



Vol.10 Issue 2, 2003

Announcements

New Members

Hello and welcome to our two new member organisations!

The Luxembourg Dietetic Association (LDA) was established in 1985. The Association has 54 members, including one student and two honorary members. 60% of members work in the hospital/rehabilitation sector, with the next largest group representations of membership working within the arenas of medical clinics or the food industry.

LDA seeks to improve the levels of collaboration between dietitians and promote the interests of the profession.

The Cyprus Dietetic Association (CyDA) formed in April 1999 as the only professional body in Cyprus for Dietitians, Clinical Dietitians and Nutritionists. (Previously these professions had been represented by the Cyprus Association of Food Scientists/Technologists and Dietitians).

The CyDA currently has 64 active members, 7 students, 3 subscribers and 1 honorary member. President Eleni Andreou has written an article for this issue that outlines in more detail the history and goals for the Association.

We look forward to hearing more from each of these member associations in the future and about the food and nutrition issues that are opportunities and challenges for them and their members.

Feature Article

South African Dietary Guidelines

The first set of national South African food-based dietary guidelines is official!

The Association for Dietetics in South Africa and the Nutrition Society of South Africa are pleased to announce that the National Department of Health has approved and adopted its first national set of country-specific food-based dietary guidelines for South Africans.

The promotion of appropriate diets and lifestyles through the development and use of relevant, country-specific nutrition education tools (such as food-based dietary guidelines) is one of several strategies contained in the World Declaration and Plan of Action for Nutrition adopted at the International Conference on Nutrition (ICN) in Rome in 1992. The goal of this strategy is aimed at eliminating or substantially reducing famine and famine-related deaths, chronic malnutrition, micronutrient deficiencies, and diet-related communicable and non-communicable diseases. The reasoning for this being that many factors affecting the health/nutritional status of individuals are linked to diet and/or lifestyle¹.

When reviewing the health problems faced by many South Africans, namely, the double burden of over- and under-nutrition, it would appear that nutrition education has not made much impact on achieving optimal nutritional status^{2,3}. A possible reason for this may be

that the nutrition/health messages being used to promote healthy diets and lifestyles are inappropriate because they are not country-specific, are largely nutrient-based or only aimed at a population eating a typical Western diet⁴.

Motivated by this evidence and the strategies contained within the World Declaration and Plan of Action for Nutrition, the Nutrition Society of South Africa initiated the formation of a working group that could begin the process of developing country-specific food-based dietary guidelines for South Africans. Using the recommended FAO/WHO food-based dietary guidelines process, the working group agreed that the dietary guidelines should describe a target diet that South Africans older than 7 years of age should be aiming towards whether under-, over-or adequately nourished⁵.

The mandate of the working group was therefore agreed as follows:

1. To develop a single (core) set of guidelines for the promotion of health to healthy South Africans older than 7 years of age.
2. To ensure that the guidelines developed are affordable, practical, attuned to food availability, culture-sensitive (encourage the use of traditional foods and eating patterns), positive and non-prescriptive, sustainable, and environmentally friendly.
3. To adapt the finalised guidelines for infants and young children, and persons with special dietary requirements (such as pregnancy, lactation, chronic illness, elderly).
4. To review and revise the guidelines every 5 years or sooner in response to major research findings⁵.

Following workshop discussions with academia and health professionals as well as extensive consumer testing across a wide range of socio-economic and cultural strata⁶, the official national South African dietary guidelines were adopted by the National Department of Health on 4 July 2003 (see Table 1).

In keeping with the mandate of the working group, dietary guidelines for people living with HIV/AIDS have been modelled on the core set of dietary guidelines⁷ and also adopted by the National Department of Health (see Table 1).

Dietary guidelines to meet the specific needs of South Africans 7 years and younger are also under development and await final consumer testing. These paediatric dietary guidelines will address the specific needs of babies, infants and young children as well as the special needs of South African children per se. Three paediatric sub-categories have therefore been identified, namely, 0-6 months, 6-12 months and >1 to 7 years. These guidelines should become available during 2004.

Scientific evidence to support each of the South African dietary guidelines has been published and disseminated to South African health professionals⁸. Health worker training materials and consumer information and education materials are being compiled and will become available during the beginning of 2004. It is envisaged that the national launch of the South African dietary guidelines to the public will take place mid-2004 once training workshops have been completed with health professionals and health workers.

