ICDA Board of Directors
• From the Chair of the ICDA Board of Directors

National Dietetic Association Reports
• Medical Health Insurance Company Offers its Clients Reimbursement for Dietary Consultation in Austria
• Congress for Dietitians Held in Vienna, Austria in 2013
• Report on the 14th Congress of Hungarian National Dietetic Association – Focus on Child Nutrition
• Report from Iceland
• Statutory Registration in Ireland
• In Japan, the Government and the Private Sector Unite to Promotion "Shokuiku" (food and nutrition education)
• Report from Korea
• International Dietitians Day Arrives in New Zealand

Calendar of Events
• 20th International Congress of Nutrition (ICN) from September 15-20, 2013
• NUTRIMENTHE International Conference on the 13th and 14th September 2013, in advance of ICN
• 12th Hellenic Dietetic Association Congress, 5-8 December 2013
• The 17th ICRNM in Wurzburg, Germany from 6-10 May 2014
ICDA Board of Directors

From the Chair of the ICDA Board of Directors

Hello everyone and I hope 2013 is going well for you all. This year you will see that we have increased the number of newsletters each year to three. This reflects the increase in activity among members as well as the pace of change across the world. Thanks to the Editor Sheela Krishnaswamy for taking up the challenge. For you, it means that there is more opportunity to inform the wider nutrition and dietetics community of your work.

The Board, too, has increased its workload. We met last month to work on the strategic plan for the 2012-2016 period. We have made some important decisions that I would like to share with you. Firstly we are going to improve our mission statements and modernise them. The current mission was developed way back in 2000 when the ICDA was reformed. After our meetings with members in September 2012 in Sydney we think it timely to work on some newer, more contemporary wording. Secondly we have taken all your suggestions from the workshops we ran at the 16th ICD and have thought about which ones we can implement and how. This will come out in our revised strategic plan which will be made available to all members as soon as it is finalised, but some issues that we will be addressing in the first two year period (2012-2014) include: working on a common definition for many of the words we use to help with understanding, working on an interprofessional practice competency framework, developing a clearer marketing plan, and continue work supporting the implementation of the IDNT (International Dietetics and Nutrition Terminology) and NCP (Nutrition Care Process) frameworks for practice.

We will also, from time to time, be calling for interested individuals (not appointed by associations/members) who have expertise on particular topics and have the time to contribute, to undertake specific tasks for the Board. This has proved successful for us and we plan to continue this into the future – so look out for opportunities. They may take the form of joining an advisory group, taking leadership of a group, or undertaking a specific task. But this is how we think we can get more done.

The Board also revisited its membership criteria as you have approved that we not limit membership to one association per country but allow up to two (2). This meant that we needed to look at what conditions associations need to meet to be a member. We also have decided that at each renewal (every two years when fees are paid) members will have to demonstrate that they continue to meet these membership criteria. The actual details are not ready yet but will be put to the annual meeting in September.

But our biggest news is that we got our Certificate of Continuance as a not-for-profit Corporation in Canada in May of this year. A very big “thank you” to Marsha Sharp for getting this through for us. It means that ICDA can continue to operate and exist. Thank you to those members who assisted us in September by voting in favour of this. It does mean we have to comply with the new ‘rules’ under Canadian law but it also means that we now have certainty and continuity.

In September of this year (September 12th 7am Toronto time) we will be holding our annual meeting by teleconference. Official representatives will be receiving the documents on July 29th. We look forward to speaking to as many of the official representatives who can make it.
So, as you can see from this, the Board is trying to implement as many of those things you wanted us to do as well as we can, and as carefully and thoughtfully as we can.

Best wishes to you all.

Sandra Capra  
Chair, ICDA Board of Directors

**National Dietetic Association Reports**

Country – Austria

**Medical Health Insurance Company Offers its Clients Reimbursement for Dietary Consultation in Austria**

The Austrian Association of Dietitians has developed, in cooperation with the “Sozialversicherungsanstalt der gewerblichen Wirtschaft” (“SVA” - a Medical Health Insurance Company), a Nutrition and Health Concept. For the first time a health insurance company has agreed to pay for nutrition consultation, which is a great opportunity for free lance dietitians in Austria.

The outline of the program is that through changing nutritional habits, the quality of life can be enhanced and health can be sustained or improved.

The program includes support to clients in reaching particular goals, such as weight-loss, weight maintenance, blood pressure and miscellaneous blood counts.

