



The Voice of European Dietitians

President's Message:

This year we already have much to celebrate. You will read in this issue highlights of the research that dietitians are doing. There is also a reminder to check that your name is on the EFAD research database and to share information. We particularly want to congratulate all dietitians working towards their doctorates or doing other projects. Please share your achievements with us.

Congratulations to Annemieke van Ginkel, the new Honorary Vice-President for EFAD. Annemieke asked me recently to describe my ambition for dietitians in Europe. I said '*Tell each other, share information across boundaries, eg higher education and national associations because someone has probably already had a similar or the same idea and has tried it out!*' As many of you will know, my message has been loud, clear and consistent since our meeting in Amsterdam: **we need to get really much better at telling people what we are doing and achieving for better health through food and nutrition!** The photo here shows me at a recent conference in Venice, where I was invited to speak and where I spoke to medical doctors and medical research scientists about the difference dietitians are making to health through a better diet. We know that EuDAP (European Dietetic Action Plan) will help us to organise our actions better in order to get our profession more recognized throughout Europe.

This year we are celebrating the anniversaries of two associations. The Dutch celebrate 75 years of association www.nvddietistendagen.nl and the British celebrate 80 years of serving dietitians: www.bda.uk.com/news/view?id=109&x%5b0%5d=/news/list They are both inspirations to us all, but it has taken time for them to achieve all they do. So all of you who are setting out, please hang on in there and be inspired about what you can achieve! I look forward to reading more about what we are doing around Europe. So keep the editor busy with many of your articles.

Anne

**Anne de Looy, President, EFAD
Professor of Dietetics, Plymouth University, England**





Prevention of Malnutrition in the Elderly: EFAD Partnership in Horizon 2020

EFAD has become a partner in an EU Horizon 2020 project aimed at preventing malnutrition in the elderly. ***Prevention Of Malnutrition In Senior Subjects in the EU*** (PROMISS) is a five-year multi-country project that aims to turn the challenge of tackling malnutrition in community-dwelling older persons into an opportunity for improvements in healthy ageing for the future. The PROMISS consortium contains worldwide expertise in epidemiology, clinical trials, geriatrics, nutrition, physical activity, microbiomics, as well as in behaviour, consumer, sensory and computer sciences. It builds on strong collaborations with food industry and SMEs to strengthen innovation in the European agri-food sector and their market position.

PROMISS will combine existing scientific data and national nutritional surveys from Europe and developing countries with new data from short-term and long-term intervention studies into older persons at risk. Its holistic approach will provide insight into the links between diet, physical activity, appetite and malnutrition and underlying pathways. This will provide the necessary evidence to develop dietary and physical activity strategies that are optimal, sustainable and evidence-based. These strategies will help to prevent malnutrition and enhance active and healthy aging. PROMISS will also develop new food ideas and products that will appeal to the elderly as well as persuasive technology to support these strategies. The dietary and physical activity strategies and food products will be specifically developed with older users in mind.

In close collaboration with stakeholders, PROMISS will translate these strategies into practical recommendations to guide policy and health professionals at EU and member state level. EFAD will be a member of the dissemination and implementation workpackage. The project's aims are the prevention of malnutrition, additional healthy life years and a strengthening of EU's food industry.

Elke Naumann
Chair, EFAD Research and Evidence Based Practice Committee
e.naumann@han.nl



Sweden

Healthy Eating for Cancer Patients and Surgical Patients



DRF
DIETISTERNAS
RIKSFÖRBUND

During 2015 the Swedish Association of Clinical Dietitians (DRF) initiated two projects concerned with disease prevention, health promotion and nutrition. The aim was health promotion through nutrition and healthy eating habits within the health care system. The Swedish Board of Health financed the projects.

In Sweden the “National Guidelines for Methods of Preventing Disease” covers tobacco use, hazardous use of alcohol, insufficient physical activity and unhealthy eating habits. Local councils in Sweden have promoted these guidelines for many years, but strategic work on alcohol use and unhealthy eating habits has not been prioritized in many parts of Sweden. The DRF has been able to work for a change towards a more distinct focus on healthy eating habits and nutrition.