Table 1: South African Dietary Guidelines

Dietary guidelines for South Africans older than 7 years ⁵	Dietary guidelines for People Living with HIV/AIDS ⁷
	Start early
	Choose your own food
Enjoy a variety of foods	Eat a variety of foods
Be active!	Be as active as you can
Make starchy foods the basis of most meals	Make starchy foods the basis of each meal
Eat plenty of vegetables and fruits everyday	Eat plenty of vegetables and fruits everyday
Eat dry beans, peas, lentils and soya regularly	Eat dry beans, peas, lentils, peanuts and soya regularly
Chicken, fish, meat, milk or eggs could be eaten daily	Chicken, fish, meat, milk or eggs could be eaten daily
Eat food and drinks containing sugar sparingly and not between meals	Include sugars, fats and oils
Eat fats sparingly	
Use salt sparingly	Use salt sparingly
Drink lots of clean, safe water	Drink lots of clean, safe water
If you drink alcohol, drink sensibly	Do not take alcoholic drinks

References:

1. FAO/WHO (1992). Promoting appropriate diets and healthy lifestyles: Theme Paper No. 5. In: Major issues for nutrition strategies. International Conference on Nutrition, Dec. 1992. Rome: FAO/WHO.
2. Labadarios D, Steyn N, Maunder E, MacIntyre U, Swart R, Gericke G, Huskisson J, Dannhauser A, Vorster H, Nesamvuni A (2001). The national food consumption survey (NFCS) – Children aged 1-9 years, South Africa 1999. SA J Clin Nutr 14(2):62-75.
3. Vorster H, Oosthuizen W, Jerling J, Veldman F, Burger H (1997). The nutritional status of South Africans: A review of the literature from 1975-1996. Durban: Health Systems Trust.
4. Vorster H, Love P, Browne C (2001). Development of food-based dietary guidelines for South Africa – The process. SA J Clin Nutr 14(3): supplement:S3-S6.
5. Love P (2002). Developing and assessing the appropriateness of the preliminary food-based dietary guidelines for South Africans. Unpublished PhD Thesis. Department of Dietetics and Human Nutrition, University of Natal: South Africa.
6. Love P, Maunder E, Green M, Ross F, Smale-Lovely J, Charlton K (2001). South African food-based dietary guidelines: Testing of the preliminary guidelines among women in KwaZulu Natal and the Western Cape. SA J Clin Nutr 14(1):9-19.

7. DOH (Department of Health) (2001). South African National Guidelines on Nutrition for People Living With TB, HIV/AIDS and other chronic debilitating conditions. Pretoria: Department of Health.

8. SAJCN (2001). South African Food-Based Dietary Guidelines: Technical Support Papers. SA J Clin Nutr 2001(14)3:Supplement S1-S80

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From the Boardroom

A meeting of the Board of Directors was held from 2-4 June at Lake Louise in Alberta, Canada, to continue working on ICDA’s action plan and to prepare for the Official Representatives meetings and ICDA Sessions, to be held during the XIVth International Congress of Dietetics in Chicago next May.

In 2004 the term of office of three Directors ends and nominations will be sought to fill these vacancies. The retiring Associations are The American Dietetic Association, The British Dietetic Association and The Swedish Association of Dietitians. Criteria details relating to nomination of directors together with information regarding the official representatives meetings will be sent out to national dietetic associations in November.

The Italian Dietetic Association has withdrawn its bid to host the International Congress in 2012. As no bids have been received from Europe, bids can now be submitted from member national dietetic associations worldwide.

Prior to the Board meeting, the Board of Directors attended the Dietitians of Canada annual conference in Calgary. This provided the opportunity for the Board to run a workshop, using data from the Education and Work of Dietitians around the world

questionnaire, and focusing on building common ground. We are grateful to Dietitians of Canada for being able to pre-test this interactive session in preparation for the congress in Chicago, and for their members' active participation and valuable input to the workshop.

A highlight of the conference was the conferring of the title "Honorary Calgarian" on Directors of the Board and other international guests at a traditional Calgary White Hat Ceremony.

May 2004 is fast approaching when we will be meeting in the vibrant city of Chicago for the XIVth International Congress of Dietetics. Substantial variations exist around the world in the practice of dietetics and an international congress provides the ideal setting to meet new colleagues from different cultures and share experiences. The theme for the congress is "Sharing Global Perspectives, Building our Common Ground".

