

The Voice of

European

Dietitians



President's Message

As 2016 draws to a close may I wish you all a prosperous and happy new year from all of the EFAD Executive Committee and myself. (*Ribbon by maxpixel.freegreatpicture.com*)

This is a time to reflect on another busy year for EFAD and especially to congratulate the General Meeting for adopting a forward-looking Strategic Plan for 2017-2021. The newsletters have been keeping us all up-to-date on what is happening around Europe and as ever they reflect a busy and committed dietetic profession. This edition in particular highlights the work of two of our specialist dietetic networks (ESDNs): Diabetes and Primary Care. Our specialist dietitians are a continuing inspiration to us all as they bring new insights into areas of nutrition that are of such interest to all of our readers. Our Diabetes Network brought awareness of the role of diet and dietitians in the prevention and treatment of diabetes on World Diabetes Day. I wonder how many other dietitians working across Europe held similar awareness-raising events. This is so important to raise the profile of dietitians.

Rian van Schaik and her team in Belgium have used their specialist knowledge of nutrition together with systematic data collection to bring about real savings to the healthcare system as well as patient benefit. I was fortunate enough to hear Rian speak about this work at a recent ONCA conference, which she writes about in this newsletter. We should all take every opportunity to showcase dietitians and their work. Our students and the Hungarian dietitians have also done precisely this in their articles for this edition.

Finally what about you? The EFAD conference programme is coming together and there will be places for you not only to learn from the experts, but also to share your views and even showcase your work. Our last page gives more information!

See you all in 2017

Anne

Anne de Looy
President of EFAD,
Professor of Dietetics, Plymouth University, England



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Taking the Political Advantage: Become Canny

As dietitians we usually come into the profession because of our desire to improve the health of people and of course a love of food. We may even aspire to make a difference, change how things operate or expose injustice. But far too often, I believe, we are left complaining, shaking a fist or just giving-up. I am sure we have all been there!

In talking to Chairmen and Presidents of National Associations, I am impressed by their dedication to making things change. The leaders of two associations have told me recently that it has taken between 20-25 years to change the political view of politicians or lawmakers to win recognition for dietitians as registered professionals. These dietitians have vision, strength and commitment, but more than that they are politically '*canny*'. Canny is an interesting word and it means- having or showing shrewdness and good judgment. For example, '*canny investors will switch banks if they think they can get a better deal*'. Leaders are '*canny*'.



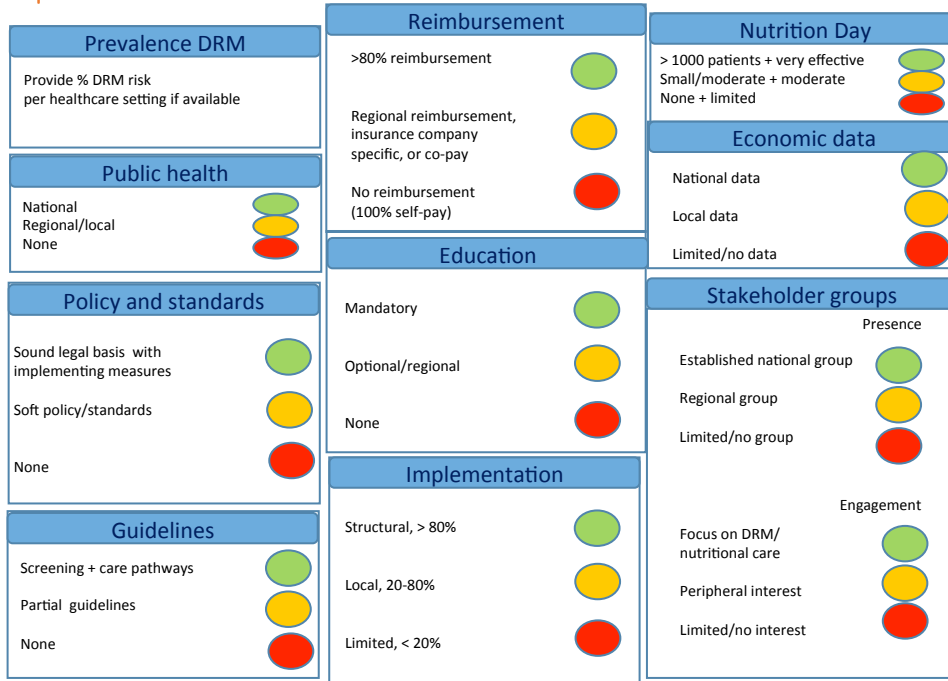
The European
Nutrition for Health Alliance

