

Vol.11 Issue 2, 2004

Announcements

Editorial

At the International Congress of Dietetics in Chicago in May of this year Irene Mackay stood down as Chair of the ICDA Board of Directors. She was elected to this office in 2000 in Edinburgh, after a bylaw was passed to change ICDA from an international committee with the main purpose of supporting the planning of an international congress and providing a network for national dietetic associations, to a more formal organisation. She has worked tirelessly to promote ICDA and its role in enhancing the image of the profession and has created a strong platform from which the new Board can move forward. Personally I would like to thank Irene for her work and as her successor as the British Dietetic Association representative she will be a hard act to follow.

At the first meeting of the new Board of Directors, Sandra Capra, Professor of Nutrition and Dietetics, University of Newcastle, New South Wales, Australia and the Dietitians Association of Australia representative was elected as Chair. Sandra is well qualified to take on this role and we wish her every success. A message from Sandra can be found under the Secretaries report in this newsletter.

As the new Editor of Dietetics Around the World can I encourage everyone to provide articles and information for inclusion in the newsletter, which we aim to publish in March and September. The content of the

newsletter is only as good as the material that is supplied.

Carole Middleton, Editor

Message from the Chair, Board of Directors, ICDA

I must pay tribute to Irene Mackay from the British Dietetic Association, our first Chair of ICDA, who has opted to retire from office bearing positions for the time being. Irene has overseen the change in ICDA from a committee to a confederation and has steered us into the new millennium with wisdom, calmness and humour. We owe her a debt of gratitude for her dedication and we extend our thanks to her, on behalf of you all. We will miss her cheery smile. Also a very big thankyou to Karin Hadell from Sweden, who also retired from the Board. Both will be missed and we wish them the very best for the future.

With humility I have accepted the position of Chair of the Board of Directors of ICDA for the next four years. This is a great honour. I have been a dietetics professional now for many years – very many years, but the profession still excites me and provides challenges and interest. I hope to bring experience and energy to the task of chairing the Board. I have practiced in several countries and visited many others, so hope that this will strengthen my international perspective, and have served my national association in office bearing positions for many years. Australia may be a long way from where most of you live, but we hope that does not make us isolated and out of touch. I know that with technology the

global village is getting smaller every day.

One of the lessons I have learned over the years is that we are more alike than we may think and that the differences between us all are less than we think. One of the great things about ICDA is it brings us all together because we share a passion for nutrition and dietetics, and we care. We care about people, about the health of people, and about how we can make a difference. This is a strength that we can use to advance our profession internationally. At the meeting in May, your Representatives made some important decisions. These can be found in the lead article in this edition of *Dietetics Around the World*. I urge you to think about ethics and standards and to contribute to your national association when they call for more input. The Board sees this as a stepping stone to reaching our mission.

Sandra Capra

Secretary's Report

At the closing of the International Congress of Dietetics held in Chicago this past May, Marsha Sharp, ICDA Secretary provided a report from the Board of Directors on what has been accomplished since the last International Congress of Dietetics (2000) and what is planned between now and the next Congress in 2008. The Report is included in *Dietetics Around the World* so dietitians everywhere can access a brief recap of the work of ICDA.

Our roots go back to 1952 when an international committee of dietetic associations began tentatively with an international conference on issues in dietetics education, training and practice. The first meeting set the stage for an International Congress of Dietetics that has been held every 4 years since 1952. In the first 40 years an informal network of national dietetic associations, elected and

supported an International Committee to guide Congress planning and to provide connections among national dietetic associations. In the early 1990's support grew for the idea of forming an international org of dietetic associations.

In 2000 a bylaw was passed by Representatives of national dietetic associations, establishing the International Confederation of Dietetic Associations (ICDA). The formal organization ICDA, has a short history and this is the first report from the first Board of Directors. From 2000-2004 ideas provided by national dietetic associations about the new ICDA were used to guide our actions. We put in place the new structure, which provided clear relationships between a Board of Directors, the Secretariat, the Editor for *Dietetics Around the World*, and Congress Planners. Ad hoc work groups were formed to undertake activities that would respond to the ideas provided by national dietetic associations, which are the members of ICDA.