Outline of the nutrition program in cooperation with a Dietitian:

1. First appointment: Nutrition Assessment, Nutrition Diagnosis, BIA-measurements, defining goals with the client, Nutrition Intervention, setting up a daily meal diary
2. Three consecutive appointments: including analysis of the meal diary, shopping training, product knowledge, aid to health behavior changes, new goals.
3. Final appointment: BIA-measurement, reflecting on changes in the daily eating habits, defining behavior modification management.
4. Follow-up appointment: after six months. This appointment serves the purpose of checking sustainability of the applied nutritional adjustment.

Benefits for the Dietitian:
The program has been developed and accurately defined by the Austrian Association of Dietitians. Participating Dietitians enroll in a free information course and receive counseling materials (brochures) for their clients. Apart from the advantage of client acquisition by the insurance company the Dietitian has the benefit of receiving appropriate compensation for her work and gets to treat highly motivated clients. Networking within different regions of the country is an additional advantage.

Trudy Giesinger, Dietitian  
Professor Andrea Hofbauer  
President, Austrian Association of Dietitians
Country – Austria

Congress for Dietitians Held in Vienna, Austria in 2013

The 30th Nutrition Congress for Dietitians organized by the Association of Dietitians of Austria on the 7th and 8th of March in Vienna was a great success with 500 participants in attendance. The theme “Obesity and Nutrition” was significant for today’s health concerns of a great majority of the population.

Professor Andrea Hofbauer, President of the Association of Dietitians of Austria and Congress President, stated in her opening address, that the recommendation to “eat less and increase exercise” is outdated and the problem is much more complex.

In his opening statement Alois Stoeger, Austria’s Minister of Health, emphasized the great political size of this challenge. It is imperative to achieve restoration of the balance between energy intake and output. The implementation will take time.

Besides the fact that obesity is a considerable socio-economic problem, the connection between the physiological and biochemical synthesis needs to be understood in great detail. This can be seen as an invitation to “cross-thinking”; an invitation to approach new insights in practice.

Prof. Dr. Achim Peters of University of Luebeck (Germany) argued in his “Selfish Brain Theory” that the brain first takes care of its own energy supply. In stress situations the brain needs more energy. In case of a deranged energy distribution the brain does not take this energy out of the body’s own deposits but out of additional food sources. This results in weight gain. According to Prof. Peters the “Selfish Brain Theory” can contribute to a better understanding of obesity.

On an average seven bariatric surgeries are performed daily in Austria. The success of the outcome essentially depends on two factors: the compliance of the patient to change his/her lifestyle and the state of the art support before and after the surgery. However, substantial care deficits exist stated Prof. Dr. Karl Miller, Hallein (Austria). Obligatory visits with dietitians as well as psychological and physical therapy should be embedded in follow-up care.

This year’s congress offered for the first time an opportunity to young dietitians to show the results of their bachelors’ degree research. These young colleagues have accomplished pioneering work. They are some of the first student dietitians to perform dietetic research in Austria.

Trudy Giesinger, Dietitian
Professor Andrea Hofbauer, President
Austrian Association of Dietitians
Country – Hungary

Report on the 14th Congress of Hungarian National Dietetic Association – Focus on Child Nutrition

Obesity is a serious health risk and largely preventable through changes in lifestyle. Epidemiological studies have suggested that metabolic programming is one of the critical factors contributing to the etiology of obesity as well as concurrent increase in related chronic diseases.

Surveys have shown the prevalence of overweight among school age children to be as high as 35% in parts of Europe and it is increasing in several countries. This rate increased from 12% to 16% in Hungary between 1980 and 1990’s and Childhood Obesity Surveillance Initiative (COSI) found the rate of overweight to be 23% among 7,0 - 7,9 years old children in 2009/2010. Obesity Update 2012 reported the obesity epidemic slowed down in several OECD countries. Many governments have made efforts to tackle the root causes of obesity.

Keeping in mind the above mentioned facts, Hungarian Dietetic Association (HDA) together with Association of Mother, Child and Public Health Nurse (AMCPHN) organized the Congress on the topic of Child Nutrition.

Our first speaker addressed the importance of iodine in pregnancy. The Hungarian drinking water is 80% deficient in iodine; so he suggested high iodine content mineral water. He emphasized the negative consequence of high salt intake, and the role of vitamin B group (B2;B6; B11/ Metilen Tetra Hydro Folate Reductase (MTHFR), B12 and Folic acid) in the serum homocysteine level and Neural Tube Defects (NTDs) including spina bifida.

