NUTRITION COMMUNICATION FOR HEALTH CARE PROFESSIONALS

Delivering evidenced-based nutrition advice for people with heart disease and type 2 diabetes mellitus

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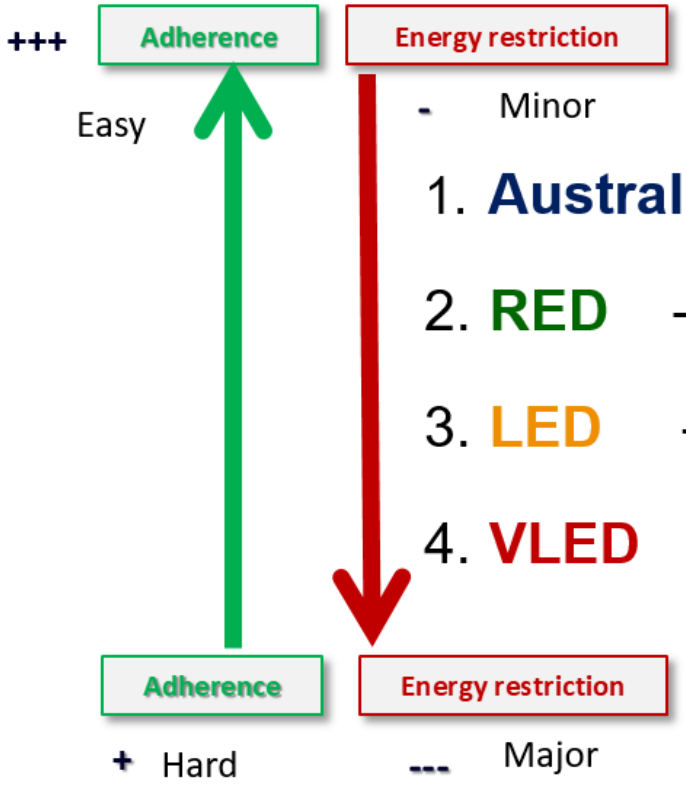
OVERVIEW

Learning objectives:

1. Identify the main modifiable and non-modifiable contributors to risk of type 2 diabetes mellitus and heart disease
2. Understand the hierarchy of nutrition advice for weight and chronic disease management
3. Understand components of basic communication and counselling skills
4. Identify how to spot a fad diet

SUMMARY FROM 'THE SCIENCE OF WEIGHT LOSS' WEBINAR

BALANCE BETWEEN KILOJOULE RESTRICTION VERSUS BEING ABLE TO 'STICK WITH IT'



1. **Australian Dietary Guidelines**
2. **RED** - Reduced energy diet, 2000-4000kJ less/day
3. **LED** - Low energy diet, 4200-5000kJ/day
4. **VLED** - Very low energy diet, 1800- 2500kJ/day

SUMMARY FROM 'THE SCIENCE OF WEIGHT LOSS' WEBINAR

5A'S FOR USING TECHNOLOGY FOR IMPROVING DIETARY INTAKE AND WEIGHT MANAGEMENT

1. **Ask & Assess:** Ask permission to discuss weight management, assess current health status (BMI, waist circumference, clinical markers/comorbidities), previous diet and weight management attempts, readiness to change, barriers and facilitators to change.
2. **Advise:** Benefits of improving diet quality and weight loss, benefits of using technology for self-monitoring,
3. **Assist:** Support to manage weight (creating an energy deficit + behaviour change), selecting appropriate technology tools to help eat better, manage weight
4. **Arrange:** Follow-up to review progress. Add/subtract technology tools. Grade up or down the kJ restriction (dietary approaches scale). Refer to dietitian. Evaluate nutritional status, weight status and health long-term.

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The Science of Weight Loss: Dispelling Diet Myths

https://learning.edx.org/course/course-v1:NewcastleX+SWL101x+1T2021/home

Nutrition Communication for Health Professionals: Key concepts

https://learning.edx.org/course/course-v1:NewcastleX+NUTx1+3T2020/home

Nutrition Communication for Health Professionals: Applying skills

https://learning.edx.org/course/course-v1:NewcastleX+NUTx2+3T2020/home

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MODIFIABLE and NON-MODIFIABLE risk factors TYPE 2 DIABETES and HEART DISEASE

Non-Modifiable	Modifiable
▪ Family history of diabetes or heart disease ▪ > 55 years of age ▪ > 45 years of age and o'wt or high blood pressure ▪ >35 years and from an ATSI, Pacific Island, Indian or Chinese cultural background ▪ Female who has given birth to a Baby >4.5kg ▪ Past gestational diabetes or polycystic ovarian syndrome* ▪ Being a male or a post-menopausal women ł ▪ Severe mental illness ł	▪ Poor diet quality and unhealthy eating patterns ▪ Excessive alcohol consumption ł ▪ Physical inactivity ▪ Overweight or obesity (BMI >25kg/m^2) ▪ High blood pressure (systolic ≥140 mmHg; diastolic ≥90 mmHg) ▪ High cholesterol levels (TC >4.0 mmol/L; LDL-C >2.0 mmol/L; HDL-C <1.0 mmol/L) ▪ Smoking ▪ High abdominal fat (female ≥80cm; ≥94cm male)ł ▪ Diabetes ł

