

Sessione congiunta ANDID-AIC

Glutine & dintorni

NCP e MNT - La pratica professionale del dietista applicata alla celiachia:

l'Evidence Analysis Library

Divieto di riproduzione, utilizzo e diffusione anche parziale



Ai sensi dell'art. 3.3 del Regolamento applicativo dell'Accordo Stato-Regioni 05.11.2009, dichiaro che negli ultimi due anni ho avuto i seguenti rapporti anche di finanziamento con i seguenti soggetti portatori di interessi commerciali in campo sanitario:

EUROSPITAL

In fede
Susanna Agostini

NCP e MNT

- La pratica professionale del dietista applicata alla celiachia:

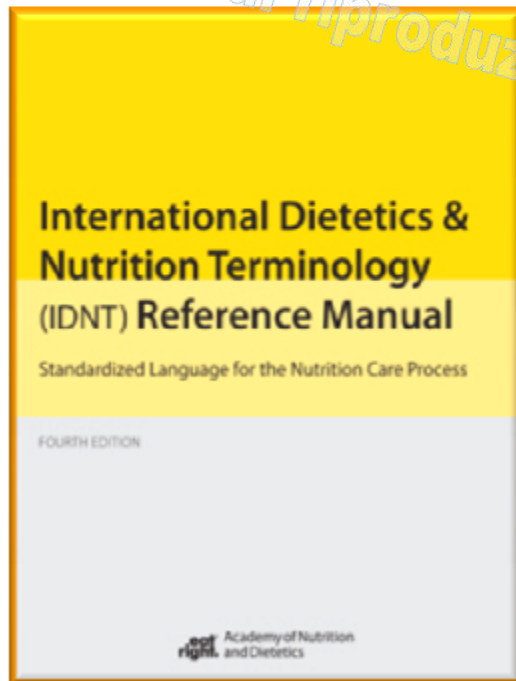
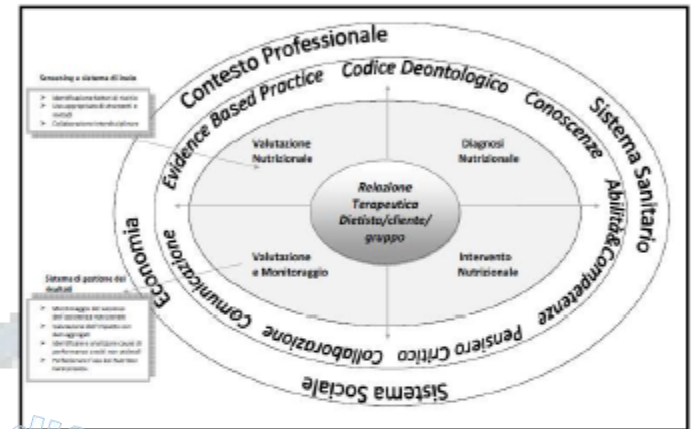
I'Evidence Analysis Library

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NCP = Nutrition Care Process and Model (2003)

Metodo sistematico di soluzione dei problemi che i professionisti in nutrizione usano per pensare criticamente, prendere decisioni nei confronti dei problemi correlati alla nutrizione e fornire una assistenza nutrizionale sicura, efficace e di qualità

Lancey K, Pritchett E. Nutrition Care Process and Model: ADA adopts road map to quality care and outcomes management J Am Diet Ass vol 103 number 8 pag 1061-72, august 2003



International Dietetics and Nutrition Terminology (2006)

Linguaggio standardizzato per descrivere con termini definiti e condivisi le attività del dietista

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MNT = Medical Nutrition Therapy

- ✓ E' l'applicazione del NCP, focalizzato alla gestione della malattia, in contesti clinici e dei principi della EBM alla pratica professionale del dietista
- ✓ E' una componente essenziale ed efficace di servizi di assistenza sanitaria
- ✓ Può migliorare la salute e il benessere, la produttività, i livelli di soddisfazione degli utenti attraverso la riduzione delle visite mediche, dei ricoveri, della prescrizione di farmaci

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..... un principio irrinunciabile

La pratica professionale basata su un
approccio sistematico e basato
sull'evidenza

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ADA. Standards of Professional Practice for Dietetics Professionals.
JADA 1998;98:83-7