For cancer patients, dietitians in Sweden mainly work with nutrition therapy and the main area of focus is malnutrition (the dietitians are not engaged in primary or secondary prevention.) Feedback from some patients participating in cancer rehabilitation programs made it clear that they were not satisfied with the nutritional advice they were getting during cancer treatment. Many patients want more focus on healthy food choices during and after treatment. To meet this need the DRF decided to publish an information brochure about cancer prevention. The brochure is based on the guidelines from the World Cancer Research Fund (WCRF) and will be published in two versions – one for professionals and one for patients.

The project concerning surgical patients focuses on nutritional treatment and it describes and makes recommendations for healthy food choices, malnutrition, overweight and health promotion in this patient group.

Besides the work to develop materials, another focus is to work with communication. An important part of the work is to participate in congresses, meetings and opinion building activities in order to spread knowledge about healthy eating habits among professionals, politicians and decision makers. Before Christmas 2015, the DRF produced a Christmas card, which was sent to decision makers and politicians in Sweden. The card featured an infographic about eating habits and the global burden of disease. The card was also sent to all DRF members. The DRF hopes to source funding that will enable it to build upon these projects in 2016.



Elisabet Rothenberg
Assistant Professor
Nutrition & Dietetics, Geriatrics
Kristianstad University, Sweden

Spain

Dietitians Are Key To The Promotion of Sustainable Eating Patterns



going to sustainable eating

17th International Congress of Dietetics

GRANADA SPAIN 2016

7, 8, 9 and 10 September

The 17th International Congress of Dietetics (ICD) will be held in Granada from 7 to 10 September and will bring together more than 200 speakers from 23 countries. We interviewed Manuel Moñino, Chairman of the ICD Scientific Program Committee:

Q. Why the slogan "Going to sustainable eating"?

Manuel: Current eating patterns have a negative impact on the environment, so we want ICD Granada 2016 to be a turning point in how dietitians should move people towards more sustainable eating. In addition, sustainability will also be discussed from the point of view of health systems, training of dietitians and the scientific evidence. We also want the Congress itself to be sustainable... paperless, with low environmental impact and digital platforms to facilitate the access to all the contents.



Q. Could you highlight those topics of particular interest that will be discussed in the ICD Granada?

Manuel: The contents of the congress are organized around five main axes, whose common issue is sustainability:

- Global Impact of Dietetic Practice, Dietitian-Nutritionist is Key
- Equity and Ethics in the practice of the Professional Dietitian
- Research, Development and Innovation in Dietetics
- The Power of Nutritionists-Dietitians to make a difference
- Society and Multiculturalism in a Global Society

It will discuss dietetic practice based on evidence, the sustainability of a quality education or in the health systems, new technologies to improve adherence to dietetic treatments and the role of the associations of dietitians in strengthening the profession worldwide.

Q. Is eating healthily more respectful of the environment?

Manuel: Definitely. The plant foods generate less greenhouse gases than those of animal origin, and use less water. One hectare of potatoes can feed up to 22 people, while the same land dedicated to the production of meat, just would feed one. The extensive exploitation of land for livestock, sugar or palm oil production, are examples of how productive lands are depleted by a high environmental cost. The program will discuss healthy eating patterns such as the Mediterranean diet (among others), the environmental costs of food production and the sustainability approach of dietary guidelines.

We are looking forward to seeing you in Granada and we invite all of you to visit our website www.icdgranada2016.com/ The Congress is organized by the **General Council of Dietitians-Nutritionists of Spain (CGDN)**, the **Spanish Foundation Nutritionists-Dietitians (FEDN)** and the **International Congress of Dietetics (ICD)**. #ICDGranada2016

France & The Netherlands

International Research Project Between a French Dietitian & Dutch Students

In addition to our regular study program, we participated in an extracurricular educational program. During this multidisciplinary program, we followed a course in which we were assigned to do a project in an international context.

In October 2015 we started our dietetics project. Through the EFAD network, we got in touch with a dietitian from France, Emmanuelle Gravouille. A year ago, she sent out a questionnaire to European medical centres about dietetic treatment in heart failure patients. The study focused on salt restriction. Emmanuelle approached them by email through the EFAD-network. After she got responses from thirteen participants, we analysed the results.

This was a valuable experience for us, but of course, we faced a few difficulties during the project. First of all, since this was an international project, all communication had to be in English, which was a challenge, because English is not our native language. Nevertheless, thanks to this project, we feel our English has improved.