ł specific to heart disease; * specific to Type 2 Diabetes

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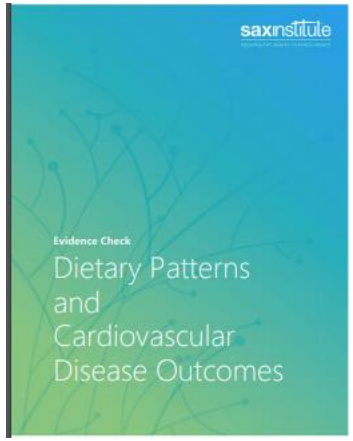
HEART DISEASE: SUMMARY OF EVIDENCE CHECK

- Dietary approaches to stop hypertension (DASH) diet has the strongest evidence (level A evidence) for primary prevention of heart disease
- Mediterranean diet was not as high as expected (level C evidence)
- Diet quality modifies association between BMI and heart disease in men and women - does not completely counter risk of heart disease related to obesity

Evidence check Dietary Patterns and Cardiovascular Disease Outcomes, 2017, C Collins, T Burrows and M Rollo
Combined associations of body mass index and adherence to a Mediterranean-like diet with all-cause and cardiovascular mortality: a cohort study. Michaelsson et al. PLoS Med, 2020



Dietary patterns and primary CVD prevention

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EVIDENCE GRADE	Blood pressure	Lipids	Weight or body composition	CVD events and/or mortality
A	DASH	X	X	DASH
B	X	X	X	Healthy/prudent
C	X	Mediterranean	Low GI/GL	Mediterranean
D	X	X	X	X

Dietary patterns and secondary CVD prevention

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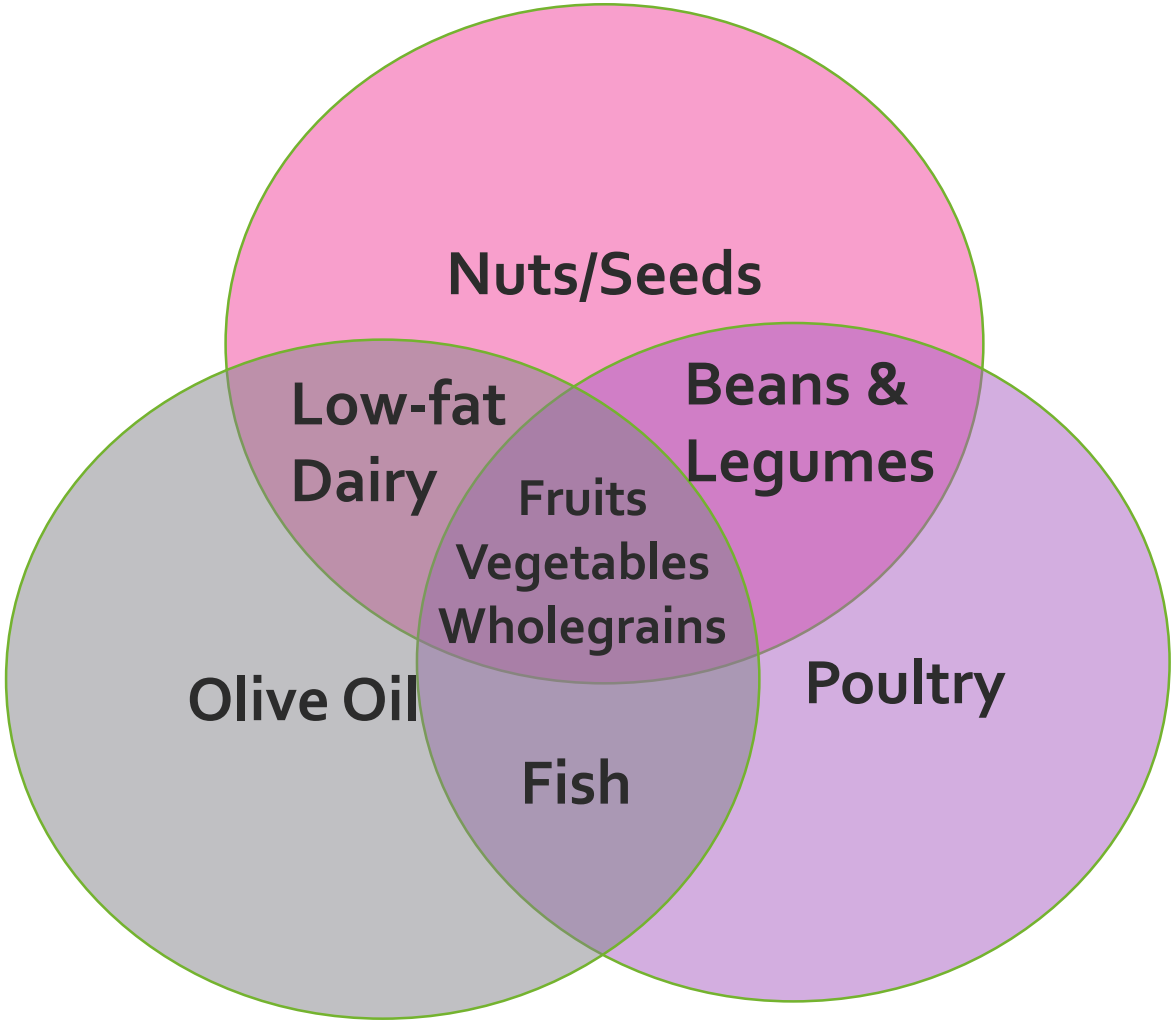
EVIDENCE GRADE	Blood pressure	Lipids	Weight or body composition	CVD events and/or mortality
A	X	X	X	X
B	X	Portfolio	X	X
C	DASH Weight loss or Calorie-restricted	X	Weight loss or Calorie-restricted	X
D	X	X	X	X