Evidence-Based **Dietetics** Practice

E' la fusione fra la migliore evidenza scientifica, sistematicamente aggiornata e l'assunzione di decisioni nell'ambito dell'alimentazione e della nutrizione

Integra l'evidenza con l'esperienza professionale e i valori del paziente / cliente

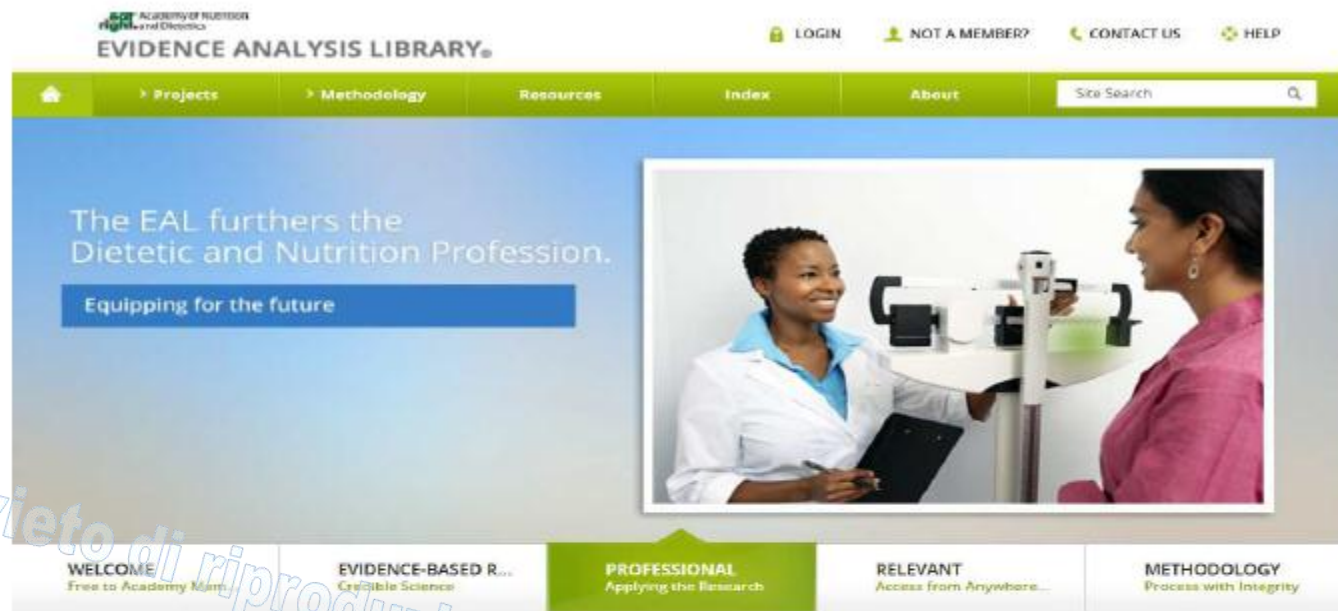
Tiene conto della situazione di salute del paziente / cliente e ha l'obiettivo di migliorare gli outcome

Evidence-Based Dietetics Practice: **perchè è importante?**

Permette di lavorare in modo efficace ed efficiente e rende credibile il professionista

Sistematizza i risultati delle ricerche e mette a disposizione risposte aggiornate

Standardizza l'approccio e consente di raccogliere in modo omogeneo i dati degli outcome per il miglioramento continuo della pratica professionale

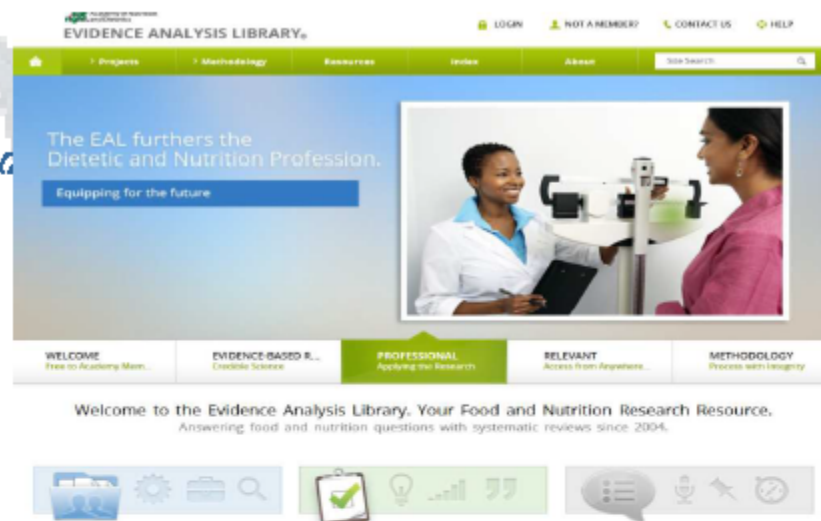


Welcome to the Evidence Analysis Library. Your Food and Nutrition Research Resource.
Answering food and nutrition questions with systematic reviews since 2004.



