

The 2nd DIETS Conference will be held in Frankfurt, Germany on 25th and 26th September 2008.

See Section C for more details or register your interest at:

www.thematicnetworkdietetics.eu



Welcome to the 4th DIETS Thematic Network Newsletter.

We would like to welcome you to the 4th DIETS Newsletter which we hope that you will find enjoyable and interesting. Help with editing this Newsletter from Carola Deitrich of the Irish Nutrition and Dietetic Institute is greatly appreciated by the Dissemination Group.

In this edition we have contributions from our thematic network partners in Belgium, Hungary, Spain and Portugal on their work in dietetics education, public health and clinical nutrition, as well as updates on the work of the network. Professor Anne De Looy and the Network Manager, Judith Liddell, describe the engagement of dietitians in DIETS to date. Réka Bozó Kegyes from the EPG reviews the 1st year visits which were undertaken between the higher institutes of education (HEI) partners of the thematic network. These visits have generated valuable information which is already being used to improve dietetic student academic education and practice placement learning.

We have also included information on the 2nd DIETS Conference which will be held in Frankfurt, Germany on the 25th and 26th September 2008. We hope that as many of you as possible will attend this Conference which hopes to bring HEIs, practicing dietitians and students together to discuss the requirements and aspirations of dietetic education in Europe.

As it is important that we raise the profile of dietetics with all stakeholders throughout Europe, we urge you to disseminate this Newsletter as widely as possible, to all lecturers in dietetics, practicing dietitians, students and ministries for health, education and employment. We would also like all members of the partner organisations to contribute to the Newsletter so please send your contributions to the Thematic Network Manager, Judith Liddell at

network.manager@thematicnetworkdietetics.eu.

Best wishes,
Dissemination Group,
DIETS Thematic Network for Dietetics

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A**Active Engagement of Dietitians in Europe****NETWORK NEWS**

One of the aims of DIETS (Dietitians Improving Education and Training Standards) is to establish an active network of institutions across Europe to improve learning opportunities for dietitians.

For this purpose, the DIETS Thematic Network was established in October 2006 with the support of an EU Socrates Grant. Institutions across Europe were invited to join and nominate Key Contacts to support the ambitions of the Network. The activities of the members of the Network were assessed after one year.

A web-site (www.thematicnetworkdietetics.eu) was established to provide primary information.

After one year DIETS had 110 partners from 30 countries (including Iceland, Israel, Serbia, Switzerland and Turkey); of which 65% (71) represented higher education (HEI). 26 HEI partners (24%) exchanged visits and 29 (26%) attended the first conference. Active engagement was measured by partner web-site users (90%); key contact representatives (73%) and questionnaire completion (44%). Overall, only 8 partners (6%) showed no active engagement. Over 6 months (May to November 2007) the web-site attracted over 10,000 visits, from 71 countries (27,000 pages viewed).

We can conclude that the DIETS Thematic Network provides an opportunity to work with a large cohort of practicing dietitians, student dietitians and dietetic educators in 30 European countries. However, maintaining active engagement across this size of group presents many challenges.

*Anne de Looy, University of Plymouth, UK
Judith Liddell, University of Plymouth, UK*

B**A Review of the DIETS Visits - Year One****NETWORK NEWS**

The DIETS Education and Practice Group (EPG) has developed a short questionnaire to follow-up the visits organised in year 1 and to evaluate the work we have done with the organisation of them.

Almost all of the HEIs who experienced a visit plan to make changes to their teaching programme as a result of the visit. The University of Plymouth successfully implemented the video role-play which they had observed in Nijmegen into their programme. Everybody had contacted the visit partner after the visit, usually through e-mail. These contacts were mainly related to the visit questionnaire, but also to discuss various aspects of the curricula. All respondents would be prepared to make contact again with the visit partner and to have an observer from the EPG participate in this contact. The preferred method of future contact is e-mail, but also Skype and telephone were mentioned as possible methods of communication.

