons with post-graduate training from those with only a Bachelor's degree, we are proposing the title of nutrition specialist for persons qualified at the Masters level.

Within the Caribbean region, the countries have economic and political ties through a regional 'body' termed the CARICOM Secretariat and it has endorsed the free movement of professionals throughout the region without the need for a work permit. To this end, this entity is presently looking at the harmonization of health professions for its member countries. Training throughout the region will be more standardized and there will be greater agreement as to the criteria for recognizing professionals such as ours.

Are other countries in a similar situation or are we unique?

Pakistan

Pakistan to Embark on Certification

The Pakistan Dietetic and Nutrition Association is going to embark upon certification/registration of dietitians as well as accreditation of national dietetic education programs and courses. There will be the establishment of a Dietetic and Nutrition Registration authority, which will certify and register the nutrition and dietetics practitioners in Pakistan. This new body will be known as the Dietetic and Nutrition Accreditation Commission (DNAC).

Note of thanks: The American Dietetic Association and Dietitians of Canada Planning Committee for the International Congress of Dietetics extend a special thank-you to The Pakistan Nutrition and Dietetic Association for being the first national dietetic association to propose a speaker for the scientific program for the XIVth ICD. Thanks for joining us to help make this a truly international event!

United Kingdom

News from the British Dietetic Association (BDA)

College of Dietetics

The profession has discussed for some time the merits of establishing a College of Dietetics. External Consultants have been commissioned to look at the feasibility of establishing such a body, what the College could do and how it could operate. They have canvassed the views of the members by sending a questionnaire to everyone, individual interviews and a series of focus groups throughout the UK to which a cross section of Dietitians based on grade and area of work were invited. What is emerging is a body that will be unique. The final report will be presented to the BDA Council in September.

Masters in Dietetic Practice

Details have recently been finalised for a work-based modular Masters in Dietetic Practice, which will be offered by a consortium of Universities in conjunction with the BDA. This will hopefully begin in January 2003.

Demonstrating Competence Through Continuing Professional Development (CPD)

A joint project with the other Allied Health Professions looking at an outcomes based approach to demonstrating competence through evidence of Continuing Professional Development has been funded by the Department of Health. This approach is in line with the current government agenda on improving the quality of healthcare and promoting the importance of CPD and lifelong learning. The project began with a scoping exercise to look at all of the materials produced by the collaborating organisations. The next stage is to pilot the approach which uses reflection to evaluate and demonstrate learning achievements and their application to practice. This will involve testing a draft

model for structuring and evaluating CPD needs and achievements, writing reflective accounts of learning, and supplying appropriate forms of corroborative evidence. The pilot will take place between November 2002 and January 2003. More information on any of the education activities of the BDA is available from Rosemary Simpson at r.simpson@bda.uk.com

Dysphagia

National Descriptors for Texture Modification for use with adult patients with dysphagia have been produced by the BDA and the Royal College of Speech and Language Therapists. They have been developed to provide a common language to describe this area of work as clearly and unambiguously as possible. The tables are comprehensive and include the full range of textures required to manage the different types of dysphagia covered by both professions. The document is intended for reference and the basis for local implementation. The Descriptors are a Professional Consensus statement as there is insufficient evidence at present from which to produce a Clinical Guideline. The joint working party responsible for developing the Descriptors is aware of research being undertaken in the USA and Australia on viscosity, which will provide useful information when the document is reviewed.

BDA Guideline

The first accredited BDA guideline "Diet in Secondary Prevention of Cardiovascular Disease" has been published in the Journal of Human Nutrition and Dietetics. Work on guidelines for Diabetes is progressing.

Health Professions Council

From April 2002 the Health Professions Council replaced the Council for Professions Supplementary to Medicine as the regulatory body for Dietitians. One of their areas of work will be to look at overseas qualifications with a view to increasing recruitment in the UK. Dietetics is now considered a shortage

profession. Further information is available from www.hpcuk.org

United States

Positions of the American Dietetic Association

Position papers were the number one benefit of membership in recent survey of ADA members. Positions are a statement of the Association's view on an issue, which impacts the nutritional status of the public, is derived from pertinent facts and data, and is important to the mission, vision, philosophy and values of The American Dietetic Association. ADA develops positions that reflect the Association's opinion based on current scientific information.

ADA has published several joint positions with Dietitians of Canada and the New Zealand Dietetic Association has adopted several of ADA's positions.