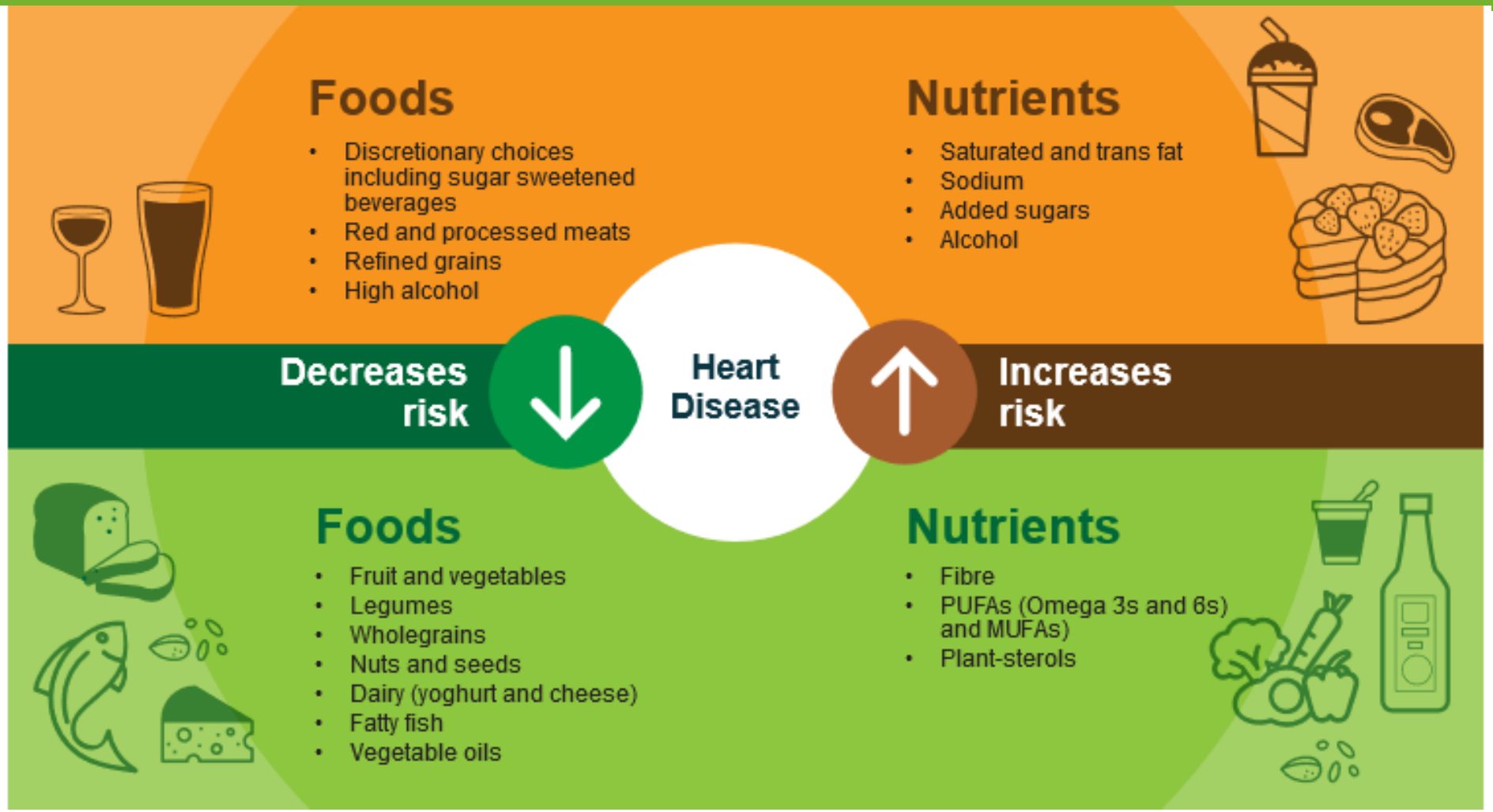
Similarities across all dietary patterns for heart health



DASH - only diet to specifically recommend salt (sodium) reduction

Weight loss diets restrict kilojoules

KEY MESSAGES: HEART DISEASE
Foods & Nutrients that INCREASE or DECREASE risk



Evidence check Dietary Patterns and Cardiovascular Disease Outcomes, 2017, C Collins, T Burrows and M Rollo