Seven national dietetic associations, made up the first Board of Directors. We selected Irene Mackay as Chair of the Board, and we thank her for organizing the work of the Board over the past four years. The Board of Directors met in Denmark in 2001 and in Canada in 2003 and we held teleconferences every 6 months between these meetings. The term of the first Board of Directors ends with the conclusion of the XIVth Congress.

Since 2000, we approved four new national dietetic association members from Cyprus, Luxembourg, Turkey and Pakistan. We received new applications from Taiwan and Mexico during the 2004 Congress and several other national dietetic associations indicated they are interested in joining ICDA. We are excited about expanding the network of ICDA through new national dietetic association members.

Primarily the resources of ICDA are the Member associations that have about 150,000 dietitians as their members. Many of these associations work together at regional levels for the advancement of dietetics in the region, which ultimately contributes to advancement of the global dietetics community. As you have heard, many associations lead projects for ICDA, contributing both human and financial resources to do so.

The financial resources of ICDA are the fees paid by national dietetic associations. Fees provided about \$26,000 USD/per year. In 2005 and 2006 the fee will be 22 cents USD/per member/per year in the national association and that will increase to 25 cents USD.

The Board of Directors

- implemented the new bylaw passed in 2000, and
- established a four year plan to implement the ICDA Mission also approved at the Edinburgh Congress.

The following Mission Statement guided our work: *ICDA supports dietetic associations and their members, beyond national and regional boundaries, by achieving:*

- *an integrated communications system*
- *an enhanced image for the profession*
- *increased awareness of standards of education, training and practice in dietetics*

A workshop with official Representatives during the Edinburgh Congress established the top priorities for each of these areas.

The top three priorities for an integrated communications system were:

- developing a web site for ICDA
- enhancing the newsletter Dietetics Around the World
- continuing the ICD every four years

The ICDA web site

<http://www.internationaldietetics.org> was launched at the beginning of 2002. The site provides links to web sites of the national associations and to other international organizations. The site describes ICDA and provides another way to raise the profile of the global dietetics profession. The web site is the place where you can find Dietetics Around the World, up to date information on the International Congress of Dietetics, and an area for Dietitians Networking. Each of these features provides a way for dietitians to share information about opportunities for dietitians, such as, international awards, international conferences and other meetings, new resources for dietetic professionals, and to have discussion on topics of interest.

Dietetics Around the World was first piloted in 1994. Prior to the web site, the newsletter was the primary communication vehicle for sharing information and news among national dietetic associations. The newsletter was available to individual Dietitians on a limited basis. The newsletter is now accessible to everyone through the web site. Through the Dietitians Networking area, one can use "My Profile" to sign up to automatically be notified when a new version is published. All or parts of the newsletter can be printed. The newsletters are indexed and archived for future reference.

New policies provided by the newsletter Editor, clarify the objectives, the style, and the channels of communication. National associations are regularly encouraged to submit articles and notices featuring initiatives, new developments and opportunities for dietitians.

In May 2004, about 1400 dietitians and other colleagues experienced the fourteenth International Congress of Dietetics.

The sites for the next two Congresses were decided by association Representatives. The fifteenth Congress will be held in Japan in 2008 and the sixteenth Congress will be in Australia in 2012.

The International Congress of Dietetics is a key element of an integrated communications system, providing opportunities for dietitians from around the world to network and to share information directly with one another. The Congress also provides a means to report what we have learned from ICDA studies about the work and education of dietitians and to discuss important issues that define the dietetic profession on an international level.

Top priorities for enhancing the image of the profession globally were identified as:

- representation and collaboration with international organizations,
- development and promotion of standards of practice

We have only just begun to explore international relationships that might be important for ICDA. More work is required on this priority.

From the start, we knew that development of international standards would be a bold step for ICDA. We began by describing the work of the profession and by searching for the common ground in principles of practice and Codes of Ethics of Member associations. We hoped that this insight would provide a basis for creating an image for the profession on an international level. In 2002 we collected information on standards and ethics from national associations. A workshop with about 40 Representatives of Member associations and a symposium for all Congress participants allowed us to explore common values and discuss principles of dietetic practice. The input that was provided will support further

work on this priority over the next four years.