About 4 years ago, the European Nutrition for Health Alliance (ENHA) launched a Europe-wide initiative called ONCA (Optimal Nutritional Care for All). It originally targeted disease-related malnutrition, but has moved increasingly to

act on malnutrition in the elderly and I am sure this will be extended to cover all malnutrition. The ONCA initiative is '*canny*'. It brings together multi-disciplinary stakeholders such as physicians, dietitians, patients, other health professionals and industry at country level to raise awareness of malnutrition, run courses, seek changes in policy, initiate new approaches and monitor change. Twice a year the country teams meet to share best practice. ONCA started with 6 countries and now has grown to 14. At the last meeting four Ministers of Health joined their respective country teams. (See my tweets #ONCA16)

On the next page you will see the blank template for ONCA members to follow progress, one for each country. The 'traffic light' system shows at a glance where progress is going well (green); where there is still some work to do (orange) and where things are in pretty poor shape (red).

Optimal nutritional care for all



At the ONCA16 meeting, the individual ONCA teams used their dashboards to report the presence and engagement of dietitians in their respective countries (as they saw it) and things looked pretty good: nearly all green lights, only two orange lights and no reds. You can see the ONCA Member Country Dashboards by going to the ENHA website homepage www.european-nutrition.org and clicking on the 3rd bullet point down.

The fact that Ministers of Health have invested their time to travel with their teams and participate in a 2-day meeting in December tells us that they see this initiative as significant, because it could help them to solve malnutrition in their country. They are being *canny*! For a dietitian member of the team, this meeting was an opportunity to work at a national level that included Ministries of Health. Dietitians could get the attention of those that have the power to make things happen. Now that is being *'canny'*. **However, on the day, as I looked around the room in this meeting, only 2 of the 14 national teams contained dietitians.** Where were the dietitians in the teams speaking about their professional role?

What does this tell us? In 2017, let us all be more *'canny'* for our profession and seize opportunities for the health of the people we work with!

Anne de Looy

Belgium

A Protocol for Sustained Reduction in Total Parenteral Nutrition (TPN) & Cost Savings by Improving Nutritional Care in Hospitals

The Flemish Association of Nutritionists and Dietitians



Malnutrition and the use of TPN contribute considerably to hospital costs. Recently, we reported on the introduction of malnutrition screening and monitoring of TPN use in our hospital, which resulted in a large (40%) reduction in TPN and improved quality of nutritional care in two years (2011/12). Here, we aimed to assure continuation of improved care by developing a detailed malnutrition screening and TPN use protocol involving instruction tools for hospital staff, while monitoring the results in the following two years (2013/14).

My colleagues and I developed tools for dietitians and physicians to administer TPN according to the needs of the patients. This work was recently published paper in the journal *Clinical Nutrition*¹.

In our work, we introduced a TPN decision-tree for the follow-up of TPN in patients and a TPN/EN instruction card for caregivers. This showed TPN/EN introduction schedules based on the energy needs of patients according to evidence-based guidelines. It also addressed the risk of re-feeding syndrome. Dietitians monitored TPN patients. TPN usage and costs were presented to the medical staff. At the same time, dietitians continued to screen and treat malnourished patients. 48% of patients who were hospitalized for at least 48 hours, were screened for malnutrition. Dietitians treated 17% who were diagnosed at risk and 7.9% who were diagnosed as malnourished. TPN usage dropped by 53% compared to the same period four years previously. The ratio of TPN to enteral nutrition (EN) fell from 2.4 to 1.2 in the same period. The follow-up of TPN patients by dietitians reduced costs by 51%.

Sustained improvement of nutritional care and reduction of TPN usage and costs is possible by introduction of procedures embedded in the existing structures. Ongoing monitoring to sustain improved nutritional care of TPN patients is also necessary.



Rian van Schaik
Dietetics Department, AZ Sint-Lucas,
Brugge, Belgium

¹ Rian van Schaik et al (2016) A protocol for sustained reduction of Total Parenteral Nutrition and cost savings by improvement of nutritional care in hospitals *Clinical Nutrition Volume 15* 114-121

Hungary

OKOSTÁNYÉR® (*Smart Plate*): The New Hungarian Dietary Guideline



The Hungarian Dietetic Association (MDOSZ) has recently published a new dietary guideline for the healthy adult population. The OKOSTÁNYÉR® (*smart plate*) provides detailed dietary guidance in a simple format, to help consumers make healthier eating choices.