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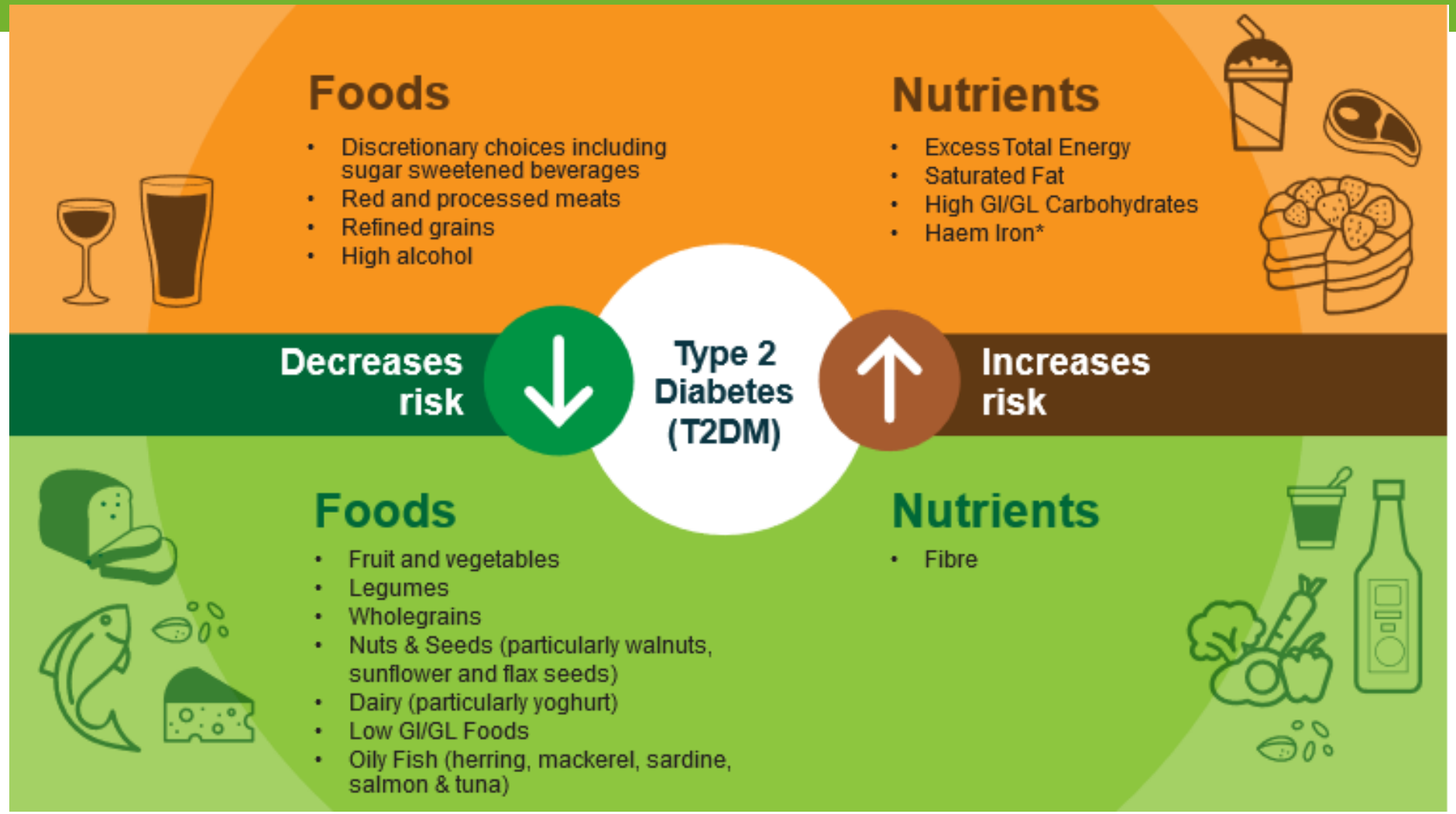
DIABETES - EVIDENCE

- No large evidence synthesis on dietary patterns
  - Recent systematic review on low-carb diets and diabetes remission
- General recommendations provided by Diabetes Australia
  - Eat regular meals and spread them evenly throughout the day
  - Eat a diet lower in fat, particularly saturated fat
  - Choose carbohydrate foods that are lower GI
  - If you take insulin or diabetes tablets, you may need to have between meal snacks
- Large focus on diabetes education
  - Everyone's needs are different. All people with diabetes should see an Accredited Practising Dietitian in conjunction with their diabetes team for individualised advice.

