Awards and Kudos

Congratulations to Editorial Advisory Board member and University of California at Davis professor Judith S. Stern, DSc, RD, who was honored by USDA Secretary Ann Veneman at the 2004 Secretary’s Honor Awards Ceremony in June 2004 for her contributions to nutrition. The citation read: “For Dr Stern’s leading research in nutrition and health, resulting in a better definition of the factors underlying the development of obesity, and new approaches to its prevention.” Congratulations, Judy!

Dietitians at the ICD Share Global Perspectives and Build Common Ground

Dietitians from throughout the world converged for an exciting 2004 Memorial Day weekend at Chicago’s Navy Pier, the site of the Fourteenth International Congress of Dietetics (ICD). The ICD theme was to share global perspectives and build common ground for building healthy communities, ensuring food security and a health safe and appropriate food supply for all, developing nutrition strategies for new epidemics, updating food management and administration, and discussing issues in dietetics as a profession worldwide. Irene McKay of the United Kingdom, who is President of International Confederation of Dietetic Associations (ICDA), opened the Congress. The ICDA is made up of 34 national dietetic associations, representing more than 150,000 nutrition and dietetics professionals around the world. It supports dietetics associations and their members by helping to develop an integrated communication system, enhanced images of the profession, and increased awareness of education, training, and practice standards in dietetics. Those interested in learning more can visit www.internationaldietetics.org for more details on the conference and for newsletters.

Etienne Wenger, PhD, gave the Frances Fisher Memorial Lecture on Cultivating Communities of Practice. Dr Stanley Zlotkin of the University of Toronto and Toronto Hospital for Sick Children highlighted the development and research behind micronutrient Sprinkles, a simple and successful approach to supplying iron and other micronutrients to at-risk children. Other information reported by Anna Christofides, MSc, of the Toronto Hospital for Sick Children at the meeting showed the efficacy of Sprinkles in dealing with iron deficiency anemia in First Nations and Inuit communities in Canada.

Marion Franz, MS, RD, and Adri Vermeulen, MSc, SRD, debated the importance of strategies to prevent type 2 diabetes and research findings on the use of the glycemic index in dietetics.

Winsome Parnell, MSc, RD, of the University of Otago and Catherine Woteki, PhD, Dean of Agriculture at Iowa State and Nutrition Today Editorial Advisory Board member, discussed dietary intake monitoring of food and nutrients using community-level approaches, drawing on national surveys in New Zealand and in the United States as examples. Alanna Moshfegh, MS, RD; Betty Perloff, MS; Nancy Raper, MS; and others from the USDA’s Food Surveys Research Group described new methods for national nutrition monitoring in the United States, using new automated methods for data collection and processing of 24-hour recalls. Linda Cleveland, MS, RD of the same USDA group reported on a study using doubly labeled water to assess the validity of the new USDA automated multiple pass method for collecting dietary data, and it was quite close for the group of adults studied, although results were not comparable for certain individuals. Nutrition monitoring and surveillance of high-risk groups, including those with HIV/AIDS, was discussed by Godfrey Xuereb, MS, of World Health Organization and Pan American Health Organization, with special attention to the Caribbean. WiJa A Van Staveren, PhD, of the University of Utrecht and Wageningen Agricultural University in the Netherlands (and a member of our Editorial Advisory Board) discussed problems of monitoring high-risk elders in the Netherlands. Another high-risk group is homeless women with children. Leslie Johnson, PhD, RD, and Dr Audrey McCool of the University of Nevada were among the authors of a study of improving their nutritional status via nutrition education classes. Initial knowledge of the mothers was low, and some gains did occur. Dr McCool also reported on the limitations of the nutritional status of older women who were residents of homeless shelters. High fat and carbohydrate intakes; low intakes of vitamins A and C and calcium; and untreated diabetes and high LDL cholesterol levels were some of the problems; improved nutritional quality of homeless shelter meals, where most of the women ate, was seen as a high priority.