There was a study in 2011 on the eating habits of 1-3 year old children supported by Hungarian Paediatric Association. The results showed mothers do not feed their children properly. The amount of energy consumption was close to the recommendation but the diet was high in saturated fat and added sugar. Vitamin D, folic acid and iron intake were insufficient in 1/3 of the children.

The President of Hungarian Association of Enteral and Parenteral Nutrition reported their initiative and experiences about the new paediatric oncological patient nutritional risk screening method. 31% of the children were malnourished during hospital admisson. They were assessed by clinical dietitians and 13% got clinical nutrition therapy.

The president of the AMCPHN gave a presentation on poverty and child malnutrition. Income differences and social inequalities have increased, and a large proportion of Hungarian society lives in poverty. In 2009, 21% (380000) Hungarian children lived in poverty. Roma/gypsy families make up a quarter of those living below the subsistence level and about half of those living on social security benefits caused by many different reasons.

There were presentations about the civil activities of the Association for Children with Asthma, the antioxidants’ role in anti aging, the function of fructose and fatty acids in healthy nutrition, ketogenic diet and the influence of TV on the eating habits of children. This year marks the 10th anniversary of Nutrikid health promoting programme adapted for Hungary by HDA. In 2011 the collected data showed that the children trained by Nutrikid were more health conscious. According to the teacher who works in this project, Nutrikid has had positive effect on the families too.
In the round table, the National Institutes, food industry and NGOs were represented. Recent results of the researches regarding the healthy lifestyle and nutrition in Hungary and worldwide were discussed. The importance of the cooperation between professional bodies, food industry, media, NGOs and political decision makers was agreed upon. Demand for better school meal; more information about healthy nutrition, proper child feeding and lifestyle for professionals and population were declared.

Good practices and plans involving dietitians to improve child nutrition were gathered – taxes on undesirable foods, school catering regulation, brochures for kids, caregivers and parents, adapted international programmes, homepage for adolescents, AndroDieta for teens, periconceptional consultation for family planning couples, outpatient department for teens, CD with healthy food recipes for kids, videos on how to prepare them and DVD on how to organize health promoting day.

In Hungary these trends indicate the growing prospects and role of dietitians in prevention.

Izabella Henter RD, MSc
Clinical Dietitian, Nutritionist, Hungarian National Institute of Child Health
Member of the Hungarian Dietetic Association (MDOSZ)

Country – Iceland

Report from Iceland

Landspitali University hospital, located in Reykjavik, Iceland, is the largest workplace for nutritionists and dietitians in Iceland and they work both in the clinical setting and within the food service sector.

Fall of 2009 Brynja Ingadottir, a specialized nurse, gathered a group of clinical nurse specialists, nutritionists and dietitians to start a joint collaboration on nutrition at Landspitali. The result is the Nutrition Day open for everyone interested in nutrition at the hospital.

Nutrition Day is a half day program that aims to bring together different professionals and caregivers at the hospital, discuss urgent matters in the clinical setting and find ways to constantly improve. Every staff member at the University hospital is invited but the presentations are recorded for those who cannot attend.

Malnutrition is a large problem in hospitals in most parts of the world, and Icelandic hospitals are no exception. Malnutrition was the major subject of the 2010 Nutrition Day. Professionals discussed this matter from several points of view on how to reduce the number of patients that become malnourished while in the hospital and are undernourished upon discharge. Special emphasis was put on addicts, the psychiatric patients, stroke patients and the elderly. Results from a new study on nutritional status of patients at several wards at Landspitali were introduced. The importance of active teamwork between the dietitian and the nurse, and how professionals have to look inside the structure for best results, were discussed. New clinical guidelines for nutrition were introduced for the first time.
In 2011 the focus of the Nutrition Day was on the new clinical guidelines for nutrition, how it would be introduced within the hospital setting and last but not least, put into practice and made a part of everyday work at all wards. Marian van Bokhorst, PhD, RD from the Netherlands, presented how the introduction and a follow up in a similar project had been implemented in the Netherlands. The clinical guidelines for nutrition were reintroduced and the subject, “nutritional status of our patients matters” was discussed in detail by a surgeon and a nurse.