All partners had suggestions for DIETS to improve the education of student dietitians. Exchange of students and lecturers, networking, developing standards for education, disseminating education guidelines, developing courses for practice placement supervisors, assuring more trainee places, developing a database of best practice and introducing master level courses were mentioned.

Although there were some problems with the organisation of pilot visits, sufficient information was available prior to the visits. All further queries were dealt with by the Network Manager or by the members of EPG[0].

The main learning points of the visits were the similarities and differences in teaching and curricula and all felt that it was good to see other methods which could be implemented in their own teaching programmes. All the answers were positive and gave the impression that it was a good idea to organise visits.

The results of the questionnaires revealed that the network is functioning and although there are things to be improved, we are working in the right direction.

Year 2 visits, between practice placement trainers and HEI lecturers, are currently being organised.

Réka Bozó Kegyes, DIETS EPG

We would love you to join us for the 2nd DIETS Conference in Frankfurt, Germany on 25th and 26th September 2008.

Please register your interest on our website:

www.thematicnetworkdietetics.eu



Thursday 25 September

- 9:00 Registration
- 9:30 Welcome/ Introduction to reflective learning exercise
- 10:00 Dietetic education in Europe: what does it look like in 2008?
Elke Naumann – Chair, EPG* – HAN University, The Netherlands
- 10:30 Quality indicators and best practice for dietetic education
Réka Bozó Kegyes – EPG – National Association of Hungarian Dietitians
- 11:00 Coffee
- 11:30 Workshops: Standards for dietetic education across Europe
- 13:00 Lunch
Key contact meeting
Poster presentations
Workshop feedback
- 14:00 Preparing students for practice placement learning
Willem de Keyser – University College Ghent, Belgium
- 14:30 Criteria for approving placement training centres - speaker tbc
- 15:00 Coffee
- 15:30 4 Workshops: Preparations for placement learning
- 17:00 Workshop feedback
Poster presentations

Friday 26 September

- 9:00 Preparing Practice Placement Educators – speaker tbc
- 9:30 How do we measure student achievement during placements?
Margaret Fisher, Fellow of Centre for Excellence in Professional Placement Learning, University of Plymouth
- 10:00 Coffee
- 10:30 4 Workshops: Getting the best from practice placement learning
- 12:30 Lunch
Poster presentations
Workshop feedback
- 13:30 Dietetic competencies for the dietitian working in Europe
Anne de Looy – DIETS Network Co-ordinator
- 14:00 Developing the Role of Dietitians in Europe
Karin Hådelin – Honorary President of EFAD
- 14:30 Coffee
- 15:00 4 Workshops:
 - Dietitians as a brand – what Public Relations do we need?
 - Identifying new opportunities for European dietitians through active participation in the development of EU directives.
 - Where will dietitians be working in 10 years time?
 - What is dietetic (practice) research?
- 16:00 Workshop feedback
Conclusion of reflection exercise
- 16:30 Close

Social event

Abstracts for posters will be invited on the topic of “dietetic practice” research. (That is any research that dietitians become involved in during their work).

Nuria Esforzado*, Federico Cofán*, Federico Oppenheimer*, Nahyr Schinca DN** Sonia Hervas DN** Montserrat Pujades DN**

*Nephrology and Renal Transplantation Unit & **Dietetic Unit, Nutrition and Endocrinology Service, Hospital Clínico, Barcelona, Spain.

Obesity is the most prevalent metabolic disease in the Western world, affecting more than 20% of the industrialised population. The prevalence of obesity in patients who undergo kidney transplantation stands between 10% and 19% according to most studies. An increased risk of complications related to surgical injury including wound dehiscence, haematomas and infections can occur. The potential synergetic effect between pre-existing obesity, cardiovascular risk factors caused by immunosuppressive medication and further weight gain post transplant may result in the development of health problems following renal transplantation, associated with reduced long term survival. A relative increased risk of many diseases such as diabetes mellitus, dyslipidemias, arterial hypertension and metabolic syndrome has been noted in patients following renal transplantation.