Inpatient and outpatient clinical problems also received attention. Annalynn Skipper, MS, RD, spoke in a panel with several other international experts on programs requiring nutrition screening and assessment of patients through regulations to decrease hospital malnutrition. The Dutch have been active in looking at what is actually delivered in intensive care units in hospitals. Gerdien Christiana Melis, RD, of the VU University Medical Center in Amsterdam studied how much enteral nutrition was recorded on flow sheets and what was actually deliv-
ered to critically ill patients in her hospital, and there were discrepancies that were a cause of concern. They continue to study the problem. Hinke Kruizenga of the VU University Medical Center in Amsterdam described a study of nearly 2,300 inpatients in 7 Western European countries of various factors, such as actual weight, weight loss during the past 6 months, and other problems that were believed to be of prognostic value for length of stay and in-hospital deaths. Malnourished patients did were at increased risk for longer lengths of stay and in-hospital death. However, there was little relationship between prevalence of malnutrition and dietetic consultations, suggesting that the recognition and treatment of malnutrition are still undervalued. They suggested that screening on admission may be a useful tool for improving the situation. Krista Wadden, a dietetic intern at the Children’s Hospital of Eastern Ontario and the University of Western Ontario, found that patient meal satisfaction improved considerably with a “room service” menu-style program over the traditional menu system in pediatric oncology and hemodialysis patients.

Patients with celiac disease often have unrecognized clinical problems, including poor adherence to gluten free diets and low calcium intakes, which result in low bone mineral density. Claire Wylie, a dietitian at the Royal Bournemouth Hospital in England, described a dietitian-led celiac disease clinic’s efforts to improve the situation. It improved adherence to the gluten free diet and increased calcium intakes. In another session, Alice Lenihan, MPH, RD, of the North Carolina Division of Public Health described the National Council on Folic Acid and how the American Dietetic Association and 75 other health and nutrition organizations have banded together to promote use of folic acid before and during early pregnancy to prevent as much as half of neural tube defects. Marilyn Townsend, PhD, RD, of the University of California at Davis spoke in a panel on the paradox of obesity in the presence of poverty and food insecurity. Mary McKenna, PhD, RD, spoke on school nutrition policies in Canada and surveys to put them on a firm scientific basis.

Naomi Trostler, PhD, RD, of Israel (and our Editorial Advisory Board member); Christina K. Biesemeir, MS, RD; Laura Stewart; and others discussed the challenges of applying evidence-based medicine to nutrition. Dr Sandra Capra of Australia’s University of Newcastle described how Australian dietitians worked together to develop evidence-based clinical guidelines for managing overweight and obesity; these are now being implemented. Our own Editorial Advisory Board member Linda Tapsell, PhD, APD, of the University of Wollongong in Australia focused her remarks on the dietitian of the future and developing competencies through lifelong learning using examples from Australia and China. Susan Barr, PhD, RDN, of the University of British Columbia described the development of an online Internet course on the newly published Dietary Reference Intakes; the course provides 8 lessons on the DRI in an easily mastered e-learning format. We are proud that Susan is a member of the Nutrition Today Editorial Advisory Board. Morag MacKellar, SRD, discussed her experiences in Scotland with the Forth Valley Food Links project to improve community food intake and the skills dietitians need to do this. Isabel Zacarias, MS, of the Institute of Nutrition and Food Technology of the University of Chile spoke of her efforts to develop the skills of health professionals to do a better job in dealing with chronic noncommunicable diseases. Dr Corilee Watters of the University of Alberta discussed how dietitians in Edmonton, Alberta, studied how dietitians used research and the problems people faced, which included lack of time to review the literature, lack of skill in interpreting studies, and lack of agreement on best practices. Dr Kathryn Kolasa of the University of North Carolina at Greensboro (and another Nutrition Today Editorial Board member) spoke about an initiative she led in North Carolina to increase healthy eating and physical activity. Dr Mari lyn Edwards of the University of Texas Medical School spoke on the Nutrition Academic Award Program of the National Institutes of Health to improve the training of physicians while they are in school. Its Web site is www.nhlbi.nih.gov/funding/training/naa/.

First Draft of Dietary Guidelines

After a great deal of discussion, the Dietary Guidelines Committee has settled on a first draft of the dietary guidelines (which is listed below) after its June meeting. However, several issues remain unresolved, and this may not be the last word. Stay tuned!

1. Eat a variety of foods within and among the basic food groups without exceeding calorie limit.
2. Be physically active every day.
3. Monitor your weight to achieve health. Know your healthy weight.
4. Increase intake of fruits and vegetables, whole grains, and nonfat or low-fat milk and milk products.
5. Decrease intake of saturated fat, trans fat, and cholesterol while increasing food sources rich in omega 3 fatty acids.
6. Choose and prepare foods with less salt.
7. If alcohol is consumed, keep intake moderate.
8. Keep food safe to eat.

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