KEY MESSAGES: TYPE 2 DIABETES
Foods & Nutrients that INCREASE or DECREASE risk



Diabetes Australia. Food and activity 2020. Afable et al. Evidence based review of T2DM prevention and management in low and middle income countries. World J Diabetes. 2016

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EVIDENCE-BASED NUTRITION MESSAGES to communicate with your patients

1. Enjoy a wide variety of foods from core food groups; fruit, vegetables, wholegrains, lean meats and meat alternatives, dairy foods
2. Increase fruit, vegetables and wholegrains
3. Limit intake of energy-dense, nutrient-poor foods; higher in added sugar, salt, saturated fat
4. Avoid foods high in saturated fat
5. Focus on foods containing healthy fats: nuts, seeds, avocados, olive oil and fatty fish
6. Choose salt reduced options: salt reduced canned vegetables, soups, sauces and spreads
7. Limit alcohol to <10 standard drinks per week; maximum of 4 standard drinks on any one day
8. For Type 2 Diabetes; appropriate amounts of carbohydrates spread out across the day
9. Moderate intake of red meats (<350g/week)
10. Avoid processed meats

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NUTRITION HIERARCHY

Step 1: Healthy eating for all

- Australian Dietary Guidelines
- Australian Guide to Healthy Eating
- Healthy Eating Quiz
- No Money No Time website
- Manage alcohol intake
- Boost variety of vegetables & fruit
- Use portion control
- Can refer to an APD for further support & education
- Drink more water

Recommended for everybody

Step 3: Weight management

- Reduced Energy Diet (2000-4000kJ less/day than usual intake)
- Low energy diet with a personalised daily energy target (4200-7000kJ/day)
- Prescribed meal plans via web based or in-person programs
- Home delivery energy controlled meals ordered on-line
- Monitor kilojoules via Calorie King or Easy Diet Diary
- Refer to an APD &/or psychologist for further support & education.

Recommended for people seeking weight management

Step 1 — Step 3

General Guidelines ← Follow the step that is the most easy to stick to → Requires referral to a dietitian

Step 2 — Step 4

Step 2: Dietary patterns to help manage risk factors of heart disease & type 2 diabetes (T2DM)

- Healthy swaps to reduce kilojoule intake
- Promote food that lowers blood sugars, blood pressure &/or blood lipids to reduce heart disease & T2DM risk
- Carbohydrate quality, timing & amount to prevent & manage T2DM
- Can refer to an Accredited Practising Dietitian (APD) for further support & education to manage risk factors

Recommended for people with risk factors of T2DM & heart disease

Step 4: Personalised medical nutrition therapy

- Low energy diet (4200-7000kJ/day) for people with multiple previous weight loss attemps &/or risk factors & needing further support
- Very low energy diet (1800-2500kJ/day) for specific time period
- Use formulated meal replacements as part of energy controlled diet
- Medical review for medication changes related to weight loss
- Setup referral pathway
- Must be referred to an APD
- Consider referral to a psychologist

Recommended for people who need medical nutrition support provided by an APD along with review by medical doctor

STEP 1: HEALTHY EATING FOR ALL

Step 1. 'Healthy Eating for All'

- Based on the Australian Dietary Guidelines and the Australian Guide to Healthy Eating

Healthy eating for all

Recommended for everybody

- Australian Dietary Guidelines
- Australian Guide to Healthy Eating
- Healthy Eating Quiz
- No Money No Time website
- Manage alcohol intake
- Boost variety of vegetables & fruit
- Use portion control
- Drink more water
- Can refer to an APD (Accredited Practising Dietitian) for further support & education

STEP 2: DIETARY PATTERNS TO HELP MANAGE RISK FACTORS

Step 2. 'Dietary Patterns to Help Manage Risk Factors for Type 2 Diabetes and CVD'

- Focus on simple messages specific to health condition
- Requires slightly higher level of knowledge and skills

Dietary patterns to help manage risk factors of heart disease & Type 2 Diabetes (T2DM)

Recommended for people with risk factors for T2DM & heart disease

- Healthy swaps to reduce kilojoule intake
- Promote food that lowers blood sugars, blood pressure &/or blood lipids to reduce heart disease & T2DM risk
- Carbohydrate quality, timing & amount to prevent & manage T2DM
- Can refer to an APD for further support & education to manage risk factors

STEP 3: WEIGHT MANAGEMENT

Step 3. 'Weight Management'

- More complex step which requires nutrition expertise to provide appropriate advice for people
- This step requires more support to adhere to recommendations and minor energy restrictions

Weight management

Recommended for people seeking weight management

- Reduced Energy Diet (2000-4000kJ less/day than usual intake)
- Low energy diet with a personalised daily energy target (4200-7000kJ/day)
- Prescribed meal plans via web based or in-person programs
- Home delivery energy controlled meals ordered on-line
- Monitor kilojoules via Calorie King or Easy Diet Diary
- Refer to an APD &/or psychologist for further support & education.