Increased awareness of the standards of dietetic education, training and practice is a first step. We have made significant progress on collecting and analyzing data related to these topics. In 2002 we surveyed national dietetic associations on dietetic education and work of dietitians. In 2003 we held a pilot workshop at the Dietitians of Canada annual conference to explore what we had learned about the education and work of dietitians. The workshop with Representatives of national dietetic association members of ICDA and the symposium held at the XIVth Congress provided more opportunities to discuss values and principles that can be used to develop a code of ethics for the profession of dietetics and minimum standards for dietetic education on an international level.

The accomplishments of the past four years have set the stage for ICDA work over the next four years. The detailed work plan will be decided by the new Board of Directors. Representatives of six national dietetic associations have been elected to serve as the Board of Directors: Sandra Capra of the Dietitians Association of Australia; Marsha Sharp of Dietitians of Canada; Mary-Ann Soerensen of the Danish Dietetic Association; Motoko Sakamoto of the Japan Dietetic Association; Carole Middleton of the British Dietetic Association; and Ronald Moen of the American Dietetic Association. The Board elected Sandra Capra to serve as Board Chair until 2008.

The 2004-2008 Board of Directors has begun to make plans that build upon what has been achieved over the past four years and on what was learned about the common ground that ties us together as a global community of dietitians from dietitians who attended the XIVth Congress.

The Board's priorities will continue to be

- ✓ A stronger integrated communications system
- ✓ An enhanced the image for the profession
- ✓ Increased awareness of standards of education, training and practice in dietetics, at the international level

We hope you will stay tuned and connected to the work of ICDA through

<http://www.internationaldietetics.org> .

Register on the site to receive notification when a new issue of Dietetics Around the World is published and when new information is posted about how to become involved in the 2008 International Congress of Dietetics.

Each and every DIETITIAN can help strengthen the global community of dietitians. We encourage you to:

- ✓ Consider contributing to Dietitians Networking, perhaps even leading a discussion area on a broad topic of interest to dietitians
- ✓ Contribute news about dietetics in your country or opportunities for dietitians through submissions to Dietetics Around the World
- ✓ Plan to participate in the 2008 International Congress of Dietetics.

New Members

We would like extend a warm welcome our two new member organisations - Singapore Nutrition and Dietetic Association and Mexican College of Dietitians.

Singapore Nutrition and Dietetic Association was formed in 1984, the association aims to provide direction and leadership for quality nutrition and dietetic practice, update the knowledge and protect the interests of professionals, to provide professional advice on nutrition and spread knowledge and further understanding of

nutrition and dietetics. The association currently has 92 members.

Mexican College of Dietitians was formed in 1995, the association is the official organisation recognized by the Mexican government for nutrition professionals and for the registration of dietitians. It aims to help the development of the professional practice of the dietitian, to protect the public from false practices, to promote excellence in education through collaboration on the accreditation process and to determine national minimum academic and practical standards for entry to the profession. The association currently has 210 members.

Feature Article

Workshop on Definitions, Education, Standards and Practice in Dietetics

In 2000 in Edinburgh when all delegates of the International Confederation of Dietetic Associations met, you voted for your Board of Directors to move forward – to try to advance dietetics across the world.

The Board of Directors has taken your wishes on board, and has been trying to advance dietetics in many ways. We have been developing a communication strategy that we can use to promote dietetics in as many ways as we can. Over the last two - three years we have surveyed you all and have collected information on Codes of Ethics, Codes of Conduct and standards of practice and education. In May of 2003, we ran a trial workshop in Canada to tests some ideas.

Representatives from member National Dietetic Associations met together on May 27th 2004 to discuss the results of these international surveys. The aims of the workshop were to determine how much

common ground there is between dietetic associations across the world; to help learn about the common language we can use to describe dietetics and to determine if ICDA can look at minimum education standards for dietetics.