The treatment of obesity in patients following kidney transplanted patients must include many considerations. Dietetic treatment should be individualised, instigated as soon as possible to prevent the development and complications of obesity. Physical activity must be increased, and in some cases psychotherapy is required to support the modification of food habits. The surgical treatment of obesity is only indicated in those cases where there is severe and morbid obesity. Moreover, the many risks associated with surgery in this patient group mean that surgery is indicated only in exceptional cases.

Actividad Dietética • No 33 • 2007:2-7

Every year, dietitians in big European cities are assessing and advising patients/clients with a very different food culture than they are used to. These patients, or their parents, have their roots in Africa, Asia or the Mediterranean. They eat traditional foods from their community as well as Western dishes. The largest immigrant communities in Belgium are Moroccan and Congolese. In the Netherlands, they are Turkish and Indonesian. A high prevalence of overweight, obesity and diabetes mellitus has been recently documented in these communities. We think that it is essential for our students to gain knowledge of the dietary patterns and intakes of these communities in order to be able to provide appropriate dietary treatment for patients from these communities.

Therefore, since 2000, the Erasmus Hogeschool Brussel (Brussels) and de Haagse Hogeschool (The Hague) are working together on a project of food habits and dietetic management of people from immigrant communities¹.

The project starts off with the Belgian students travelling to The Hague by train. On arrival, they are mixed with Dutch students and divided into small groups. They receive an introductory talk about the migration history in Belgium and the Netherlands as well as a talk from a Dutch-Turkish dietitian sharing her work experiences. Then the students receive a list of research questions about Muslim and Turkish food habits. They also visit a mosque where an imam tells the students about the food rules in the Koran. The Dutch part of the programme ends with a delicious dinner of home-made Turkish dishes. The second part of the programme takes place in Brussels. The Belgian and Dutch students visit an organisation that helps Moroccan mothers with food education. Research questions are also included as are visits to local shops, a workshop using diabetes mellitus case studies and, of course, cooking, tasting and eating together.

This year, we are planning on completing our project by adding Congolese and Indonesian food habits to the programme as these are the second largest communities respectively in Belgium and the Netherlands.

The project is also interesting as the Belgian and Dutch students and their lecturers learn from each other's teaching methods. The Dutch use a teaching system based predominantly on self-study with the onus of responsibility on the students whereas the Belgians provide more teaching and directed learning for their students.

¹ Communities who have their roots in other countries.

The European Commission strives to improve public health in the European Union (EU). Together with its member states, the EU works to protect and promote the health of all its citizens. Since nutrition is an important determinant in the promotion and maintenance of good health, it has become one of the key priorities in EU public health policy. In order to develop future food and nutrition surveillance systems at European level, a standardised method for collecting food consumption data is needed. Therefore, two research projects, the European Food Consumption Survey Method (EFCOSUM) and the European Food Consumption Validation (EFCOVAL), both financed by the EU, were launched.

EFCOSUM

1999-2001

The main objective of the EFCOSUM project was to develop a European food consumption survey method that delivers internationally comparable data on a set of policy-relevant nutritional indicators. It was proposed that if conducted at least twice, the computer assisted 24h dietary recall method 'EPIC¹-SOFT' could serve as a suitable instrument to obtain mean and usual food consumption data at population level. When collecting food intake data, focus should focus be on the four food groups which have been identified as most relevant in relation to health monitoring: vegetables (excluding potatoes); fruits (excluding fruit juices); bread; and fish and shellfish.