Secondly, only 13 respondents in six countries participated in the survey, so results may not be representative at European level. The first learning point we took from this was the importance of maximising response when carrying out a survey. The second learning point was that it is very useful to exchange information between different countries. Every country has its own system of medical care, and we think we can learn a lot from each other. We would therefore like to emphasise the importance of international co-operation.

It was very useful to compare dietetic care between different nations, to learn from each other and to discover the best dietetic treatments. We hope that EFAD's e-journal will publish our survey and that it will serve as an inspiration for further research.

*Ilse Thijssen & Miranda van der Laak
3rd year students, Nutrition & Dietetics
HAN University of Applied Sciences, Nijmegen, The Netherlands*



EFAD Database of Research Dietitians

The EFAD database of dietitians working in research currently contains 154 entries from 13 countries. If you are looking for European dietitians with certain research expertise, you can check this database. In addition, EFAD will use the database to send out calls for project officers for new projects with EFAD involvement. If you are interested in working on projects on behalf of EFAD, please make sure that you are in this database! Register now.

More information is available on the website: www.efad.org/research/4738/5/0/80

Sweden

Research on Dietetics Profession: 1st Swedish PhD awarded

In November 2015, Elin Lövestam successfully defended her PhD thesis. This is the first Swedish doctoral thesis to address the dietetic profession as a topic.

The aim of this thesis was to explore dietetic notes in Swedish patient records regarding content, language and the meaning of standardization. In summary, Elin argued that the Nutrition Care Process (NCP) and its standardized terminology play an essential role in dietetic professionalization, but this standardization may entail the risk of a reductionist view and difficulties in balancing the different ideals of health care. Strategies for the improvement of dietetic documentation are needed. Thus, there is a need for discussions concerning how to use and develop the NCP and dietetic language in a way that ensures the best possible care for the patient.

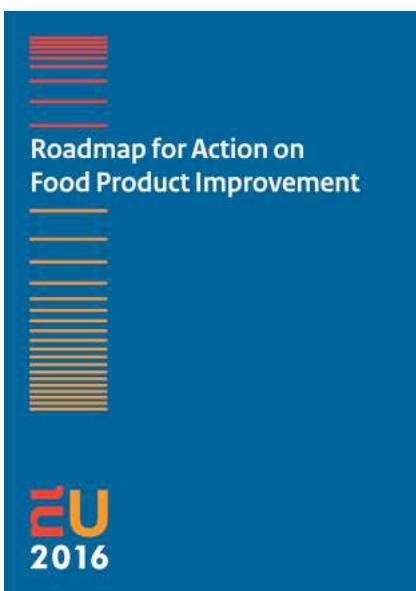


UPPSALA
UNIVERSITET

***Dietetic Documentation:
Content, Language and the
Meaning of Standardization
in Swedish dietitians'
Patient Record Notes***

PhD thesis by Elin Lövestam
Available here:
www.avhandlingar.se/avhandling/2016820b6f/

The Netherlands



Food Product Improvement: Long-Term Agenda Endorsed

At the recent EU Conference in Amsterdam, this Roadmap was endorsed by:

- EU member states
- EFTA countries
- food business operators
- non-governmental organisations

**Dutch Presidency EU Conference
Amsterdam, 22 February 2016**

Download the full Roadmap here:

[www.efad.org/downloadattachment/5636/12603/Roadmap for Action on Food Product Improvement 2016.pdf](http://www.efad.org/downloadattachment/5636/12603/Roadmap%20for%20Action%20on%20Food%20Product%20Improvement%202016.pdf)

Writing a Position Paper: The Role of the Food Service Dietitian

This article describes how we produced a position paper for the European Specialist Dietetic Network (ESDN) Food Service. We recognised that it was essential that the process involved food service dietitians and those involved in education or research from as many countries in Europe as possible. The process of producing a position paper on the role of the food service dietitian started in 2011 at the DIETS2 conference, when administrative dietitians met for a workshop. Following the establishment of the ESDN Administrative Dietitians in 2013, it became clear that there are a lot of dietitians across Europe working in food service, but many do not recognise themselves as administrative dietitians. We therefore changed the name of the Network to **ESDN Food Service**. This change led to roundtables and workshops at the conferences on subjects that were of interest to dietitians working in the field of food service. As a result, the network grew rapidly. The discussions during the conferences formed a basis for the first draft of the position paper. During the process of writing and the introduction of the term **Food Service Dietitian**, many people were involved and each point of view respected. Guiding the work was the need for consensus and for dietitians to recognize themselves in the paper and also the particular work situation in their individual countries.