STEP 4: PERSONALISED MEDICAL NUTRITION THERAPY

Step 4. 'Personalised Medical Nutrition Therapy'

- Involves a greater degree of energy restriction
- Should only be provided by an Accredited Practising Dietitian

Personalised medical nutrition therapy

Recommended for people who need medical nutrition support provided by an APD along with review by medical doctor

- Low energy diet (4200-7000kJ/day) for people with multiple previous weight loss attempts &/or risk factors & needing further support
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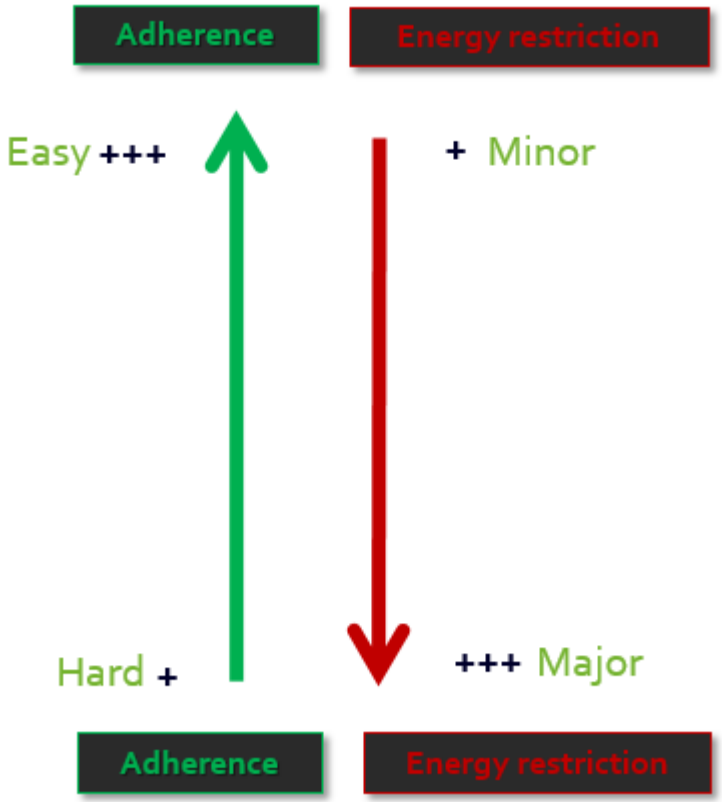
WHEN TO REFER TO A DIETITIAN

- Know the extent of the information/advice you can provide on nutrition
- If you are NOT an Accredited Practising Dietitian you can provide information on:
  - Australian Dietary Guidelines
  - Australian Guide to Healthy Eating
  - Communicate that these are basic guidelines on general healthy eating practices. The main goal is targeted is overall health
  - Minor energy restriction approaches: portion, control, healthy swaps, meal/snack ideas
- Refer to resources to support the information you are providing
- If a patient needs specific advice for specific medical condition or moderate-major energy restriction for weight loss – refer to an Accredited Practising Dietitian (APD)
- If you don't know a lot about a specific topic and it is low on the 'diet' hierarchy then appropriate to refer onto APD

PERSONALISED MEDICAL NUTRITION THERAPY

Medical Nutrition Therapy individually targets ***appropriate*** level of energy restriction while optimising ***adherence***
(Approach may change over time)

APD counselling is designed to ***address barriers*** and other ***behaviour change***



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TIPS FOR EFFECTIVE COMMUNICATION

5 key strategies to effective communication:

1. Identify and create opportunities for conversations on health gain
2. Use open-ended questions
3. Reflective practice
4. Listen more than you talk
5. Support individual goal setting using SMARTER goals (Specific, Measurable, Action-orientated, Realistic, Timed, Evaluated, Reviewed)

Healthy Conversation Skills: increasing competence and confidence in front line staff. Black et al. Public Health Nutr. 2014

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CASE STUDY 1

Paul is a 58 year old male. He has just gone to visit his physio about a sore shoulder.

- BMI 27 kg/m2
- Medical records show family history of heart disease.
- Enjoys a few drinks every night to help him relax.
- Usually when he has a few drinks he also consumes a large packet of chips.

1. How might you raise a conversation about Paul's eating habits and risk factors with him?
2. What are the nutrition priorities that align with the evidence?
3. What is one practical strategy that you could give to Paul to improve his diet quality today?

CASE STUDY 1

1. How might you raise a conversation about Paul's eating habits and risk factors with him?
   "Paul, you mentioned that you enjoy a few alcoholic drinks at night to help you relax, do you mind if we discuss this further?"
2. What are the nutrition priorities that align with the evidence?
   - Limit intake of energy-dense, nutrient-poor foods and drinks.
   - Limit alcohol intake to moderate amounts.
   - Avoid foods high in saturated fats.
   - Choose reduced salt options.
   - Enjoy a wide variety of foods from the core, basic food groups.
3. What is one practical strategy that you could give to Paul to improve his diet quality today?
   - Paul could complete the Healthy Eating Quiz to receive brief feedback on which food groups he may need to work on
   - Recommend he try reducing his portions by providing information on alcohol intake guidelines

CASE STUDY 2

Stephen is 55 years old and has a BMI of 34kg/m2. He has T2DM and at a recent GP visit, the GP recommends he get a blood test to check his blood sugar leveHbA1c and cholesterol.

- The results come back and show that he has high total cholesterol (including high LDL).
- The results also show his blood sugars have been poorly managed over the last few months
- Additionally since seeing his GP, Paul has also done the Healthy Eating Quiz which showed his intake of fruit and vegetables are low and his intake of animal products are on the higher end.