The Nutrition Day in 2012 was devoted to further discussion on the new clinical guidelines for nutrition and the status of the project. A major emphasis was on introducing clinical studies and master researches by students from the University of Iceland that had newly been undertaken at Landspitali. A study on “estimating the energy and protein intake” and the development of a simple screening tool for that purpose was underway. As also, a masters study “assessing protein and energy intake of heart and lung patients and comparing the results to the estimated need of the group of patients”. These studies were a team work between the Landspitali Unit for nutrition research and the Landspitali food services, emphasizing that both are important.

This year’s Nutrition Day was devoted to the subject of the importance of screening patients for malnutrition at admission using newly updated screening form. By filling out this screening form it is easy to detect the malnourished or at risk patients and take action right away. This is one of the vital points that the nutritionists and dietitians are emphasizing in each ward. The content of the presentations was on the successes and failures the wards had been facing in the past two years while trying to improve their screening methods within a tight time frame. The Landspitali food services introduced their new menu, new rules and values used in meal planning for patients and future plans for further improvements in the service to the patients. A draft for a doctoral research thesis was introduced, focusing on nutrition intervention at a cancer unit and also a masters project where the focus will be evaluation of protein and energy enhanced diet menu.

It is clear that research and development is underway at Landspitali University Hospital, the University of Iceland and at the Unit for Nutrition Research, and future in research looks exciting.

Frida Run Thordardottir
Dietitian, Sports nutritionist
Icelandic ICDA Representative

Country – Ireland

Statutory Registration in Ireland

The Irish Nutrition & Dietetic Institute (INDI) is the professional organisation for dietitians /clinical nutritionists in Ireland. Founded in 1968, the Institute has grown steadily and it now represents dietitians/clinical nutritionists throughout Ireland as well as having members world-wide. A Dietitians’ Registration Board has recently been established as one of the twelve professions governed by the Health and Social Care Professionals Act 2005 (the Act). This will be the first time that health and social care professions in Ireland will be regulated under statute. This is a very welcome and significant step in our drive to ensuring patient safety and delivery of evidence-based, high quality patient care.
The purpose of statutory registration and the prime objective of the Health and Social Care Professionals Council (HSCPC) are to protect the public by promoting high standards of professional conduct and professional education, training and competence among registrants of the designated professions. It is a legally binding process to protect the public and also protect the profession. It will also serve as a mechanism to deal with complaints. The Health and Social Care Professionals Act 2005 brings regulation of twelve health and social care professions in line with doctors, dentists and nurses in Ireland.

CORU, Ireland’s first multi-profession regulator, is made up of the Health and Social Care Professions Council and the twelve Registration Boards which will be established. Statutory Committees will incorporate Preliminary Proceedings, Health & Professional Conduct. CORU was established under the Health and Social Care Professionals Act 2005. Council is made up of 25 voluntary members appointed by the Minister of Health. With a lay majority, over half of the Council members do not come from the regulated professions. The Council’s mission is to protect the public. It sets standards of performance and education standards of proficiency for registrants. The Council is also responsible for developing mechanisms concerning complaints and will, ultimately, be responsible for conducting inquiries. A Registration Board will be established for each of the regulated professions which include Clinical Biochemists, Dietitians, Medical Scientists, Occupational Therapists, Orthoptists, Physiotherapists, Podiatrists, Psychologists, Radiographers, Social Care Workers, Social Workers and Speech & Language Therapists. Each Board will be responsible for the approval and monitoring of training courses for the profession and for establishing the code of professional conduct and ethics and standards of performance to which registrants must adhere. A register of members will be established and maintained. Certificates of registration will be issued. Applicants must hold approved qualifications, health & character references along with fees. Members can be removed and restored to the register accordingly. The council oversees and co-ordinates the activities of the Registration Boards, ensuring that there will be consistency in the regulation of the twelve professions. CORU will also ensure that the relevant educational bodies deliver qualifications that prepare professionals to provide safe and appropriate care and that registered professionals keep their skills up to date.

Grandparenting is the name given to the two year transition period following the opening of the Register to allow existing practitioners to register. This will allow those currently practicing as dietitians/ clinical nutritionists to establish all particulars required to be deemed state registered to avoid any disruption in their practice.