There is convincing evidence that when communicating nutrition and healthy eating messages, it is better to express the recommendations in terms of actual foods, rather than nutrients. The OKOSTÁNYÉR® is one such food-based dietary guideline. We chose the plate format as a visual image to make it clearer for consumers. The new Hungarian guideline is consistent with previous dietary recommendations, local food variety and eating habits and is integrated with other policies related to nutrition and health promotion.

The OKOSTÁNYÉR® describes the ideal composition of a daily diet and leads consumers toward dietary recommendations within the main food groups (fruit and vegetables, grains and cereals, milk and dairy, meat, fish and eggs). Guidance on physical activity, healthy hydration, moderate consumption of fat, sugar and salt and is also an integrated part of the new guideline.

The Food Science Committee of the Hungarian Academy of Sciences also recommends the OKOSTÁNYÉR®. The guideline is available to see on our website www.mdosz.hu Practical hints and tips on daily menu planning, guidance on healthy portions and food purchase and recipes are also included to help consumers in everyday implementation of the recommendations.

Zsuzsanna Szucs
Hungarian Dietetic Association, Science Committee

Spain

ENDietS Student Conference Granada, 6 September



In early September the 17th International Congress of Dietetics (ICD) took place in Granada, Spain. ENDietS organised its 2nd student conference on the day before the start of the ICD, at the same location. Students from many countries joined the ENDietS conference to learn and network. In particular, Spanish students broke the ice by describing their country's cuisine and inviting the participants to try local specialties during their stay.

The workshops encouraged students to work together and find creative solutions to problems. This was an excellent opportunity for networking in small groups. The first workshop was about designing a research plan on the food and lifestyle habits of students on international exchange. It was interesting to see how each group had a different approach to the topic. The second workshop approached the issue of multicultural differences in healthcare services, which is a current concern given the current refugee crisis in Europe. Participants were placed in the shoes of a dietitian facing obstacles in communication and religious differences. The discussions were very fruitful because the attendees were creative and innovative in offering solutions.

Four students were given the opportunity to present a project they had been part of during their dietetic education and talk about their experiences. It was inspiring to see what young people are capable of and this should encourage others to take part in extracurricular activities.

To end the conference, the ENDietS annual general meeting was held with the aim of finding new anchors (active member of the Executive Committee) for the upcoming year. As a result, two new Presidents, an Oral Communications Anchor, and a Public Health Anchor joined the team.

At the end of this interesting, educational, and fun day, students were invited to come to a social event. At dinner we enjoyed local food, drinks and each other's company. It was a great opportunity to get to know new people and create lasting friendships.



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***Lore D'Helft (Joint ENDietS President)
Undergraduate Student
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World Diabetes Day

European Dietitians have an integral role in the prevention and management of diabetes. EFAD and its European Specialist Dietetic Network (ESDN) for Diabetes support the International Diabetes Federation on World Diabetes Day (WDD) in spreading the message that diabetes and its complications can be prevented or delayed, by early diagnosis and by adopting an appropriate diet and lifestyle.

The theme of WDD this year is 'Eyes on Diabetes'. The activities and materials will focus on the importance of screening to ensure early diagnosis of type 2 diabetes and treatment, including lifestyle modifications. By adopting healthier lifestyles, including healthier eating habits, up to 70% of type 2 diabetes cases can be prevented or delayed.²



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**European Specialist Dietetic
Network (ESDN) Diabetes**

The Role of Dietitians in the Prevention and Management of Diabetes

As members of integrated multi-disciplinary teams, dietitians have a central role to play in supporting both the prevention and management of diabetes³. Dietary and lifestyle modification are the cornerstones of effective prevention and self-management. Dietitians are uniquely qualified to translate the science of nutrition and apply it to nutrition counselling (promoting healthy nutrition in diabetes) and to public health initiatives (reducing the burden of preventable disease through good nutrition). For more information, please read the ESDN Position Paper here: www.efad.org/specialists/5307/7/0/80

Steps Toward a Healthier Life with Diabetes

On WDD this year, the ESDN for Diabetes has provided scientific support to the International sweeteners Association (ISA) in developing an online program themed '*It's easy to start with one simple step*'⁴ plus related materials. These include a 5-step infographic in different languages and an animated video that provide simple guidance to people with diabetes on how small changes in diet and lifestyle can help in glycaemic control and diabetes management. For more information, go to www.sweeteners.org/category/15/article/74/world-diabetes-day-2016 You will find that the ESDN for Diabetes have prepared a report in support of WDD 2016, which concludes that people with diabetes can avoid serious complications and live healthier⁵ when a dietitian provides an individualized dietary plan that monitors carbohydrate intake, regular physical activity, weight loss, and self-monitoring. Finally, do not miss the EFAD press release on World Diabetes Day: www.efad.org/news/6106/7/0/80