EFCOVAL

2006-2009

The EFCOVAL project builds further on the EFCOSUM project and aims to assess the validity of 24h dietary recall data collected via standardized EPIC-SOFT interviews, for use in pan-European dietary monitoring surveys. Therefore, food consumption data will be obtained in five selected countries familiar with nutritional monitoring, using two 24-hour dietary recalls. Countries were selected with consideration that different eating patterns exist across Europe (Netherlands, Norway, Belgium, France & Czech Republic). Nutrient intakes are computed using national food composition tables. Biomarkers of dietary intake are collected using blood and urine samples. Urinary nitrogen and potassium are used to validate the level of protein, vegetable and fruit intakes. Plasma carotenoids and fatty acid composition of cholesteryl esters serve as markers for vegetables and fruit, and fish and shell-fish intakes, respectively.

Willem de Keyzer

¹ EPIC (European Prospective Investigation into Cancer and Nutrition) was performed during the mid-nineties and was designed to investigate the relationships between diet and nutritional status (among others) and the incidence of cancer and other chronic diseases. To collect food consumption data, a standardised 24h dietary recall software application was developed.

Dietary policy must be based on an up to date and realistic picture of the eating patterns of the general population. Belgium was one of the few European countries where there was no systematic collection of data on food consumption and it was not until 2004 that a national Food Consumption Survey (FCS) was organised for the first time. A representative sample of the population aged 15 years and over was selected from the National Register. These persons received two visits from trained dietitians. Information was obtained on the health, lifestyle, waist circumference, height, weight, eating patterns and food hygiene knowledge of the respondents, as well as on the temperature of their refrigerators and freezers. Also, the household member responsible for preparing meals was interviewed to learn of his or her behaviour in regard to food.

This first Belgian FCS provides a reasonably precise picture of the eating patterns of the general Belgian population aged 15 years and over. Insufficiencies and excesses in the Belgian diet have been documented and risk groups identified. For example, young people have a less healthy dietary model, the inhabitants of the Brussels and the Walloon Regions eat less fish and spreads, resulting in a low polyunsaturated fatty acid intake, and persons with a lower education level eat less fruit. One finding of this survey is that obese persons have a different dietary model than people who are an ideal or a healthy weight. This is probably due to having changed their eating patterns due to this excess weight. The FCS is without a doubt an important tool for defining dietary policy. The National Health and Nutrition Plan foresees a further food consumption survey to permit evaluation of changes to eating patterns and the effects of the National Health and Nutrition Plan.

Source: Debacker N, Temme L, Cox B, Huybrechts I & Van Oyen H (2004) The Belgian Food Consumption Survey. Eating patterns among the Belgian population aged 15 years and over.

Young Belgian Dietitian Receives Kellogg's Award for Dietetics

Brussels, 28th January 2008 - Debbie Devenyn, graduate of University College Ghent, Department of Health Care, earns the Kellogg's award for Dietetics for her Bachelor's thesis on anorexia nervosa entitled 'Live to diet? Diet to live?' Her work focused on the specific role of dietitians in counselling patients suffering from this eating disorder. By means of several case studies, she successfully gave the patient's perspective a central position in therapy. This therapy is characterised by approaching patients as unique individuals, without prejudice or stigmatisation. Key words include empathy, respect, warmth, authenticity and unconditional acceptance. In her thesis she describes how patients learn again to listen to their internal, physical signals in order to reinstate their natural regulation of appetite.

The jury praised the mature way in which the laureate managed to sketch a clear and comprehensive image of a successful treatment method for patients with anorexia nervosa. Also, the way in which she defined the dietitian's role impressed the jury.

Willem de Keyzer

Review and Positioning Group of the Spanish Association of Dietitians-Nutritionists (GREP / AED-N)

The Review and Positioning Group of the Spanish Association of Dietitians-Nutritionists (GREP/AED-N) is a newly formed group within the Spanish Association of Dietitians/Nutritionists (AEDN) which is responsible for activities such as:

- Preparing scientific positioning documents.
- Translating and adapting consensus documents
- Creating tools for food and nutrition education useful for dietitians/nutritionists.
- Updating library (books and journals) resources.
- Writing articles in the journal "Dietetics Activity" and other journals.
- Actively participating in national scientific committees on nutrition and dietetics
- Acting as the Scientific Advisory Committee of the AEDN, including providing advice to dietitians on their relationships with industry or other national organizations.