Two recently published positions of ADA that address issues of concern are "Weight Management" (J Am Diet Assoc. 2002;102:1145-1155) and "Health Implications of Dietary Fiber" (J Am Diet Assoc 2002; 102:993-1000). The position statement for Weight Management is "It is the position of the American Dietetic Association that successful weight management to improve overall health for adults requires a lifelong commitment to healthful lifestyle behaviors emphasizing sustainable and enjoyable eating practices and daily physical activity." The position support paper includes discussion on obesity as a complex multi-factorial chronic disease with genetic and environmental components, the need for a multidisciplinary team including a physician, registered dietitian, exercise physiologist and a behavioral therapist involved in both assessment and treatment for effective weight management and the importance of documentation of program strategies and

client outcomes. For complete text of this position see

<http://www.eatright.org/adar0802.html>

The position statement for *Health Implications of Dietary Fiber* states, "It is the position of the American Dietetic Association (ADA) that the public should consume adequate amounts of dietary fiber from a variety of plant foods." Highlights of this position paper include recommendations for adequate amounts of dietary fiber from a variety of plant foods, benefits of eating adequate amounts of fiber, and discussion on how many chronic diseases can be prevented or treated by increasing the amounts and varieties of fiber-containing foods. For complete text of the position statement visit http://www.eatright.org/adar2_0702.html

A complete listing of ADA's positions can be viewed online at

<http://www.eatright.org/positions.html>

Awards

XIV International Congress of Dietetics (ICD) Travel Grants

Planners of the XIV ICD (May 28-31, 2004 Chicago USA) have begun to develop a special fund that will be awarded to dietitians from developing countries to subsidize travel expenses to the Congress. Dietitians of Canada and the American Dietetic Association are seeking contributions to the fund from their members, corporate sponsors, and national dietetic associations.

Through the generosity of dietitians, dietetic associations and corporate sponsors we hope to announce recipients of several travel grants during 2003. Continue to watch for news about the Travel Grants Fund donations and application processes at

http://www.internationaldietetics.org/icd_planning.asp

Resources

Arbor Clinical Nutrition Updates

The world's most widely read electronic nutrition publication for health professionals provides a brief, weekly summary of the latest clinical nutrition research, together with commentary. Updates are sent by email, without cost, as a public health service to health professionals with an interest in nutrition. The Updates are published by a volunteer team and in 8 languages (English, Spanish, Italian, Portuguese, French, Russian, Korean and Japanese). To receive the Clinical Nutrition Updates send a request to updatD@arborcom.com

CD ROM Nutrition For Kids

Check out the website at www.nutritionandkids.net/10662
Dr. Gebosky has created a CD Rom called "nutrition and kids" aimed at helping in the education of children with respect to good nutrition.

Dietary Reference Intakes (DRIs) professional development online

Dietitians of Canada offers five interactive lessons at www.dieteticsatwork.com to help dietetics professionals learn about the new system of nutrient requirements known as Dietary Reference Intakes. Beginning in November lessons will also be available in French. More lessons will be added as the National Academy of Sciences (USA) releases each new report on Dietary Reference Intakes.

Content for each lesson has been developed by Dr Susan Barr, an international expert in applications and uses of the Dietary Reference Intakes. Hundreds of dietetics professionals from Canada and other parts of the world have registered for the courses, and feedback has been very positive. The courses have been assigned continuing education

credits by the American Dietetic Association Commission on Dietetic Registration and ADA has joined DC in promoting the courses to its members.

Eat Our Words – Your Smart Eating Coach

Visit this innovative website operated by the Dietitians Association of Australia for recipes, tips and other nutrition information. Designed for the general public there is a facility to send specific questions to experts who will provide email replies. It can be reached through the Dietitians of Australia website. www.daa.asn.au or www.smarteating.com

Modern Food Biotechnology: Principles and Perspectives

Modern Food Biotechnology: Principles and Perspectives is a new resource for health professionals who provide guidance to consumers on food choices. The document has been developed with extensive input from dietitians, other health professionals and an expert advisory committee of educators. The resource includes:

- Review of the science of genetically modified (GM) foods
- Information on the role of biotechnology within the agriculture industry
- Information on the potential impact of modern biotechnology on food security
- Discussion of different perspectives on issues, such as, labelling and allergenicity
- A glossary of terms
- Tools to support consumer education

A copy can be obtained from the Dietitians of Canada website at <http://www.dieteticsatwork.com> or <http://www.dietitians.ca/resources/index.html>

ICDA Alliances

ICDA Representatives Meet the Asian Federation of Dietetic Associations at the 3rd Asian Congress of Dietetics

In Kuala Lumpur on August 19th, I was lucky enough to be able to give a short presentation on the ICDA to the council of the Asian Federation of Dietetic Associations (AFDA). Representatives from Korea, Malaysia, Hong Kong, Taiwan, Japan, India, Pakistan, Indonesia, Thailand, Philippines, Singapore, Bangladesh, Brunei Darulsalam and Australia were present.