1. What might be some simple changes that Stephen can make to his food intake to help lower his cholesterol?
2. What other steps would you take in the management of Stephen's high cholesterol and poorly managed diabetes?

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CASE STUDY 2

1. Try some healthy swaps to decrease his saturated fat intake and increase his mono- and poly-unsaturated fat intakes.
2. Increase fruits and vegetables to increase fibre – may also need to reduce discretionary choices.
3. Refer him to an Accredited Practising Dietitian for advice on weight management and to do a thorough dietary assessment to identify other areas for improvement e.g. glycaemic index of foods, carbohydrate type, amount and timing

Choose cuts of meat with the least visible fat and remove fat or skin before cooking.

Limit...	Swap for...
✗ Wings and drumsticks (e.g. chicken, turkey, duck) 	✓ Skinless turkey or chicken breast, thigh or tenderloins 
✗ Skin on chicken, turkey or duck	✓ Trimmed meats (e.g. porterhouse, round steak, trimmed rump)
✗ Untrimmed meats 	✓ Trimmed bone meats (e.g. lamb cutlets, French shank) 
✗ Ribs (e.g. pork or lamb)	✓ Deli meats (e.g. lean ham, roast beef, chicken or turkey)
✗ Highly marbled meat (e.g. scotch fillet) 	✓ Fresh or canned fish 
✗ Deli meats: kabana, mortadella, salami, sausage, chicken loaf	✓ Eggs

Baker IDI, Fact sheets

Food	Lower GI	Higher GI
Breakfast cereal  ½ cup muesli or oats  1 cup flake type cereal or 2 cereal biscuits	• Untoasted muesli • Rolled oats (Porridge) • Wholegrain or Multigrain high fibre cereals • Uncle Toby's Oatbrits or Multigrain Weetbix	• Instant oats (Porridge) • Sultana Bran • Just Right • Cornflakes • Rice Bubbles • Puffed wheat

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HOW TO SPOT A FAD DIET

- Fad diets promise a quick fix
- Claim to have discovered a secret strategy not found by anyone else
- Commonly not based on scientific research to support the claim
- They can misrepresent research findings or use them out of context
- Exclude or severely restrict food groups or specific nutrients e.g. don't eat any carbohydrates
- They promote foods as good or bad
- Can be overly restrictive and can have set rules about when and where to eat
- Promote a celebrity

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THE CONVERSATION

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Eating Science
Making food and nutrition research digestible

What is a balanced diet anyway?

February 6, 2017 5.03pm AEDT

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Health Check: ten ways to save 2,000 kilojoules and drop a clothes size

February 16, 2015 2.29pm AEDT

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Health Check: what's the best diet for weight loss?

March 24, 2014 2.33pm AEDT

Find a healthy eating regime you can stick to. foshydog/Flickr, CC BY-NC-ND

Email | Twitter 82

When it comes to weight loss, there are no magic tricks that guarantee success. What works for you is likely to be different to what works for your partner, neighbour or workmate.

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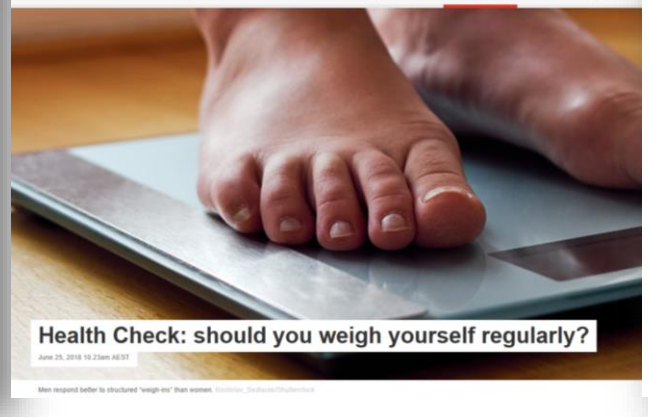

Health Check: should you weigh yourself regularly?

June 25, 2018 10.23am AEST

Men respond better to structured 'weigh-ins' than women. Rawpixel_Svetlana/Shutterstock

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Five supplements that claim to speed up weight loss – and what the science says

January 30, 2018 3.10pm AEDT

Does caffeine speed up your metabolism? And does that help with weightloss? from www.shutterstock.com

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You don't have to be the biggest loser to achieve weight loss success

May 3, 2013 6.10am AEST

Losing just 5% of your body weight is likely to improve your health. Image from shutterstock.com

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Health Check: six tips for losing weight without fad diets

February 15, 2016 2.19pm AEDT

Don't limit yourself to grapefruit – increasing the amount and variety of fruit and vegetables can help you lose weight. Dan Zen/Flickr, CC BY

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Monday – start diet. Tuesday – break diet! Wednesday – plan to start again next Monday.

If this is you, it's probably time to get off the diet roller coaster and make some bigger changes to the way you eat, drink and think about food.

Here are six tips to help you get started.