Head: Eduard Baladía

Members: Eduard Baladía, Julio Basulto, María Manera & Raúl Bescós

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www.grep-aedn.es

SCIENTIFIC JOURNAL OF THE SPANISH ASSOCIATION OF DIETITIANS–NUTRITIONISTS: "DIETETICS ACTIVITY" ("ACTIVIDAD DIETETICA).

Dietetics Activity (Actividad dietética), is the official journal of the Spanish Association of Dietitians-Nutritionists since 1997 and it is open to professionals who wish to contribute to the work of dietitians and nutritionists.

It is produced every three months (four per year) and comprises different aspects of nutrition and dietetic practice including professional updates (clinical, public health and management), original research articles, reviews of professional and scientific events and other relevant news from the Spanish Association of Dietitians-Nutritionists.

During this year, the journal will be incorporated to the following databases: scopus, doyma, index medicus and embase. In addition, work is ongoing, that if successful, will see the incorporation of this journal into Pubmed during 2009.

Editor in chief: Nahyr Schinca actividaddietetica@aedn.es

www.aedn.es/larevista.php

Réka Kegyes Bozó RD, Zsuzsanna Lelovics RD, Prof. Mária Figler MD, University of Pécs, Hungary.

Our aims in this study were to document the legislative considerations of nutrition in the elderly in Hungarian long-stay residential care institutions and to screen the nutritional status of those living there. Such institutions have a legal obligation to provide residents with at least three meals a day; necessary clothing, mental care and medical attendance is defined by separate legislation. Furthermore, these institutions are charged with the provision of residency for those whose health status does not require regular medical attendance but who cannot take care of themselves. According to the legislation, a dietitian or a catering manager should be employed to provide the dietetic service (below 200 residents a half-time, above that a full-time dietitian).

We used the Malnutrition Universal Screening Tool (BAPEN, 2003) for the evaluation of nutritional status in twenty Hungarian nursing homes. The sample (n=1381) was representative of regional distribution and number of residents. In our study population, 19.2% of patients had a BMI lower than 20kg/m², 6.7% presented with more than five% weight loss and 24% had an acute illness. Altogether 38.2% of patients were at risk of developing malnutrition or already malnourished. Several risk factors for malnutrition could be identified: incomplete dentition (38.2%), physical disability (20.1%), dementia (19.0%), disease-specific and restricted diets (16.4%), decreased or lack of appetite (10.1%).

The results of our survey draw attention to the elevated number of elderly people at risk of malnutrition in Hungarian nursing homes. As malnutrition has serious consequences for clinical outcome and quality of life, nutritional screening of nursing homes residents is not only of basic economical interest, but is in full harmony with the idea “not only to feed, but to nourish” and thus, is a basic moral duty

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The purpose of this prospective longitudinal study in colorectal cancer (CRC) patients was to:

- 1) evaluate resting energy expenditure (REE), weight / dietary intake changes, and response to treatment, taking into consideration cancer stage and histology;
- 2) determine their potential interrelations; and
- 3) quantify the relative contributions to REE of cancer / nutrition / treatment.

101 CRC patients proposed for neoadjuvant radiotherapy (RT) were evaluated before and after treatment using: REE (indirect calorimetry measurements), percentage weight loss, usual diet (diet history), current diet (24 hour recall), and treatment response.

