

Editorial

Advising about and monitoring food and nutrient intake change and the health consequences

Mark L Wahlqvist, B Med Sc, MD (Adel), MD (Uppsala), FRACP, FAFPHM, FAIFST

A general guide to the formulation of objectives, development of clinical activities and tracking of outcomes in clinical nutrition practice can be formulated¹.

Objectives

1. To be aware of the health situations and conditions in which nutritional factors play a key role (and where they do not!)
2. To know what aspects of food and nutrient intake are the most important on which to counsel and provide surveillance
3. To consider examples of food-health relationship analysis in clinical practice
 - (1) Diabetes, macrovascular disease in relation to:
 - Low energy density food
 - Plant food variety
 - Fish/ fish oil
 - High carbohydrate, high fibre, low fat
 - Foods of varying glycaemic index
 - Antioxidants
 - (2) Bone health in relation to:
 - Food elements (Ca, P, Cu, Zn, Na, Bo etc)
 - Vitamins (A, D, K, C)
 - Non-nutrients (Phyto-estrogens)
 - Energy metabolism (Obesity, Cachexia, Diabetes)
 - Chronic renal failure

(3) Growth and development, for example:

- Failure to thrive
- Malabsorption
- Chronic diarrhoea
- Irritability

(4) Acute or urgent nutritional problems, for example:

- Wernicke's Encephalopathy
- Massive Hypertriglyceridaemia
- Micronutrient Toxicity (Iron, B-6)
- Severe PEM (Protein Energy Malnutrition)

Outcomes

By having nutrition-health objectives in clinical practice, and by identifying the particular food and clinical indicators of potential or actual health situations, much can be done by health care practitioners to improve human health.

It will be worthwhile measuring the level of these clinical activities and the benefit that flows from them as part of health care programme evaluation.

Reference

- (1) Wahlqvist, ML & Vobecky, JS (Eds.) Patient Problems in Clinical Nutrition: a Manual. John Libbey & Company Ltd. London, 1987.
-