In practical terms, the ESDN Food Service committee met several times and we circulated each new draft of the paper for comment to the extensive emailing list of interested dietitians. The feedback enabled the position paper to be drafted in such a way as to be valid in many countries that were not directly represented on the committee. Consultation often led to *snowball sampling*, whereby individual dietitians consulted colleagues outside the committee mailing list. For example, in the Nordic countries a network of associations of administrative dietitians met to draft a definition of **Food Service Dietitian**.

When the ESDN Food Service committee was satisfied with their final draft of the position paper, we passed it to EFAD, where the more formal adoption process began. In that process all the association members of EFAD had the opportunity to study the draft and give feedback. As ESDN Food Service Lead, I responded to their comments before the Executive Committee accepted a final version – a version that will remain in draft until the next EFAD General Meeting formally adopts it.



*Ylva Mattsson Sydner
Lead, ESDN Food Service
Senior Lecturer
Department of Food, Nutrition & Dietetics
Uppsala University, Sweden*



The European Nutrition for Health Alliance

Optimal
Nutritional Care
For All
(ONCA)

Launched in 2014, ONCA is a European health innovation initiative and multi-stakeholder campaign. Its aim is to ensure optimal nutritional care for all European citizens through nutritional screening and optimal follow-up care. The European Nutrition for Health Alliance (ENHA) organises and coordinates the initiative. Since 2014, the number of countries involved with ONCA has grown from 8 to 15. EFAD is a member of ENHA and the EFAD President Anne de Looy is an ENHA trustee and co-chair of the yearly ONCA conference.



In November 2015, the second implementation conference was held in Berlin. Over 100 delegates representing 13 countries attended this conference including speakers representing WHO (European Region), the Joint Programming Initiative (JPI), the European Patients Forum (EPF) and the Patients

Network for Medical Research and Health (EGAN) The conference brings country teams together to share best practice, ideas, gain inspiration and access contacts and expertise. An additional pre-meeting led by Cees Smit (EGAN) was held for patient group representatives attending the conference.

As the driving force behind the campaign, ENHA works with its members like EFAD, the European Geriatrician Society (EUGMS) and the European Society for Medical Nutrition and Metabolism (ESPEN). This enables engagement with countries to develop national nutritional care plans and actively support the national, multi-professional alliances.



ONCA began as an initiative to improve nutritional care across Europe. As EU member states are responsible for their national health care systems (and not the EU as such) nutritional screening and follow-up care need to be implemented country by country.

'Every patient who is malnourished or at risk of undernutrition is systematically screened and has access to appropriate, equitable, high quality nutritional care' (ONCA Conference 2014)



Frank de Man
Secretary General, ENHA

The Nutrition Care Process (NCP)

To keep pace with current International best practice, one of the key objectives of the INDI is to adopt the use of NCP and the related Terminology (NCPT) across the dietetic profession in Ireland. In 2013, in order to focus on this objective, the INDI formed a Nutrition Care Process & Model (NCPM) Steering Group in partnership with Nutricia Medical. We launched the Irish NCP with a national training workshop in January 2014: *The Journey Toward Nutrition Diagnosis*. That year, two members of the Steering Group, Sarah McEvoy and Orla Haughey, went on an NCP educational trip to the USA. They learned that implementation of the NCP requires gradual phased pilot testing, with appropriate support, training and educational resources. Feedback from dietitians that had adopted the NCP showed the need for regular case discussions to consolidate the understanding of the NCPT.