1. Improve your diet quality score

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If you love me, don't feed me bacon

September 20, 2018 1.45pm AEST

Swap the bacon for something a little healthier. Brent Hofacker/Shutterstock

Email | Twitter 82 | Facebook 1.2k | LinkedIn 120 | Print

A friend reckons he has it good. His partner cooks a bacon-hash-brown-fry-up for breakfast every day. *"Are you sure?"* I said. *"'Cause that's exactly what I would feed my partner if I wanted to bump him off!"*

It is easy to fall into the trap of giving people you love lots of ultra-processed, high-kilojoule, nutrient-poor foods because they like them. But immediate pleasure comes at a cost.

When the food your loved ones eat is of poor nutritional quality, their odds of developing tooth decay, type 2 diabetes, heart disease and some cancers increase. Is that what you really want for them?

Author

Disclosure s

TRENDING DIETS

Fad or Fact	Pros	Cons	Evidence	'The bottom line'
Keto diet *Very low carbohydrate, very high fat*	• May promote weight loss • Rapid weight loss • Reduction in HbA1c	• Limited fibre, leading to constipation • Fatigue due to limiting our bodies preferred fuel source • Limits food options • Unsustainable • Increase LDL-C	• Rapid weight loss, initially due to loss of water • Other diets are just as effective, more sustainable and safer • High fat intake > increased lipids • No research supporting keto being superior	"The amount, type and frequency of your carbohydrate intake is important. Speak with your GP if you decide to commence this diet." **Not recommended**

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TRENDING DIETS

Fad or Fact	Pros	Cons	Evidence	'The bottom line'
Low carb *Limit carbohydrates to less than 26% on 2000kcal diet*	• May promote weight loss • May help manage health disease risk such as cholesterol and raised blood pressure	• Difficult to adhere to • Nutrient adequacy? • Low energy levels as a result of less carbohydrate intake	• Can lower HbA1c over 6 months • Can help reduce weight and manage heart disease risk factors • Anyone with diabetes must monitor BGL's and consult with their healthcare team	"Define what low carbohydrate is" **Refer to a dietitian**

TRENDING DIETS

Fad or Fact	Pros	Cons	Evidence	'The bottom line'
Vegan	• Typically higher in fruits and vegetables • Increased fibre intake • Lower saturated fat	• Potential for vitamin and minerals deficiencies. (i.e. B12, iron) • May not eliminate highly processed foods (e.g. takeaway chips and soft drink are vegan)	• A well-balanced vegan diet with high intake of vegan whole foods can lower risk of heart disease compared to diet high in animal fats	"If implemented with advice from an APD a vegan diet can be well balanced and nutritious" **Refer to a dietitian**

TRENDING DIETS

Fad Diet or Fact	Pros	Cons	Evidence/Verdict	'The bottom line'
Mediterranean diet (Med diet)	• Increased unsaturated fats • Increased fruit and vegetable intake • Improved gut bacteria	• Access and availability of foods in the Med diet E.g. cultural considerations, budget • Various interpretations of the Med diet, some with, others without evidence • High omega-3 intake (e.g. supplements) contraindicated those on blood thinners	• It does not guarantee weight loss unless you have a total calorie restriction.	"The purpose of this diet is to decrease inflammation. This diet is balanced and less restrictive than many other diets that claim similar effects. If completed in a calorie deficit can allow weight loss." **You can provide this information if you feel confident to do so**

TYPE 2 DIABETES AND TRENDING DIETS

Fad Diet/ Misconception	Pros	Cons	Evidence/Verdict	'The bottom line'
Low GI Diet *Consuming foods with a GI less than 55*	• Improvement in BGL's after meals and lower average BGL's • Help with weight management • Improve blood cholesterol levels	• Not all low GI foods are 'healthy' • It is also important to consider total energy intake, saturated fat content and fibre – these all have an effect on diabetes	• Low GI diets are more effective in controlling HbA1c and fasting BGL's than higher GI diets in individuals with T2DM	"Incorporate quality sources of carbohydrates such as fruits, vegetables, wholegrain breads, cereals and other grain type foods. Avoid processed and refined carbohydrates such as lollies, white bread, cakes and biscuits." **You can provide this information if you feel confident to do so**

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HEART DISEASE AND TRENDING DIETS

Fad Diet/ Misconception	Pros	Cons	Evidence/Verdict	'The bottom line'
Carnivore Diet *Only to consume meat, fish and other animal foods like eggs and certain dairy products. Excludes all fruit, vegetables, legumes, nuts and seeds*	• Meat nutrients are highly bioavailable • Decrease appetite • Weight loss, significant calorie deficit from removing all other food groups • Low residue diet: meat nutrients is absorb high in the GI tract, leaving little residue to irritate or inflame the gut	• Adaptation phase for gut microbiome causing pain, gas, bloating • Nutrient Deficiencies due to restriction of majority of food groups • Unsustainable • Increases cholesterol	• Animal products consist of predominately saturated fat and cholesterol, two factors essential to limit to benefit heart health. • Very restrictive diet, so will aid weight loss. But it is unnecessarily restricting. • Eating a balanced diet with a variety of the food groups is more sustainable and will likely provide more health benefits.	"Be aware that this diet is unnecessarily restrictive and applying this for the long term can pose long term health consequences" **Not recommended**

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