Do join us at ICDA's symposium when the results of ICDA's survey on the Education and Work of Dietitians will be presented, providing a global perspective of the profession, and participate in ICDA's interactive session identifying issues relating to international standards of practice.

The ultimate success of any congress depends on the delegates and their contribution. Make sure you are there to voice your opinion on the common ground that defines our profession and share in shaping a vision about professional standards to fulfil ICDA's mission of an enhanced image for the profession.

We look forward to your participation and to

meeting you in Chicago.

ICDA Board Conducts Successful Workshop on "Common Values"

The ICDA Board was welcomed by Dietitians of Canada to their annual scientific meeting, held this year in Calgary in early June. The Board conducted a workshop to explore the values that unpin dietetics and whether we can move to a set of common understandings of ethics, education and standards. It was great. We had nearly 30 attendees who worked through a number of activities that focussed on how we, as the international community, can gain some understandings of our common ground. The workshop was fully evaluated and we will be using this information to shape the workshop for national dietetic association delegates next year.

We are looking especially to see what we can learn about our common values, how much common ground we have in terms of the ethical basis of practice, the education needs we have to support practice and the standards of practice. You will be asked to actively contribute to this firstly through the national delegate workshop and also through individual participation in the larger workshop. The preliminary workshop in Canada was very encouraging and has given us good information that will be used in this next phase.

We are trying to understand whether we, as the Board, have a mandate from member dietetic associations, to move forward - to seek for a minimum education standard for dietetics across the world. Imagine if we could reach such a goal. We can advance dietetics and the health of the world through such action, as it will give us a common

standard and will allow us to advocate for nutrition in a wide arena. The primary goal for us is to look for common ground – where are we all similar, rather than differences. So we look forward to a lively workshop. Your national delegates will receive information early in 2004 and we hope that you will all have a chance to put your views forward to your delegates.

This is your once in four year chance to have a say and to help the Board help the profession in any way we can. But you do not have to wait. Anyone with any views can express them to your national delegates now, who can forward them on to the Board. Please think about this.

Secretary's Report

Bids are invited for the XVI International Congress of Dietetic (2012) In accordance with our policy, as no Member national dietetic association in the Europe Region has indicated they will propose to host the 2012 International Congress of Dietetics, proposals from other ICDA regions are being sought. National dietetic associations anywhere in the world may submit a bid using the form at <http://www.internationaldietetics.org/hostinga-congress.asp>

ICDA Representatives can obtain Minutes and other official documents on a private web area
http://www.internationaldietetics.org/members/document_search.asp. Minutes of the June 2003 Board meeting have been posted.

ICD Fees for Member national dietetic associations for 2003 and 2004 are due.
ICDA Official Representatives set fees in July 2000 at twenty cents US for each member in the national dietetic association/per year for

2003 and 2004. Invoices have been sent to all Member national dietetic associations. When payment is received, you will be sent a receipt from the Secretariat. Associations must submit their fees in order to participate in Member meetings to be held May 27th and May 29th, 2004 in Chicago, USA.

Next Board of Directors Meeting: January 2004.

Next issue of Dietetics Around the World will be published in March 2004. 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

**May 28-31, 2004
Chicago, USA**

Plan now to attend and save with the early bird rate! ICD 2004 is the hallmark professional development and leadership event for the global dietetics community. This unique forum provides delegates with four concentrated days of educational programming, networking round tables, exhibits and social events.

Developed by dietitians from around the world, the ICD program will encompass all practice areas and feature over 60 informative sessions covering timely topics as obesity, diabetes, food security, and HIV/AIDs. Over 140 poster presentations will be on display

showcasing new and innovative ideas backed by the latest research.

For more information on the full ICD program, registration, housing or travel, please visit www.internationaldietetics.org and select the International Congress of Dietetics 2004 area where you will find the Congress Planning Centre which provides detailed calendars and information for registrants, speakers, sponsors, exhibitors, and national dietetic associations.

Build your professional development portfolio with peers from around the globe while enjoying the world-class hospitality of Chicago – an exciting destination for the entire family. A quick visit to www.meetinchicago.com makes it easy to find all there is to see and do while in town.

We look forward to seeing you in Chicago next May, but don't delay...be sure to register by **January 31, 2004** and save \$125 off the Advance Rate!

National Association Reports

Australia

Australian Dietitians Working Hard on Practice Guidelines

Since the Dietitians Association of Australia (DAA) formed in 1983, the organization has supported best practice by developing and publishing guidelines and standards for professional practice.