Ethics is a branch of philosophy, which centres on the study of good, bad, right, wrong and attempts to formulate principles that guide us in deciding what to do and how to act morally. There is no one way that ethics can be written or expressed as it depends on the context, however there are some general principles and guidelines that can be used.

Codes of Conduct attempt to set minimum national or international standards. They are intended to supplement any Code of Ethics. Their function is to be more specific and to list behaviours, which if not followed, amount to misconduct. A Code of Conduct may be considered to act as a form of quality assurance, outlining an expected standard of care that is uniform across the profession.

A Code of Conduct is different from a Code of Ethics because:

- It is a more prescriptive document, which provides detailed information about how people are required to act in particular situations; and
- It usually includes disciplinary proceedings or sanctions for failure to follow its prescriptions.

We feel that having some statements that identify the underlying worth and value of dietetics is a key feature of a communication strategy for “marketing” and promoting dietetics in many ways. To have a group of international statements in addition to any specific national ones can provide other benefits. These statements can serve to help identify the common ground we share, and therefore reduce the difference that we often think separates us. They can also help newer

associations and groups when they are getting started or in promoting changes. Not every country within ICDA separates ethics, professional conduct and professional standards into three separate areas. Sometimes they are put together into a single set of statements, and sometimes the professional code will commence with a statement concerning ethics.

As part of our surveys, we asked dietetic associations about their education and educational standards. In order to think about this, it has been necessary to try to develop some definitions. While jobs and tasks are sometimes similar the names of these jobs might be different in different countries.

All dietitians are translators of the science of nutrition, but the types of work undertaken by dietitians vary. In some countries the basic education for dietitians has special branches (e.g. administrative, clinical) in other countries the education program is more general. 30 National Dietetic Association returned a completed questionnaire. Where countries do not have any education programs for dietitians, they have been left out of the numbers below.

23/28 countries with education programs, lead to a BSc or equivalent. 2 countries have two levels of basic educations: BSc (clinical) and non BSc (administrative). The range in the length of education is 3-5 years (83-200 weeks) for BSc, and 2-3 years (70-146 weeks) for non-BSc. We found that the practical training ranged from 0-51%.

More than 50% of all dietitians work in hospitals. Nursing homes and long-term care centres are also common places of employment. There is a small but significant number employed in staff and military restaurants, the catering industry, as community advisors, and in quality control. In some countries employment in health

education is significant as well as work in long-term care centres, in the food industry and pharmaceutical companies, whereas these areas might not exist in other countries.

A small but significant number of dietitians work in research. There are variable numbers working as consultants or freelance with numbers varying from 0 to 40%.

Outcomes of the workshop.....

Definition of a “dietitian”

The representatives of the dietetic associations accepted the following as the definition of a dietitian. “A dietitian is a person with a qualification in nutrition and dietetics recognized by national authority [s]. The dietitian applies the science of nutrition to the feeding and education of groups of people and individuals in health and disease” and that “the scope of dietetic practice is such that dietitians may work in a variety of settings and have a variety of work functions”.

Ethics - The representatives of the dietetic associations felt that there should be a Code of Ethics. Once it is accepted, they felt that National Dietetic Associations should adopt the Code of Ethics. They also felt that the common language should be short and of high order, reflecting ideas such as respect, integrity and justice.

Standards - The representatives of the dietetic associations felt that all countries need standards and that ICDA should develop broad principles for standards. There was “in principle” agreement with some preliminary standards but that countries need to develop their own. There was a feeling that we need to use the definition of “dietitian” and be clear about areas of practice. The representatives felt that any standards that are developed should be promoted as useful for all dietitians,

regardless of whether there are other materials available.

Education

The representatives of the dietetic associations set a minimum level of education as a bachelor degree with a professional practice component of a minimum of 500 hours. This was set as an aspirational level, with the hope that it will help countries without this standard to develop strategies and ideas to try to further their educational levels. It was felt that this will advance the profession internationally and does not stop any country from having higher standards.

What next?