In 2014, the NCPM Steering Group appointed a Project Manager, Orla Haughey. The Group also developed a strategy plan, goals and deliverables for implementation of NCPM over the following 5 years. A small pilot study followed. During this pilot, we noticed a wide variation in recording practices during implementation of the first two steps of the NCP: Nutrition Assessment & Nutrition Diagnosis. In response to this, we focused on standardizing the process and recording of Nutrition Assessment. This could then be used as a foundation to construct a Nutrition Diagnosis. We evaluated data from the pilot in order to develop an implementation protocol for national uptake. One month after implementation, we used focus groups to gather feedback from all pilot dietitians. The consensus was that the NCP Nutrition Assessment reads better and is more comprehensive: *"...it does read well ...I think it's a good structure"; "I think you're probably less likely to miss out on something when you're doing it through the specific categories... and I liked the idea that as I went through the sections I could see what needs to go where.";* *"...all of the notes are consistent. Going from the first... there's a really good flow to it".*

However, there was feedback on the need for better guidance on the categorization of some information. There was also need for a clearer description of how information should be categorized. We therefore made minor amendments to the NCP in order to reflect this feedback.

"NCPM uses a consistent, systematic structure and method, a common dietetic language and an evidence-based approach. The process provides a framework for demonstrating how nutrition care improves outcomes. In the current economic and health climate it is essential that dietitians develop nationwide outcomes to demonstrate the impact of our nutritional interventions on the health of our patients. With a small fraternity such as the dietetic community in Ireland, the NCPM provides a huge opportunity to standardise and promote our effectiveness."

Richelle Flanagan, President, INDI

As a result of the pilot study, the pilot sites have successfully incorporated the first two steps of the NCP and the related NCPT into dietetic practice. The first Electronic Health Record (EHR) pilot is due to start this year. We will structure the national dietetic EHR using the standardized Nutrition Assessment step from the pilot. The Steering Group is now working with the Irish Systematized Nomenclature of Medicine - Clinical Terms (SNOMED CT) and is incorporating NCPT in order to integrate the Nutrition Diagnosis step into the EHR pilot.

Orla Haughey, INDI, Project Manager Constantina Papoutsakis, Chair, EFAD Professional Practice Committee



Obesity, Overweight, Physical Activity: Review of Scientific Evidence



The European Commission has recently commissioned a study for the Directorate-General For Health & Food Safety (DG SANTÉ) that will deliver a **comprehensive review of scientific evidence and policies related to nutrition and physical activity**, followed by policy recommendations (due to be delivered May 2017). This study is an important step towards enhancing the evidence-base for effective and efficient action to tackle non-contagious diseases that are related to diet and physical inactivity. It will focus on **overweight and obesity**, particularly with regard to vulnerable socioeconomic groups. This study will allow DG SANTÉ to develop evidence-based actions in these policy areas.

To ensure that the scope of this research would not exclude important areas of interest, the EPHA researchers consulted 10 key experts (including me) by means of 30-minute phone interviews. These interviews allowed each of us to provide:

- key policy documentation and literature in our individual areas of expertise
- examples of best-practice interventions/policies to be used for case studies
- the names of other expert contacts in the field who could potentially be contacted for one of our expert workshops to be held in 2017

In my interview, I was able to highlight that the European Specialist Dietetic Network - Public Health has published some important documents, including our views on obesity and on the imposition of taxes on specific foods and non-alcoholic drinks. The ESDN Obesity has published a position paper on the role of the dietitian in obesity (www.efad.org/reportsandpapers/5209/5/0/80) and is working on European Obesity guidelines. I was also able to make clear that EFAD works in partnership with the European Association for the Study of Obesity (EASO) and contributes to the EU Platform on Diet and Physical Activity. I also referred to WHO recommendations and of course to Public Health England and some of the recent work that they too have done on the potential impact of taxing sugar-sweetened drinks.

I emphasised the importance of tackling inequalities and for interventions to take a life-course approach, with the family food environment being important. However, for children I also suggested that the school is an important setting for any intervention. Sustainable food systems and free school meals for certain age groups are good examples of successful interventions at population level. My main area of current research activity is weight management during pregnancy and post-natally and so I also raised these areas of concern in my interview.

The researchers asked about journals where one might find high quality papers about diet, physical activity and weight and also which search terms should be used when undertaking a review of the effectiveness of interventions in preventing obesity. My academic background meant that I was able to guide the researchers in this area.

*Amanda Avery
EFAD European Specialist Dietetic Network - Public Health
Assistant Professor, School of Biosciences, University of Nottingham, England*



The European Network of Dietetic Students expands after one year of success! 1000 new students join ENDietS

The European Network of Dietetic Students (ENDietS) celebrates its first anniversary and continues to grow among students from all over Europe and some members from overseas.