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²IDF Diabetes Atlas, 7th edition, 2015. Available online: www.diabetesatlas.org

³Tuomilehto J, Schwarz P, Lindström J (2011) Long-Term Benefits From Lifestyle Interventions for Type 2 Diabetes Prevention *Diabetes Care* May 1, 34 (Supplement 2) S210-S214

⁴ISA online activity programme for WDD 2016 www.sweeteners.org/category/15/article/74/world-diabetes-day-2016

⁵Evert AB et al (2013) Nutrition therapy recommendations for the management of adults with diabetes *Diabetes Care* 36 3821-3842

The Role of Primary Care Dietitians



The definition of primary care can vary widely across Europe. Primary care is also developing at a differing pace across Europe. Here I will define some of the roles of dietitians working in primary care and give a flavour of the developing roles of dietitians working outside the hospital setting, as well as the opportunities to expand our role. The Primary Care Dietitian is one of the key professionals in the community, for supporting self-care, self-management, health promotion and health education as well as making sure that the patient's needs remain central to their treatment, ensuring that treatment is always appropriate and that care is planned and coordinated. Primary Care Dietitians can play a key role in the following:

Community Multi-Disciplinary Working

Primary Care Dietitians have core skills that are critical to understanding the needs, preferences and social circumstances of the individual (and, where appropriate, their carers and families) and making sure the patient is at the centre of care delivery. Primary Care Dietitians must work as a true partner in multi-disciplinary teams, with trusted professional relationships and mutual respect, supported by shared information and decision-making.

Care co-ordination for Patients with Complex Chronic Conditions

Co-ordination of care for people with complex chronic illness is a global challenge. Driven by broad shifts in demographics and disease status, long-term conditions absorb by far the largest, and growing share of health care budgets. Co-ordination of care for patients with complex needs and long-term illness is currently poor and those with long-term conditions have a lower quality of life. Robust evidence on health outcomes is limited, but improved care co-ordination can have a significant effect on the quality of life of older frail people and people with multiple long-term conditions. The team should also include integrated care co-ordinators who can support the management of patients with long-term conditions and this could be seen as an extended role for Primary Care Dietitians.

Patients with Multiple Long-term Conditions – 'Multimorbidity'

Due to the increase in proportion of older people in the population, the number living with multiple long-term conditions will increase. Many of these long-term conditions require expert dietary input, particularly when there is more than one long-term condition that cannot be cured, but can be controlled. Primary Care Dietitians have a key role in the care of people with such conditions, keeping them well and reducing hospital admissions. Multiple conditions might include diabetes and heart disease, or coeliac disease and irritable bowel syndrome etc. Primary Care Dietitians can deliver care closer to people, increasing convenience; they can be a first point of contact for patients and facilitate the early detection of illness and thereby improve health outcomes. Primary Care Dietitians can also take a long-term perspective to support illness prevention and healthy lifestyles.

Managing Ambulatory Care-Sensitive Conditions (ACS)

ACS conditions are chronic conditions for which it is possible to prevent acute exacerbations and reduce the need for hospital admission through active management, such as better self-management, disease management or case management, or lifestyle interventions. Examples that would involve Primary Care Dietitians include nutrition advice in diabetes, chronic obstructive pulmonary disease, heart disease, angina and hypertension. Maintaining wellness and independence in the community prevents deterioration in conditions and therefore results in better health outcomes. Emergency admissions to hospital are distressing. Better management that keeps people well and out of hospital should lead to a better patient experience.

Health Promotion and Reduction in the Disease Burden

The World Health Organisation (WHO) has estimated that seven risk factors account for 60% of the disease burden in Europe:

- tobacco
- alcohol
- low fruit and vegetable intake
- physical inactivity
- high blood pressure
- high cholesterol
- overweight and obesity

It has been estimated that 80% of cases of heart disease, stroke and type 2 diabetes, and 40% of cases of cancer could be avoided if common lifestyle risk factors were eliminated.

“Promoting good health and preventing ill health saves money...a small shift in resource towards public health prevention activity would offer significant short, medium and long-term savings to the service and to the taxpayer”

Primary Care Dietitians have a key role in reducing the incidence of disease and health problems within the population, either through universal measures that reduce lifestyle risks and their causes or by targeting high-risk groups. One of the more modern and increasingly common risk factors for disease, which is affecting the largest proportion of our population, is that of diet-related disease and more particularly overweight and obesity. Effective interventions to reduce diet-related risk factors, such as Body Mass Index (BMI), could have an important impact upon the future burden of long-term conditions.