The topic was networking and I spoke about our new website and the opportunities it provides to national dietetic associations and to individual members to network worldwide. The newsletter was also described. Motoko Sakamoto, ICDA Director from Japan spoke about our upcoming surveys and encouraged National Dietetic Associations to complete them.

This opportunity identified to me that we are one in our thinking, and it reminded me how far we have come in such a few short years. We have mutual goals and these meetings allow us to share these. AFDA is also trying to work through major issues such as minimum standards of education, definitions of practice and increased mutual recognition. The opportunity helped us all see that by working together we can assist and learn from each other. Many of those present had not previously known of our website, the newsletter and the discussion forum so we look forward to many contributions.

Sandra Capra, Director ICDA and Editor, Dietetics Around the World Online

Calendar of Events

27 - 30 Oct 2002, International Federation on Ageing 6th Global Conference 'Maturity Matters'

Perth, Western Australia, Australia

Contact: Katie Clarke

Email: kclarke@congresswest.com.au

Tel: 618 9322 6906

Fax: 618 9322 1734

5 - 8 Nov 2002, 19th International Conference of the International Society for Quality in Health Care

Conference Centre, UNESCO Headquarters, Paris, France

Contact: ISQua 2002

Tel: 613 9417 6971

Fax: 613 9417 6851

Email: isqua@isqua.org.au

<http://www.isqua.org.au>

10 - 14 Nov 2002, Asian Pacific Eating Disorders Congress

Melbourne Hilton on the Park, Melbourne Australia

Contact Congress Secretariat

Tel: 613 9682 0244

Fax: 613 9682 0288

Email: eatingdisorders2002@icms.com.au

<http://www.icms.com.au/eatingdisorders2002>

26 - 29 Jan 2003, Fifth International Conference on Dietary Assessment Methods

The Dusit Island Resort Hotel, Chang Rai, Thailand

Contact: Pattanne Winichagoon

Institute of Nutrition, Mahidol University, Phutthamonthon 4 Road, Salaya, Nakhon Pathom 73170, Thailand

Tel: 66 2 889-2168

Fax: 66 2 441 9344

Email: muabp@mahidol.ac.th

<http://www.inmu.mahidol.ac.th/dietconf/>

**2 - 5 April 2003, IV International
Nutrition and Dietetics Congress**

Antalya, Turkey

<http://www.nutritioncongress2003.hacettepe.edu.tr>

10% total discount available if the participation of at least 20 members of any foreign country

**2 - 6 Sept 2003, International
Congress of Inborn Errors of
Metabolism**

Brisbane, Australia

Contact: Sue Thompson,

Email: SueT3@chw.edu.au

**21 - 25 Sept 2003, International
Symposium on Role of Soy in
Preventing & Treating Chronic
Disease**

Disney's Contemporary Resort, Orlando,
Florida, USA

Contact: Mindy Cain

Email: mindyc@aocs.org

<http://www.aocs.org/meetings/soy03/>

**28 - 31 May 2004, X1Vth
International Congress of Dietetics**

Chicago, Illinois, USA

Email: 2004Congress@eatright.org

Tel: (USA) 1 312 899 4750

Fax: (USA) 1 312 899 4722

**April 2006, The 4th Asian Congress
of Dietetics**

Manila, Philippines

Nutritionist-Dietitians' Association of the
Philippines, Inc.

Unit 1106 Herrera Tower

Rufino Corner Valero Sts. Salcedo Village

Makati City 1227, Philippines

Tel: 632 845 1651

Fax: 632 753 3598

Email: ndap@i-next.net

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To apply for membership, contact ICDA Secretariat, Dietitians of Canada, 480 University Ave, Suite 604, Toronto, Ontario, M5G1V2, Canada; phone 1 416 596 0857; fax 1 416 596-0603; or use Contact Us at www.internationaldietetics.org and select ICDA Office

Editor: Sandra Capra, Dietitians Association of Australia, can be contacted through Contact Us at www.internationaldietetics.org and select Newsletter.