To date, practice guidelines, reviews and position papers have been published in the DAA journal on an ad-hoc basis - usually written by individual expert practitioners or interest groups.

In recent times the need to create a more rigorous process for the development of practice guidelines has been recognised. DAA members have demonstrated interest at conference workshops, and generally participated significantly in guideline development activities.

To support the process of developing practice guidelines, the DAA Board has provided funding for two special projects in the areas of type 2 diabetes and obesity. These two projects are progressing well, with draft guidelines planned for completion by the end of this year.

DAA has also identified a range of other groups across Australia who are actively working on dietetic practice guidelines. Practice guideline work currently underway includes:

1. Dietetic practice guidelines for management of obesity in adults
2. Dietetic practice guidelines for management of obesity in children and adolescents
3. Dietetic practice guidelines for the management of Type 2 diabetes
4. Dietetic practice guidelines for nutritional management of renal failure
5. Dietetic practice guidelines for the management of HIV
6. Guidelines for nutrition management of anorexia nervosa
7. Paediatric Dietetic practice guidelines
8. Management guidelines for hyperlipidaemia

As a small organization, DAA has limited capacity to cultivate the range of practice guidelines required by dietitians, however we can define a 'best practice' process for the development of such guidelines and provide a

national level endorsement mechanism. The DAA endorsement process will ensure practice guidelines developed by members use quality and widely accepted processes. Once endorsed, the guidelines will be widely disseminated to members and other key stakeholders.

The Practice Advisory Committee, a member-based committee of DAA who provide advice to the DAA Board on dietetic practice issues, is developing the 'best practice' process. The Committee have based their work on the National Health and Medical Research Council (Australian) guideline development process and the tool kit for 'Developing and Validating Evidence Based Guides for Practice' developed by the American Dietetic Association.

While still in development, DAA is proposing a three-phase endorsement process - focusing on the development of the guideline, DAA review and endorsement; followed by implementation and evaluation.

Stage 1 - Requirement to submit a plan for the development of the proposed guideline.

Stage 2 - Draft guideline submitted to DAA along with evidence that the DAA process has been adhered to and issues raised through the consultation phase have been addressed. DAA seeks independent peer review.

Stage 3 - Evaluation, monitoring and review.

DAA supports establishing a hierarchy for practice guidelines and plans to outline a process for moving a guideline from expert opinion (low level of evidence) to a gold standard or level A category (high level of evidence). This process would involve addressing the gaps in evidence by conducting or supporting primary research.

DAA looks forward to continued work on practice guideline development and would welcome any opportunity to discuss this work with our international colleagues.

AUSTRIA

Stomach Cancer and Nutrition

The incidence of stomach cancer is in decline but there are a number of risk factors related to nutrition. A certain selection of foods can have preventive effects when eaten.

Causative Factors Related to Nutrition - Nitrates, nitrites and nitrosamines (which occur in smoked meat and in some vegetables) and benzopyrenes (which occur in smoked products and grilled foods but are also present in cigarette smoke and car exhaust fumes) are possible causes of stomach cancer.

Japan has one of the highest incidences of stomach cancer. One likely cause is the high consumption of fish from waters contaminated by nitrates.

Development of Nitrosamines - Nitrates themselves are not dangerous to the human body however micro-organisms (i.e. intestinal bacteria) reduce them to nitrites (NO₃->NO₂), forming nitrosamines. Nitrosamines in turn promote the development of cancer by their action of locking into the DNA with resultant mutagenesis.

Vitamin C and phytochemicals, such as sulphide and quercetin, inhibit the cancer promoting effects of nitrosamines by blocking the formation of nitrites from nitrates. For example, the mutagenic potential in sausage production is minimized by the addition of

abundant amounts of Vitamin C during processing.

Nitrosamine development is increased when nitrites and amines are combined at temperatures exceeding 180°C (e.g. pizza and toast). It is recommended an adequate amount of Vitamin C be taken on days when increased ingestion of nitrosamines will occur.

Fertilizers and almost all preserving salts contain large quantities of nitrates and nitrites. Nitrates from soil as a result of using fertilizers accumulate in vegetables (especially spinach, turnip cabbage, beetroot, lettuce and rocket).

During the course of the day the assimilation of light leads to a reduction in nitrates. It is therefore better to pick high nitrate vegetables later in the day. Greenhouse vegetables (due to less assimilation of light) contain up to three times more nitrates than vegetables grown in the open.