CPD, Continuous Professional Development, is a key component of statutory registration. Formal CPD activities are currently being endorsed, a feature of the INDI CPD system. This is designed to provide quality assurance that the learning activity has been reviewed by the INDI CPD Endorsement Committee and deemed to be evidence based and appropriate for an INDI approved CPD activity. There is a minimum CPD hours of 60 annual with respect to Statutory Registration. Endorsement of CPD activities offers an opportunity for providers of formal CPD activities e.g. SIGs (Special Interest Groups), INDI corporate sponsors, INDI corporate information contacts and professional organisations to apply for approval in the form of INDI endorsement. Examples of activities that are eligible for INDI CPD endorsement include study days & courses organised by INDI SIG’s and clinical meetings sponsored by INDI Corporate partners and/or corporate information contacts. The Committee also acknowledges engagement in formal CPD activities that are very specific to an area or practice or developed and provided outside Ireland.
This is a very exciting yet challenging time for dietetics in Ireland. The INDI welcomes Statutory Registration and embraces formalising continuing professional development to protect both the public and the profession.

Deirdre Mc Cormack  
Senior Clinical Nutritionist, Ireland

Country – Japan

In Japan, the Government and the Private Sector Unite to Promotion "Shokuiku"  
(food and nutrition education)

What is "Shokuiku?"

In Japan, in order for each citizen to prosper and live in good health throughout their lives, a national program on "Shokuiku" (food and nutrition education) is aiming to instill general knowledge regarding diet and the ability to select food that will constitute a healthy daily diet.

To clarify the fundamental principles and purpose of "Shokuiku," as well as to promote integrated related measures and programs in order to ensure their effectiveness, the national government of Japan enacted the Basic Law on "Shokuiku" in 2005.

In the five-year period of fiscal year 2006-2010, the national government drew up the basic plan for the promotion of "Shokuiku" based on the Basic Law on "Shokuiku," and all of the concerned bodies and persons involved, including the national government, the prefectures, the municipalities, as well as the related organizations and groups, initiated a strong, creative national program on "Shokuiku." However, despite these efforts, there was an increased need to respond to a variety of issues related to food and diet, such as an increase in the number of persons with lifestyle-related diseases, including obesity and diabetes, skipping breakfast and eating meals alone without family communication among children, or malnutrition in the elderly.

Therefore, in order to promote well-planned and integrated strategies related to "Shokuiku" considering the results of its promotion up to the present, as well as these various diet-related issues, the government drew up the 2nd basic plan for the promotion of "Shokuiku" for fiscal year 2011-2015.

Activities at the government level

The government has set the 19th of every month as the "Shokuiku Day," and June of every year as the "Shokuiku Month". Furthermore, as a nationwide core event, the National Convention for the Promotion of "Shokuiku" is held at various sites around the country every year. This year the 8th convention was held as a 2-day event on June 22nd and 23rd in Hiroshima, jointly hosted by the Cabinet Office (national government) and Hiroshima Prefecture. This convention featured lectures, symposia, exhibitions and events to introduce activities implemented by the national government, the local governmental bodies and the related organizations aimed at promotion of "Shokuiku." The Japan Dietetic Association operated an exhibition booth, in collaboration with the Hiroshima Dietetic Association, featuring nutrition guidance, a vegetable quiz, a panel exhibition, etc., under the theme of "Let's Eat Vegetables". Last year, 228 organizations held exhibitions and 44,800 people participated in the convention.
Activities conducted by the Japan Dietetic Association

The Japan Dietetic Association is a public-service corporation composed of 53,000 registered dietitians and other dietitians. Each member is engaged in nutrition-related activities based on their individual positions, targeting a wide range of people of all generations, from children to the elderly.

In addition, the Japan Dietetic Association organizes a variety of events for the nation, conducts dietary and nutritional guidance, and develops educational tools like leaflets, etc.). On April 7, 2013, with the support of the Ministry of Health, Labour and Welfare, the Ministry of Education, Culture, Sports, Science and Technology, and the Japan Medical Association, the 34th Convention for Advocacy of Health Promotion was held in Tokyo, on the theme "Physical activity, exercise and nutrition for health promotion: New guidelines on physical activity and prevention of locomotive syndrome".

An event titled "Health Promotion Campaign in Niigata" is scheduled on August 31, 2013, on the theme "Preventing Diabetes Through Diet. Let's Eat Vegetables 2013". This campaign will be jointly held with the Niigata Dietetic Association, where activities like lectures, cooking demonstrations, vegetable quiz, dietary and nutritional guidance, as well as an exhibition corner, where the participants can have their body measurements taken, will be organized.