The Board took this information to a larger workshop at the ICD itself. We gauged audience reaction to these ideas and have collected a lot of useful material. Now we need to open this up for more consultation. We need to know how countries feel about this now they can see the decisions that the representatives have made. If you have any thoughts on any of these topics, please contact your national representative. Please do not comment individually, as we collect information from your representative, but the discussion forum is a useful tool to help get ideas out. We will keep you posted on the outcomes.

National Association Reports

India

Nutritional Transition in India

In India one can find diversity in all forms, land, climate, language, religion, occupation, socio-economic status, customs, traditions, food habits and fads. The epidemiological profile of diseases varies across the country.

Rapid changes in diets and lifestyles resulting from industrialization, urbanization and economic development are having a significant impact on the nutritional status of the population. As a country develops, more people buy processed foods that have a higher concentration of sugar and fat. Along side this change in diet, there is a decrease in physical activities. The consequent epidemic of diet-related non-communicable diseases such as obesity, diabetes, hypertension and cardiovascular diseases co-exists with under-nutrition. A balanced diet is required to build immunity for resistance to infectious diseases, prevention of non-communicable diseases such as cardiovascular diseases, retardation of aging by the influence of anti-oxidants and ensuring well-being.

Pre-independent India witnessed starvation and food scarcity, deaths due to starvation, malnutrition, infectious diseases, lack of medical care and facilities and short life span. The picture today is of increased food production, mixed disease profile consisting of communicable and non-communicable diseases, better medical facilities and increased life span. There is development in all forms, economic, social, education, food production, (Green, White and Blue) transportation, medicine and technology. However, due to the voluminous population spread across the country, development could not reach out to all citizens.

Despite all the advances made in technology, hunger and malnutrition remain among the most devastating problems that the world's poor and needy face. Nearly 30% of the world's population is currently suffering from one or more of the multiple forms of malnutrition.

Obesity in the developing world can be seen as a result of a series of changes in diet, physical activity, health and nutrition, collectively known as the "nutrition

transition". As poor countries become more prosperous, they acquire some of the benefits along with some of the problems of industrialized nations.

Given the rapidity with which traditional diets and lifestyles are changing in many developing countries, it is not surprising that food insecurity and under-nutrition persist in the same countries where chronic diseases are emerging as a major epidemic. The developing world risks suffering the lion's share of the growing disease burden. The number of people with obesity-related diabetes is expected to double to 300 million between 1998 and 2025; with three quarters of that growth projected in the developing world.

Over the years, with the influence of western diet patterns and increasing globalization, our dietary intake has changed drastically. Over refined cereals have replaced whole wheat. Starchy roots and tubers have taken the place of pulses and vegetables. Consumption of foods rich in sugar and fats have increased manifold. Our children are much heavier and more inactive than the previous generations. The concept of fast foods and quick snacks has lured teenagers into opting for burgers and fizzy drinks rather than the traditional "chapatti" with vegetables, pulses and buttermilk. As a consequence to this change, malnutrition still persists in spite of the huge developmental gains our country has made. The underweight and overweight share high levels of sickness and disability, shortened lifespan and reduced life productivity. Prevalence of obesity related disorders such as diabetes, hypertension, cardiovascular diseases and gout are on the rise. Obesity could merge as the single most important public health problem in adults. India is beginning to feel the burden of associated chronic diseases. If India is to interrupt the cycle of persistent hunger, the lifetime health and nutritional status of women must

improve drastically.

During the past two decades, there have been striking advances in knowledge related to dietetics and nutrition. Through this converging knowledge in these fields, it has become increasingly clear that diets in fact will play a much wider and more pervasive role in health and disease than was originally believed. It is important to teach how to increase the intake of fruits, vegetables and high fiber products along with physical activities and exercise and reduce the intake of calorie sweeteners. We as dietitians can play a major role in tackling this situation by educating the masses through community outreach programs emphasizing nutritional facts and diet counseling.

Dr. Molly Joshi PhD, RD

United States

Putting the Focus on Member Leadership Skills

The American Dietetic Association (ADA) developed a Leadership Institute to expand member's ability to learn, dialogue and share perspectives on this topic.