Salt - A high intake of salt increases the risk of inflammation of the stomach lining, leading to higher risk of gastritis and ulcers.

Toxins in Foods - Toxins are metabolic products of moulds. One can differ between mycotoxins in bread, jam, cheese (not counting mould cheeses such as Blue cheeses) and aflatoxins in nuts, peanuts and pistachios.

Poor countries with low standards of hygiene, where mouldy foods are more likely to be eaten, have a higher incidence of stomach cancer. On the other hand, the incidence of stomach cancer has been decreased by about 70% since the Second World War.

Alcohol, Coffee and Nicotine - These substances stimulate the secretion of gastric

acid. For that reason they can each independently cause stomach cancer.

Drugs - Different remedies for rheumatism and pain (e.g. Voltaren) can promote the beginnings of stomach cancer. Therefore drugs containing a protective substance for the stomach lining should be taken simultaneously (e.g. Arthrotec).

Helicobacter - Its significance in the development of stomach cancer is under discussion.

Phytochemicals and their Preventive Effects on Stomach Cancer

Quercetin - is a flavonoid that can prevent the development of nitrosamines because of its antioxidant effect. Animal experiments show quercetin inhibits the action of phase-1 enzymes that activate carcinogens. Quercetin can also inhibit the activation of nitrosamines into carcinogenic substances.

Sulphides - inhibit phase-1 enzymes and activate detoxifying enzymes. Sulphides act bacteriostatically and so they also inhibit the growth of micro-organisms in the stomach (e.g. helicobacter). Quercetin and sulphides are found in onions, garlic, mustard, radish, horseradish and broccoli. (Studies have shown the low incidence of stomach cancer in Georgia, USA is related to the high consumption of onions in this area).

Katechines - in green tea are attributed with having protective effects against stomach cancer. However for a preventive effect consumption would have to be a few litres per day.

Flavonoids - found in beetroot, red wine, onions etc. have an antioxidant effect and

influence tumour promotion in a positive way.
(ill.1)

Antioxidants (Vitamin A, Vitamin C, Vitamin E) - Antioxidants protect body cells from free radicals - therefore the risk of tumour-genesis is lowered. Vitamin E blocks the transformation of nitrates to nitrites. Attention is drawn to the fact that there is danger to smokers in the over-consumption of beta-carotene. Different studies (Finland, CARET, ATBC) have proved that excess beta-carotene raises the incidence of lung cancer amongst smokers.

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Canada

New International Associate Membership Category

International Associate membership enables dietitians from other countries to join the 5000 members of Dietitians of Canada and obtain services generally available only to members. These benefits include:

- access to the members only website <http://www.dietitians.ca> ;
- a free subscription to the quarterly peer-reviewed Canadian Journal of Dietetic Practice and Research and Practice;
- on-line professional development courses and resources at member rates;
- access to a comprehensive inventory of nutrition resources for members and their clients,
- position statements, practice guidelines and much, much more.

An applicant meeting the association

membership requirements below may, on payment of fees, become an International Associate after submitting an application to the Dietitians of Canada.

Education - A qualified applicant will have formal education (accredited or certified) in food, nutrition or dietetics from an educational program or institution recognized by an authority in their country and acceptable to Dietitians of Canada.

Foreign National Dietetic Association Membership - A qualified applicant will have membership in another national dietetic association.

Fees - International Associates pay the same annual fee as members and have the same rights and privileges, with the exception of voting privileges. International Associates are not eligible to hold office or directorship of Dietitians of Canada.

Residence - Individuals living in Canada are not eligible for International Associate membership.

If you are interested in expanding your contacts and having access to resources developed for dietitians in Canada, or in obtaining lower rates for services such as online education at <http://www.dieteticsatwork.com> , please contact us for an application form. You may contact us using either of the websites listed above or via Georgette Harris at Dietitians of Canada, 480 University Avenue, Suite 604, TORONTO, CANADA M5G 1V2; Tel: +1 (416) 642-9310; FAX +1 (416) 596 0603; email: gharris@dietitians.ca

Cyprus

Cyprus and History

Cyprus, the legendary birthplace of Aphrodite, is an island situated in the North-Eastern basin of the Mediterranean Sea, at the crossroads of Europe, Africa and Asia.

It has a pleasant climate with an average of 340 days of sunshine annually, fine sandy beaches, pine-scented forests and vine-covered hillsides.