Photos from the past event “Health Promotion Campaign in Kagawa (August 31, 2012)”

Country – Korea

Report from Korea

Clinical Dietitian Certificate as National Qualification in Korea

Clinical Dietitian certification, which was issued by the president of the Korean Dietetic Association in 1999, has been institutionalized as the national qualification issued by the Minister of Health and Welfare, in accordance to ‘The National Nutrition Management Act’ enacted on March 26, 2010. According to the law, the responsibilities of clinical dietitian are documented and include 1) nutrition assessment - collecting and analyzing nutrition problem and evaluating nutritional requirements, 2) nutrition counseling and education, 3) nutrition
monitoring and the evaluation of nutrition status, 4) nutrition management for the improvement of malnutrition status, and 5) clinical nutrition research and consulting.

Accordingly, the first national qualifying exam for clinical dietitian was conducted on April 29, 2012, and the first clinical dietitian national certification holders were designated in July of 2012, with 3,459 people passing among 3,571 applicants (as of 2013, total of 3,853 people). With the advancement of clinical dietitians with professional competence, the roles of clinical dietitian are expected to reach various fields in the future.

**D-HRA (Diet-related Health Risk Appraisal)**

The cause, treatment and prognosis of diseases including cancer, cerebrovascular disease, heart disease and diabetes that are the leading causes of death, are very closely associated with diet. However, the assessment tools that can predict the risk of developing these chronic diseases based on Korean diet had not been developed.

Therefore, the Korea Health Industry Development Institute has developed the Diet-related Health Risk Appraisal (D-HRA), an evaluation tool to assess the health and eating habits of the people of Korea, for the first time. D-HRA can be used to evaluate the risk of chronic diseases through diagnosis of one’s eating habits, and improve them based on the results.

The target risk diseases of D-HRA version 1.0 are cardiovascular and metabolic diseases such as hypertension, hyperlipidemia, diabetes, obesity, and abdominal obesity, and osteoporosis. Through a simple survey, D-HRA can evaluate one’s diet and the risk of chronic diseases, and provide suggestions to improve one’s eating habits with practical plans. In addition, the tool can be used to screen for high-risk groups of chronic diseases and to manage their diet.

**Country – New Zealand**

**International Dietitians Day Arrives in New Zealand**

This year saw New Zealand dietitians celebrating their first International Dietitians Day with activities varying throughout the country. Supermarket stands with free fruit give-aways, prize-draw related quizzes and posters promoting clinical dietitians in various settings were amongst the highlights.

“My colleagues in the Diabetes in Pregnancy clinic have made a banner and put up balloons in clinic today. We have also had a very inappropriate morning tea! It's been great fun.”

As our augural celebration of this day, Dietitians New Zealand focused on trialling a number of different promotional channels including supermarkets, primary schools and public hospitals. Each region cherry-picked activities and resources from those prepared at the National Office to suit their local environment and team. Media releases were prepared for and picked up by a variety of nutrition and career linked organisations such as hospitals and primary care health services, nutrition related associations such as Diabetes New Zealand and Careers NZ.
Support for the day was encouraging with emails flying into the office throughout the week from dietitians describing the various activities they had underway and the fun they had taking part. From small beginnings in 2013, we hope to learn from our experiences, with planning for 2014 well underway already.

Margaret Thorsen
Communications Advisor
Dietitians NZ

Fiona Leighton and Michelle Allen manning the dietitians stand at Christchurch Women’s Hospital.

Calendar of Events

20th International Congress of Nutrition (ICN) is being held at Granada (Spain), from September 15-20, 2013, at the Granada Congress Center, Paseo Violon, S/N 18006 Granada, Spain. Topics covered include advances in nutrition research, public health nutrition, nutritional assessment, food culture practices, functional foods & bioactive compounds, and so on. Visit www.icn2013.com for more details.

The Effect of Diet on the Mental Performance of Children

The NUTRIMENTHE International Conference, about the effect of diet on the mental performance of children, which is taking place on the 13th and 14th September 2013, in advance of the 20th International Congress of Nutrition. Delegates of the NUTRIMENTHE conference are entitled to a discount if they wish to register for the 20th International Congress of Nutrition (applies to the first three days only of the ICN2013 conference). Write to claire.horton@betatechnology.co.uk or visit www.nutrimenthe.eu

12th Hellenic Dietetic Association Congress, Athens, Greece 5-8 December 2013

The 17th ICRNM will be held in Wurzburg, Germany from 6-10 May 2014. This will be an important congress for all dietitians involved in the nutritional care of patients with Kidney Disease, whether Acute or Chronic. A dedicated website for the ISRNM 2014 Congress will be added to the ISRNM website: www.renal-nutrition.com and please follow any updates.