Una sintesi, disponibile “on line” e costantemente aggiornata rispetto alle evidenze scientifiche su temi di dietetica applicata

<http://www.andeal.org/default.cfm>



- ✓ Libero accesso ai soci AND
- ✓ Possibilità di accesso ai non soci (abbonamento annuale o per una settimana di prova)
- ✓ Possibili abbonamenti “multi-user” per ospedali e istituzioni
- ✓ Accesso molto limitato ai non soci-non abbonati

<http://www.andeal.org/default.cfm>

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Metodo e processo alla base di Evidence Analysis Library

Rigoroso e sistematico processo per cercare, analizzare e riassumere le ricerche su uno specifico tema di nutrizione

Riconosciuto dalla Joint Commission

Adattato dai metodi Food & Drug Administration e U.S. Department of Agriculture

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A N D I D

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Evidence Analysis Library



Cosa deve fare il dietista in ogni fase di NCP?



Evidence Analysis Library risponde ai quesiti nutrizionali che si pongono in ogni fase di NCP

Come viene data risposta ai quesiti?

RACCOMANDAZIONI

Evidence based nutrition
practice guidelines

Toolkit

Divieto di riproduzione, utilizzo e diffusione anche parziale



- Adult Weight Management
- Advanced Technology in Food Production
- Athletic Performance
- Bariatric Surgery
- Breastfeeding
- Celiac Disease
- Chronic Kidney Disease
- Chronic Obstructive Pulmonary Disease
- Critical Illness
- Diabetes 1 and 2
- Diabetes (Type 2) Prevention
- Dietary Fatty Acids
- Disorders of Lipid Metabolism
- Energy Expenditure
- Fiber
- Fluoride
- Food and Nutrition for Older Adults
- Fruit Juice
- Gestational Diabetes
- Health Disparities
- Heart Failure
- HIV/AIDS
- Hydration
- Hypertension
- Medical Nutrition Therapy
- Microwave and Home Food Safety
- Nutrient Supplementation
- Nutrition Counseling
- Nutrition Guidance in Healthy Children
- Nutrition Screening
- Nutritive and Non-Nutritive Sweetener
- Obesity, Reproduction and Pregnancy
- Oncology
- Pediatric Weight Management
- Single Serving Portion Sized Meals and Weight Management
- Sodium
- Spinal Cord Injury
- Telenutrition
- Uremia
- Unintended Weight Loss in Older Adults
- Vegetarian Nutrition
- Wound Care

Evidence Analysis Library

Proven Research When It Matters Most

Sign In

ESSENTIAL EVIDENCE FOR CONTINUED SUCCESS





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Celiac Disease

Grade Chart

Celiac Disease (CD) Guideline (2009)

CD: EXECUTIVE SUMMARY OF
RECOMMENDATIONS (2009)

CD: INTRODUCTION (2009)

CD: MAJOR RECOMMENDATIONS (2009)

CD: ALGORITHMS (2009)

CD: BACKGROUND INFORMATION (2009)

CD: APPENDICES (2009)

CD: REFERENCES (2009)

Celiac Disease (CD) (2005-2007)

CD: INTRODUCTION (2005-2007)

CD: FOODS AND GLUTEN INTOLERANCE
(2005-2006)

CD: EFFECTIVENESS OF A GLUTEN-FREE
DIETARY PATTERN (2006-2007)

CD: NUTRITIONAL ADEQUACY (2007)

CELIAC DISEASE

Work on this project started in 2005. Highlights include:

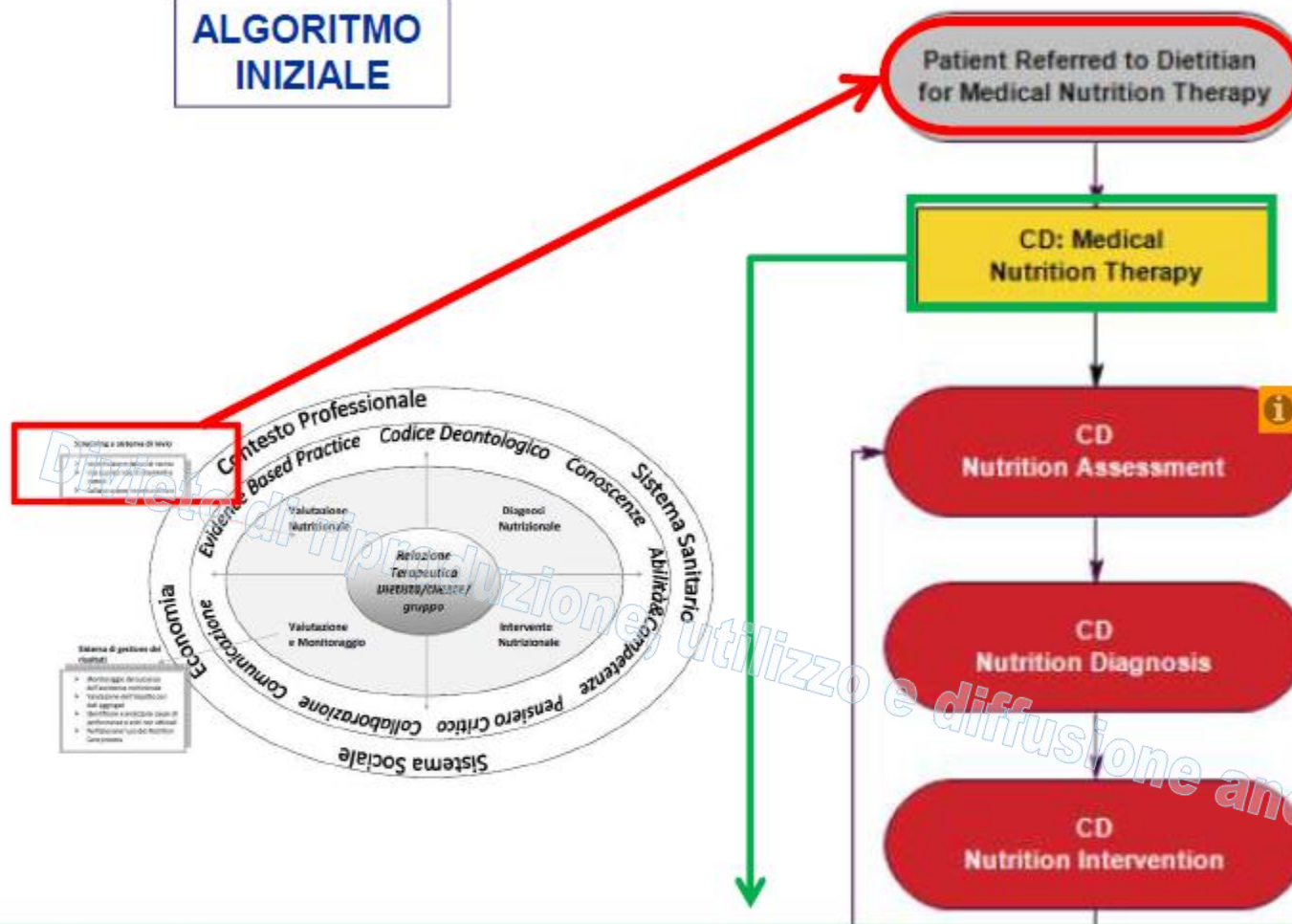
- Target population of adults and children
- Three (3) sub-topics - Foods and Gluten Intolerance; Effectiveness of a Gluten-Free Dietary Pattern; and Nutritional Adequacy. Use the links on the left to access the evidence analysis questions and conclusions.
- Evidence-based Nutrition Practice Guidelines were published in 2010.
- Several resources on this topic were created. Expand the Project Resources section below for more information.

There is no scheduled update to this project at this time.