The island has great diversity, combining western bustle and eastern calm. Cosmopolitan hotels, restaurants and nightclubs co-exist with quiet mountain villages seemingly untouched by the 21st century.

Greek, Roman, Byzantine and British influences have all had a bearing on life in Cyprus. Nine thousand years of history and culture have provided a heritage rich in historical and artistic treasures - Byzantine monasteries, ruins of Greek and Roman monuments and Venetian castles.

The people of Cyprus owe their individuality and warmth to this amazingly colorful history. For this reason, Cypriots make visitors feel at home as soon as they step on the island.

Lefkosia, the capital of Cyprus, and also the last divided capital of Europe due to the Turkey invasion in 1974, is home to lavishly decorated churches and the island's foremost museums.

Encircled by strong fortress walls built by the Venetians in the 16th century, the enchanting old city is scattered with buildings and monuments of historical interest as well as

shops, cafes and tavernas. Its pedestrian section, "Laiki Geitonia", has been carefully renovated to evoke the atmosphere of past days.

In the countryside you'll find ruins of the ancient city kingdoms of Idalion and Tamasos near the villages of Dali and Politiko respectively. One may also visit the Fikardou village, which has been declared a monument and was awarded the Europa Nostra award in 1987.

The other main cities of Cyprus are Lemesos, Paphos and Ammohostos.

Ancient Food in Cyprus - The dominant flavours of Cyprus cuisine are honey, vinegar, fermented fish sauce and a vast array of fresh and dried herbs and spices. The secret was the balance between sweetness and bitter, sour and downright unusual flavours that occur in the different recipes. Honey, vinegar, fish sauce, dry and sweet wine, cumin, coriander, oregano and many other herbs were subtly combined to create a simple culinary style that stresses the natural flavours of the fish or meat of the dish.

Nowadays, some of the traditional and very distinctive foods in the Cypriot kitchen are: halloumi and anari (traditional cheeses), trahana (creamy wheat soup), "souvla" (barbequed) lamb/pork, cheese pie (tyropitta), tahini pie (tahinopitta), flaouna (sort of cheese pie -a traditional food for easter), pourekia (sweet stuffed pastry with anari).

History and Goals of Cyprus Dietetic Association (CyDA)

1991 - the Cyprus Association of Food Scientists/ Technologists and Dietitians formed. Food Scientists, Food Technologists

and Dietitians were grouped together due to the small number of professionals working in Cyprus at that time. "Food" and its relation to the different professions, and the need to be established as professionals in Cyprus brought them together.

1996 - Submission for approval and approval of "the Law for Registration of Dietitians, Food Technologists/Scientists in Cyprus [N31(I)/96]" by Cyprus House of Representatives.

The Ministry of Health appoints the Registration Board for Food Scientists/Technologists and Dietitians in Cyprus every three years, where all dietitians are required to be registered according to the Cyprus law (N31(I)/96).

April 1999 - Cyprus Dietetic Association (CyDA) became an autonomous association. The split from the previous association was due to the large number of members of the different disciplines in Cyprus and the realisation of the different educational and professional goals.

Goals

1. Promotion, education and protection of public health and prevention of certain diseases through sound nutritional habits.
2. Promotion of the dietetic profession in hospital/clinical, industry, education, media, agriculture, research and private sector settings.
3. Promotion of high educational standards for the science and practice of dietetics in order to protect the profession.
4. Establishment of the Association as the only professional body in Cyprus for Dietitians / Clinical Dietitians / Nutritionists.

5. Enforcement of and adherence to the Laws/Bylaws and the Code of Ethics.
6. Acknowledgement of CyDA by other International Dietetic Associations and/or Medical Associations.
7. International Networking.
<http://www.cydadiet.org>

United States

International Diabetes Outcomes Study Through An International Dietetics Practice-Based Research Network

The Wimpfheimer-Guggenheimer Fund for International Exchange in Nutrition, Dietetics and Management recently funded the initiation of an International Dietetics Practice-Based Research Network. The Network will evaluate outcomes using the ADA Medical Nutrition Therapy Guides for Practice for Adult Persons with Type II Diabetes. Dr Naomi Trostler (Israel) and Dr Esther Myers (United States) are the principal investigators for the project entitled International Diabetes Outcomes Study (IDOS).

