I CONGRESO DE ALIMENTACIÓN, NUTRICIÓN Y DIETÉTICA EL DIETISTA-NUTRICIONISTA: PRO-MOTOR DE SALUD PÚBLICA





RESÚMENES DE PONENCIAS

11 de noviembre de 2017 | CONFERENCIA DE CLAUSURA

Present and Future Perspectives in Dietetics and Nutrition

Annemieke van Ginkel-Res^{1,*}

¹European Federation of Associations of Dietitians (EFAD).

* A.vanGinkel@dietheek.nl

Dietitians face challenges in many different roles as advisors, counsellors, educators, policy makers and communicators in the field of Dietetics and Nutrition. Also the greater emphasis on self-care and the increased use of internet & virtual health care, will influence the attitude of dietitians towards our patients and clients.

In 2016 we have to be result and cost driven to convince our decision makers as our government, health insurance companies, management, referrers and even patient groups. Although the positive effects of dietary advice are well described in the scientific literature, the total (monetary) benefits of specialized dietary treatment are barely calculated.

The impact on health through dietary advice and improvement in nutritional status and health has been well documented from cancer patients in dietetic-led clinics¹ to the older person suffering from malnutrition in multidisciplinary teams². Within the area of cardiovascular disease, and especially hypertension, recognition of changes in lifestyle as a primary intervention is now being vigorously pursued³. Sahyoun, writing in 2011⁴, asks dietitians, who have particular insight into lifestyle modifications, to become more involved in policy, to reach out across healthcare and community divides and find ways to improve health and reduce health care spending. She goes on to say that dietitians should take proactive steps 'in incorporating nutrition services as core programs within an integrated health care delivery system'. These exhortations are reflected in European policies such as, the White paper 'Strategy for Europe on nutrition, overweight and obesity'5 and the WHO European Food and Nutrition Action Plan 2015-2020 (FNAP)⁶, which stress policies and approaches which are integrated, cost-effective and preventative. Dietitians through such initiatives as the European Dietitians Action Plan 2015-2020 or EuDAP⁷ are able to demonstrate their responsiveness and contribution to European Health improvement.

Dietitians in Europe do already make significant contributions to local, regional and national action plans regarding nutrition and food in some parts of Europe. The expertise of dietitians is used when drafting or implementing policy but dietitians need to be more widely recognised and used by Ministries of Health and local governments across Europe if their own plans, eg FNAP 2015-2020, are to be fully successful.

EuDAP sets out the commitment that dietitians and their NDAs are making to enhance and coordinate dietetic activities across Europe, to make explicit the impact dietitians are having on European nutritional health over the next five years.

The five objectives of EuDAP are:

Objective 2 – Promote the gains of a healthy diet throughout the life course, especially for the most vulnerable groups in clinical settings and the community

Objective 3 – Use dietitians as educators and experts in community and clinical settings to advise the general population, other health professions, authorities (for example ministries, health insurance companies), mass media and industry





Objective 4 – Invest in establishing the (cost) effectiveness of dietitians in the delivery of better health through improved nutrition

Objective 5 – Strengthen governance, alliances and networks for a Health-in-all-policies approach

National Dietetic Associations (NDAs) will use EuDAP to direct their strategic commitment to national and European health improvement priorities in lifestyle, nutrition and physical activity habits and through this make the case for nutrition in all health policies.

Author is vice president of honor of the European Federation of Associations of Dietitians (EFAD).

- Kiss NK, Krishnasamy M, Loeliger J, Granados A, Dutu G, Corry J. A dietitian-led clinic for patients receiving (chemo)radiotherapy for head and neck cancer. Support Care Cancer. 2012; 20: 2111-20.
- (2) Kruizenga H, Van Tulder M, Seidell J, Thijs A, Ader H, and Van Bokhorst-de van der Schueren M. Effectiveness and costeffectiveness of early screening and treatment of malnourished patients. Am J Clin Nutr. 2005; 82: 1082-9.
- (3) Blumenthal AJ, Sherwood A, Smith, PhD, Mabe S, LanaWatkins A, PhD, Pao-Hwa Lin, Craighead LW, PhD, Babyak M, Tyson C, MD, Young C, Ashworth M, Kraus W, Liao L, MD and Hinderliter A. Lifestyle modification for resistant hypertension: The TRIUMPH randomized clinical trial. Am Heart J. 2015; 170: 986-94.
- (4) Sahyoun NR. Expanding opportunities for registered dietitians in the health care system. J of the Amer Diet Assoc. 2011; 111: 813-5.
- (5) EC (2007) Strategy for Europe on nutrition, overweight and obesity COM 279 http://ec.europa.eu/health/archive/ph_ determinants/life_style/nutrition/documents/nutrition_wp_ en.pdf
- (6) WHO (2014) European Action Plan for Food and Nutrition Policy 2015-2020 http://www.euro.who.int/_data/assets/pdf_ file/0008/253727/64wd14e_FoodNutAP_140426.pdf?ua=1
- (7) EFAD (2015) The European Dietetic Action Plan 2015-2020 at www.efad.org