In October 2015, ENDietS was part of the 9th EFAD Conference in Amsterdam, presented a great student programme and welcomed plenty of new student members. Since then, the network has obtained more than 1000 new registered members!

European Dietetic Action Plan (EuDAP): ENDietS Webinar for students by the EFAD President

ENDietS was happy to host the President of EFAD, Anne de Looy in one of its webinars. Anne gave the students the chance to explore the EuDAP and learn how it can be used successfully in Europe to address the health agenda.

ENDietS invites you to the 17th International Congress of Dietetics in Granada.

ENDietS will participate in the 17th International Congress of Dietetics, 7-10 September 2016 in Granada, Spain. ENDietS will be there to provide a whole day of lectures and workshops, especially organized for the students attending the Congress.

The ENDietS Conference takes place on **6 September 2016**. Don't miss the chance to join us and become familiar with the actions of our network. Register at the official website of the congress: www.icdgranada2016.com

Become a speaker at the ENDietS Conference in ICD-Granada 2016!

Send your abstract at endiets@efad.org and get the chance to share your experience with international students and the ENDietS team!

*Evangelia Tzorovili
ENDietS Conference anchor
Student - School of Health Sciences and Education, Harokopio University, Greece*

Save the Date



going to sustainable eating

17th International
Congress of Dietetics
GRANADA SPAIN 2016

7, 8, 9 and 10 September

**Deadline for Submissions for the next
Newsletter: 31 May 2016 to:
editor@efad.org**

*See Editorial Policy and
Guidelines for Authors on the
next page*

**www.efad.org
European Dietitians**

Editorial Policy

The EFAD Editorial Board comprises the Honorary Vice-President, the Secretary General and one member of the Executive, with assistance from the non-executive Editor. The Board will decide the content of each Newsletter and their decision is final. Articles should reflect EFAD's core values: **fairness, openness, non-discrimination, collaboration and independence**. The Editorial Board welcomes suggestions from members for improving and developing the Newsletter. **In order to reflect EFAD's mission statement, articles for the Newsletter should always refer to 'dietitians' or 'dietetics' in the text.**

Guidelines for Authors

- Please read previous editions of the Newsletter available at: www.efad.org/everyone/3147/5/0/32
- Your article should be in English and emailed to me, Terry Hyde: editor@efad.org
- Your article should be about 500 words (2,500 characters with spaces), but can be up to 1000 words if it is particularly important.
- Please send **your own** photographs or ones that are **copyright-free or free-to-use for non-commercial purposes**.

Who is the audience?

This is the first and most important question that any editor or author must answer before they start work. I will edit all articles to meet the needs of a very wide audience: undergraduate students, dietitians, academics, Ministers of Health and senior figures at WHO European Region. The first language of most of our readers will not be English. Therefore, I will also edit to ensure that the writing is concise, the meaning is clear and the language is free of bias. I will use **plain English, modern English usage and open punctuation**.

What is plain English?

Some of the principles of plain English are:

- use short words rather than long words
- write in short sentences rather than long ones
- use the active verb rather than the passive, eg '*I edit the Newsletter*' not '*The Newsletter is edited by me*'
- use lists where possible
- avoid jargon, acronyms and abbreviations

In science and education, the last point is the most difficult to follow. All of our readers will know what EFAD and EU and UN means (and probably WHO), but how many will know what FNAP means? For more information on plain English, go to www.plainenglish.co.uk

What is modern English usage?

English is a living language in constant change; in particular it absorbs words from other languages and treats them as its own. New words arrive every day and others drop out of use. Existing words change their meanings or develop extra meanings. A few years ago, the only thing that could be stored in a **cloud** was water vapour, but now.... Spellings and constructions also change. So, in modern English usage the word '*lifelong*' is written as one word (no space, no hyphen); similarly with the words '*online*' and '*website*'. Part of my job is to reflect these changes in usage and spelling etc. For more information on modern English usage, see Burchfield RW (2004) *Fowler's Modern English Usage* 3rd Ed Re-revised OUP Oxford.

What is Open Punctuation?

Open punctuation reduces the number of keystrokes needed to type a document. It does this by removing unnecessary punctuation and capital letters. So:

Ph.D. → PhD B.Sc. → BSc e.g. → eg Dr. → Dr
..Doctors, Dietitians and Physiotherapists... → ...doctors, dietitians and physiotherapists...