The premier event brought 400 Association leaders together to explore three major concepts:

- Strengthen leadership performance for application in practice environments
- Assist in mastering change in personal environments
- Advance the goals of the dietetic profession as expressed in ADA's mission and vision.

Marianne Smith Edge, MS, RD, FADA and Ronald Moen, ADA Chief Executive Officer led the organizing team. An integrated, intensive, multi-format 2½ day training

program was developed to strengthen leadership competencies through information, skill development and intensive practice-based education experiences.

Participants were given pre-workshop assignments including reading the book, *The Gift of Leadership* by Mark Levin. They also completed a leadership beliefs questionnaire prior to the conference. Throughout the program attendees had interactive projects, as well as time for personal reflection.

Overall the program has been a tremendous success. Members report back on a regular basis how they have applied the leadership principles discovered at the Leadership Institute in their practice environments and in their leadership roles throughout the Association. Future Institutes will modify work in the areas of organization governance strategies, mentoring and networking. The Association plans to hold another Leadership Institute in January 2005 to continue its commitment to its mission, *Leading the Future of Dietetics*. For further information about the Institute and how it was developed, contact Ronald Moen at rmoen@eatright.org

Awards

American Dietetic Association Foundation's Edna And Robert Langholz International Nutrition Award

Andrew Prentice, Professor and Head of the International Nutrition Group at the London School of Hygiene and Tropical Medicine, and Ann Prentice, Director of the Elsie Widdowson Laboratory at the Medical Research Council Resource Centre for Human Nutrition Research, Cambridge, U.K., have been named recipients of the American Dietetic Association Foundation's prestigious Edna and Robert Langholz

International Nutrition Award.

The Prentices received the award on Saturday, October 2, during the Opening Session of the American Dietetic Association's 2004 Food & Nutrition Conference & Expo.

This is only the fourth time the Langholz award has been presented since its creation in 1992 in memory of the late Edna Page Langholz, a registered dietitian and president of the American Dietetic Association 1981-82.

The Langholz Award is represented by a bronze sculpture of a young child holding a basket of fresh produce in front of a world diorama.

"The first husband and wife team to receive the Langholz Award, the Prentices each have long and distinguished records of research achievements," said registered dietitian and ADA Foundation Chair Margaret Bogle.

Andrew Prentice's research focuses on pregnancy and lactation, energy requirements and adaptations and malnutrition. His important recent findings that birth in the "hungry season" predicts a 10-fold increase in risk of premature adult death from infectious disease has led to several new initiatives to investigate the early programming of human immunity. "Dr. Prentice excels at making the linkages between the underlying basic biology of nutritional science and the application of these findings to public health," Bogle said.

Ann Prentice specializes in researching nutrient requirements for bone health in both affluent and developing societies. She is involved in projects studying pregnant and lactating women, children, adolescents and the elderly in the United Kingdom, West Africa and China. Prentice is a member of

the U.K. Scientific Advisory Committee on Nutrition, sits on advisory committees for the Royal College of Pediatrics and Child Health and the National Osteoporosis Society and has been a member of several World Health Organization Committees.

The ADA Foundation is the philanthropic arm of the American Dietetic Association.

Resources

Dietitians of Canada Launches New 'Seniors' Resources

Dietitians of Canada has just released several new products that support the work of dietitians working with older populations – whether in community or institutional settings.

Between 2000 – 2003, a pilot project entitled "Bringing Nutrition Screening to Seniors" (BNSS) demonstrated that community-based, ethical screening is a viable and successful approach to helping seniors eat well and stay well. Resources designed to support training and guide other communities interested in enhancing healthy eating and well-being of seniors through early identification of nutrition problems are available on the Dietitians of Canada website at <http://www.dietitians.ca/seniors>

Now, two new interactive E-learning lessons are available to help you appreciate the benefits that a screening project can have for in your community, and provide the tools and activities to plan and implement a screening initiative in your setting. Registration is free for a limited time --- so sign-up at <http://www.dieteticsatwork.com> A wide range of service providers and agencies can be involved in nutrition screening of community seniors. Encourage others that you work with to register and benefit from this course as well.