The three countries tentatively identified for participation are Israel, Turkey, and an Arab country, perhaps Jordan. Dr Naomi Trostler has met with the coordinating dietitians in Israel and Turkey and they are recruiting members for the project. Key components of the Guides for Practice have been identified for translation into Hebrew, Turkish, and Arabic. Once the translation is complete, dietetics professionals from those countries will review the guides for accuracy and determine if further adaptations for local customs are required.

Training will be provided on both data

collection and use of the Guides for Practice. This training is tentatively projected to be held in Turkey the first week of December 2003. The materials will be pre-tested prior to beginning data collection. It is anticipated that these dietitians will actively use the guides for practice, making revisions as necessary at that time based on their experience. It is anticipated that a course of nutrition therapy will include two visits with the dietitian in the first six weeks, with a third visit six weeks later.

For this initial project, the goal is to recruit five dietitians in each country who can provide Medical Nutrition Therapy to 20 clients with diabetes and follow them for up to 18–24 months. The projected goal is to collect data from 2003 to 2004. Data analysis will occur after that time with initial results becoming available for submission of abstract and/or presentation at the Food and Nutrition Conference and Expo (FNCE) in October 2004.

Outcome data from counseling/Medical Nutrition Therapy (MNT) based on the Guides will be compared to MNT goals and similar data collected in the US using these same guides. Theoretically the scientific evidence regarding the content of the nutrition therapy will remain constant regardless of the culture, however the way that it is implemented and interpreted into desired lifestyle and dietary behaviors will vary considerably. This field test of the guides will be an important step in evaluating whether evidence-based guides developed in one country are transferable to other cultures with similar results.

It is hoped that the dietitians who participate in this project may be willing to participate in other joint and collaborative research

endeavors in the future - perhaps field testing other guides or answering other key questions related to aspects of the nutrition care process and the resulting health outcomes. It is hoped that this will be the nucleus of dietitians that routinely conduct outcomes research throughout the world and that with each new project we can add new countries. Thus, this could be the beginning of an international dietetics practice-based research network and open new and exciting dimensions for future international collaborations!

For further information on Dietetics Practice-Based Research Networks or this particular project please contact Dr Esther Myers at emyers@eatright.org or her assistant Cchanner@eatright.org. Dr Naomi Trostler can be reached at trostler@agri.huji.ac.il. An article summarizing the concept of a Dietetics Practice-Based Research Network and experiences of various networks was published on page 626-632 in the May 2003 issue of the Journal of American Dietetic Association (Blending practice and research: Practice-based research networks—an opportunity for dietetics professionals). Both the Journal and the Medical Nutrition Therapy Guides for Practice are available at <http://www.eatright.org>

Awards

No Article

Resources

No resources submitted

ICDA Alliances

Calendar of Events

23-25 October 2003, 3rd International Symposium on Obesity and Hypertension

Berlin

For more information, visit

<http://www.isoh.de/>

25-26 October 2003, 3rd Corfu International Obesity Conference

Corfu, Greece

Email: amich@ker.forthnet.gr

1 November 2003, 1st International Conference on Polyphenols and Health

Vichy, France

<http://www.evicesevents.com/polyphenols/index.html>

15-19 February 2004, 20th Scientific Meeting of the International Society of Hypertension

Sao Paulo, Brazil

<http://www.hypertension2004.com.br/>

28-31 May 2004, XIVth International Congress of Dietetics

Chicago, Illinois, USA

Email: 2004Congress@eatright.org

Tel: 0011 1 312 899 4750

Fax: 0015 1 312 899 4722

9-12 June 2004, Fifth International Conference on Nutrition and Fitness

Athens, Greece

<http://www.iuns.org/conferences/Fifth%20Intl%20Conf%20on%20Nutr%20and%20Fitness,%20Greece,%20June%209-12,%202004.htm>

18-22 June 2004, The 12th International Congress on Nutrition and Metabolism in Renal Disease

Venice, Italy

<http://www.nutrition.metabolism-2004.it>

11-13 August 2004, World Congress of Clinical Nutrition

Brisbane, Australia

<http://www.wccn2004.com.au>

31 August – 4 September 2004, 12th International Congress of Endocrinology

Lisbon, Portugal

<http://www.ice2004.com/>

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

Durban, South Africa

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

April 2006, The 4th Asian Congress of Dietetics

Manilla, Philippines

Write to: Asian Congress of Dietetics, Nutritionist-Dietitians' Association of the Philippines, Inc.

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