Results revealed that: REE was higher in cancer stages III/IV versus I/II, at the treatment onset (p<0.002) and end (p=0.02), and in moderately / poorly / undifferentiated cancers vs well differentiated (onset, p<0.001) and (end, p=0.01); weight/intake reductions were also greater in Stages III/IV vs I/II (p<0.01) and in moderately / poorly / undifferentiated cancers versus well differentiated (p<0.02). According to patients' response to treatment, REE was increased in Stage III/IV (p<0.005) and Grade 2/3 histology (p<0.003). In non-responders, REE increased by 7.2 ± 1.3 kcal/kg/day and decreased by 2.8±0.4 kcal/kg/day in responders. REE changes were not-significantly influenced by weight/dietary intake. Relative contributions to baseline REE were determined in 25% by cancer stage, in 25% by histology, in 3% by dietary intake and in 4% by weight loss. At the end of radiotherapy treatment, higher REE was attributed in 26% to stage, in 27% to histology, in 30% to non-treatment response, in 9% to intake, and in 8% to weight loss.

It can be concluded that in this CRC patient population, higher metabolic rates were mainly determined by burden and aggressiveness of the tumour in association with response to treatment and thus, clearly disclaiming the effect of weight loss and/or dietary intake reductions.

The IDEFICS Study funded by the European Commission under the 6th Framework Programme, started in 2006 and was designed to run for five years, under the coordination of the Bremen Institute for Prevention Research and Social Medicine, at the University of Bremen.

The study will deliver reliable data to make an international assessment of the problem of "obesity in children" possible. The focus of the IDEFICS Study lies in exploring the risks for overweight and obesity in children as well as associated long-term consequences. The EU-wide study offers a unique possibility to measure how far sensory perception and preferences of children influence the development of overweight. The University of Zaragoza is one of the Spanish participant centres, with four dietitians funded by this project (Juan Fernandez, Silvia Adel, Alba Santaliestra and Iris Iglesia) to carry out the nutritional screening (measure of dietary intake and body composition) in pre-school and school children, coordinated by Professor Dr Luis Moreno.

www.ideficsstudy.eu/

As a technical term a network is a series of points or nodes¹ interconnected by communication paths.

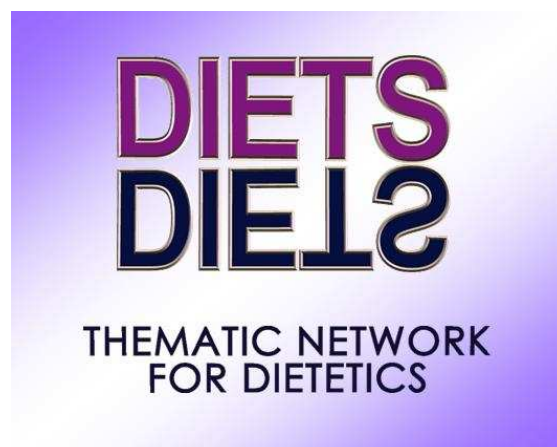
A social network – as the Diets Network is – describes a bonding which connects people and institutions with each other

The general aim of a network is to achieve synergetic effects to the benefit for all participants by harmonising and coordinating complementary competencies and resources of the network's parties.

For the Diets Network this means that all network partners want to share their knowledge, competence and resources to describe and to improve all areas of dietetic practice, education, training and research throughout Europe. Further, it means to deepen communication between educators and dietetic practitioners as well as between all network partners.

The DIETS Network is a step towards bringing members of the European dietetic community closer to each other, and to combine its different strengths to achieve their aim of promoting healthful nutrition throughout Europe.

However, networking is a process of giving and taking – in this order! It is based on the engagement of every participant in bringing his personal competencies to the network. Only through active participation can a network develop to the benefit of its partners. In this sense interactions and relations between the network partners rely on their helpfulness, appreciation and confidence in, and for, each other. A network develops over a period of time. It needs time to deepen relations in a confidential manner. This is why we all should get in contact with each other and use all of our potential reciprocally – to the benefit of the functionality of our network and to the benefit of us all.



Elina Zwickert

¹ http://searchnetworking.techtarget.com/sDefinition/0,,sid7_gci212665,00.html