For those dealing with acute or chronically ill clients who experience dysphagia, DC has also just released an E-learning Course on dysphagia assessment and management and published a Manual of Texture Modified Foods for Use in Long Term Care Facilities.

Experts Peter Lam, RD, CFE of the Swallowing Intervention Service of Fraser Health Authority and Dr. Robert Miller, Ph.D., Lecturer and Clinical Associate Professor in Rehabilitation Medicine and Otolaryngology/Head & Neck Surgery at the University of Washington, USA authored the e-course for DC with extensive input from an interdisciplinary health professional team. The course helps you become a more effective member of the dysphagia care team by honing your understanding of the physical and neuromuscular processes of swallowing, signs and symptoms of dysphagia, and means of assessment available to the team. Many photographs, video footage of normal and impaired swallows, and case scenarios and other inter-active features will help you translate the learning materials into your day-to day practice.

A perfect complement to the on-line course is the new publication written for DC by Wendy Dahl, RD PhD (c) *Texture-Modified Foods: A Manual for Food Production for Long Term Care Facilities*. The manual not only reviews key nutritional concerns such as dehydration, protein-energy malnutrition and micronutrient deficiencies exhibited by many LTC residents who experience dysphagia but also provides practical quality control methodologies and sensory enhancement techniques that can be applied to substantially improve resident meal satisfaction. Professional quality colour photos and food production staff training materials are included.

To find out more about both of these products, visit

<http://www.dieteticsatwork.com/index.asp> and follow the links under the heading of 'Dysphagia'.

From the International Confederation of Dietetic Associations (ICDA)

Poster abstracts and session handouts presented at the XIVth International Congress of Dietetics can be obtained from <http://www.internationaldietetics.org/icd.asp> See also the new <http://www.internationaldietetics.org> area for information collected by ICDA about the Education and Work of Dietitians around the world.

Calendar of Events

2–5 June 2005, 6th European Forum for Dietitians

Geneva, Switzerland

To be held in conjunction with Nutrition 2005, the annual congress of the Austrian, German and Swiss Association of Clinical Nutrition and the annual congress of the Swiss Dietetic Association.

The second announcement, including the programme, call for abstracts and details of accommodation, is available from <http://www.efad> org and <http://www.svde-asdd.ch>

16–18 June 2005, International Society for Behavioural Nutrition and Physical Activity

Amsterdam, The Netherlands

The 4th annual meeting will be held in Amsterdam. Topics will include: obesogenic environment, children and adolescents, ethnic and cultural differences, information technology, the elderly, environmental change, assessment of food intake and

physical activity, preferences and behaviour,
gene-environment interactions.

Details are available from

<http://www.isbnpa.org>

**14-16 September 2005, The 6th
International Food Data Conference**

Pretoria, South Africa

An official satellite to the IUNS's 18th
International Congress of Nutrition.

[http://www.fao.org/infoods/food_data_conf
en.stm](http://www.fao.org/infoods/food_data_conf_en.stm)

**19-24 September 2005, 18th International
Congress of Nutrition**

Durban, South Africa

<http://www.puk.ac.za/iuns>

**23-26 April 2006, The 4th Asian Congress
of Dietetics**

Manila, Philippines

Asian Congress of Dietetics

Nutritionist-Dietitians' Association of the
Philippines, Inc.

Unit 1106 Herrera Tower, Rufino Corner

Valero Sts. Salcedo Village,

Makati City 1227, Phillipines

Email: ndap@I-next.net

Tel: 632 845 1651 Fax: 632 753 3598

**8-11 September 2008, 15th International
Congress of Dietetics**

Yokohama, Japan

Theme for this Congress is Global Dietetic
Linkage and Cooperation for Human Health

The Japan Dietetic Association

1-39, Kanda-Jinbocho, Chiyoda-ku,
Tokyo, 101-0051 Japan

Fax: +81-3-3295-5165

Website: <http://www.dietitian.or.jp>

E-mail: webmaster@dietitian.or.jp

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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: Carole Middleton, British Dietetic Association, can be contacted through Contact Us at www.internationaldietetics.org and select Newsletter.