Lorna I Hall
Project Manager - Primary Care, NHS Ayrshire & Arran, Scotland
Chair, ESDN Primary Care

If you are interested in joining the ESDN Primary Care Committee or Network, please contact Judith Liddell here: secretariat@email.org



EFAD/ENDietS Webinars

Give yourself the present of (even more) knowledge next year – check out all the webinars that are now available on the EFAD website. Webinars are free, easy and fun! ENDietS and EFAD are working together in offering webinars that enhance lifelong learning for dietitians.

Presentations range from students to nutrition specialists. Some examples of our previous webinars include: *'Nutritional Education in 2025: Challenge or Adventure?'* by students from Wageningen University, Netherlands; *'IMPECD and the development of a massive open online course'* by Alexandra Kolm, University of Applied Sciences St Pölten, Austria; *'Interpreting Dietary Guidelines'* by Maria Hassapidou, ATEI Thessaloniki, Greece. If you have not attended one yet, then give yourself a treat! Check out the recordings of the previous webinars on the EFAD website www.efad.org/education/5324/5/0/80 and look out for new dates and new topics in the 2017 EFAD/ENDietS webinar programme.

Nena Karavasiloglou, Lore D'Helft, ENDietS
Judith Liddell, Secretary General, EFAD

Save the Date



www.efadconference.com

**Deadline for submissions for the next
Newsletter: 28 February 2017 to:
editor@efad.org**

***See Editorial Policy and
Guidelines for Authors on the
next page***

***www.efad.org
European Dietitians***

Editorial Policy

The EFAD Editorial Board comprises the Honorary Vice-President, the Secretary General and a Committee or ESDN lead (to be consulted in rotation or as required), with assistance from the non-executive Editor. The Board will decide the content of each Newsletter and their decision is final. Articles should reflect EFAD's core values: **fairness, openness, non-discrimination, collaboration and independence**. The Editorial Board welcomes suggestions from members for improving and developing the Newsletter. **In order to reflect EFAD's mission statement, articles for the Newsletter should always refer to 'dietitians' or 'dietetics' in the text.**

Guidelines for Authors

- Please read previous editions of the Newsletter available at: www.efad.org/everyone/3147/5/0/32
- Your article should be in English and emailed to me, Terry Hyde: editor@efad.org
- Your article should be about 500 words (2,500 characters with spaces), but can be up to 1000 words if it is particularly important.
- Please send **your own** photographs or ones that are **copyright-free** or **free-to-use for non-commercial purposes**.

Who is the audience?

This is the first and most important question that any editor or author must answer before they start work. I will edit all articles to meet the needs of a very wide audience: undergraduate students, dietitians, academics, Ministers of Health and senior figures at WHO European Region. The first language of most of our readers will not be English. Therefore, I will also edit to ensure that the writing is concise, the meaning is clear and the language is free of bias. I will use **plain English, modern English usage** and **open punctuation**.

What is plain English?

Some of the principles of plain English are:

- use short words rather than long words
- write in short sentences rather than long ones
- use the active verb rather than the passive, eg '*I edit the Newsletter*' not '*The Newsletter is edited by me*'
- use lists where possible
- avoid jargon, acronyms and abbreviations

In science and education, the last point is the most difficult to follow. All of our readers will know what EFAD and EU and UN means (and probably WHO), but how many will know what FNAP means? For more information on plain English, go to www.plainenglish.co.uk

What is modern English usage?

English is a living language in constant change; in particular it absorbs words from other languages and treats them as its own. New words arrive every day and others drop out of use. Existing words change their meanings or develop extra meanings. A few years ago, the only thing that could be stored in a **cloud** was water vapour, but now.... Spellings and constructions also change. So, in modern English usage the word '*lifelong*' is written as one word (no space, no hyphen); similarly with the words '*online*' and '*website*'. Part of my job is to reflect these changes in usage and spelling etc. For more information on modern English usage, see Burchfield RW (2004) *Fowler's Modern English Usage* 3rd Ed Re-revised OUP Oxford.

What is Open Punctuation?

Open punctuation reduces the number of keystrokes needed to type a document. It does this by removing unnecessary punctuation and capital letters. So:

Ph.D. → PhD B.Sc. → BSc e.g. → eg Dr. → Dr

..Doctors, Dietitians and Physiotherapists... → ...doctors, dietitians and physiotherapists...