► Project Team

► Project Resources

ALGORITMO INIZIALE



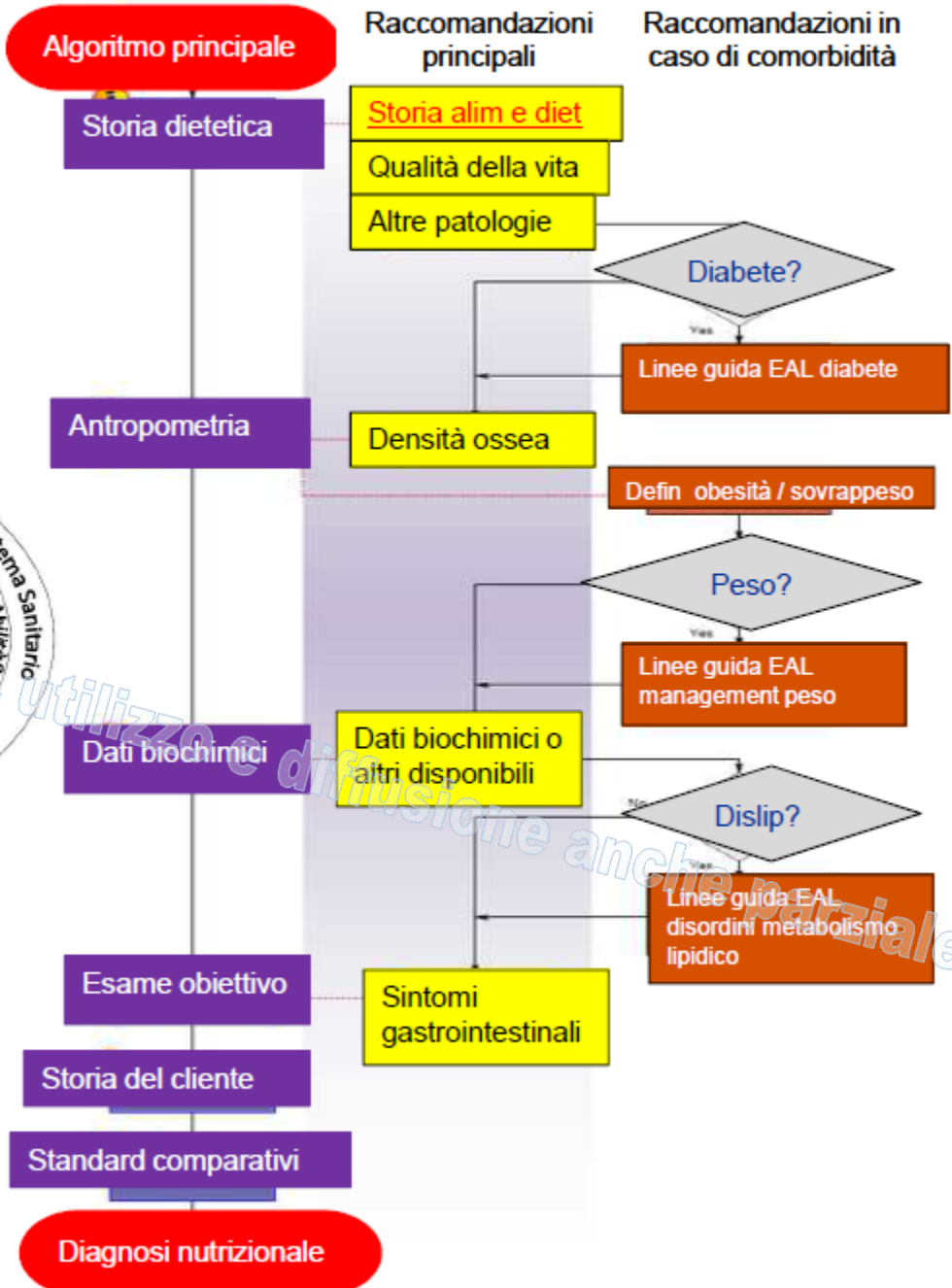
CD: Medical Nutrition Therapy

Medical nutrition therapy (MNT) provided by a registered dietitian is strongly recommended for individuals with celiac disease. Consultation with a registered dietitian as part of a team-based approach results in improved self-management.

Rating: Consensus

Imperative

ALGORITMO VALUTAZIONE NUTRIZIONALE





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Conclusion Statement

WHAT IS THE LONG-TERM EFFECTIVENESS IN PEOPLE WITH CELIAC DISEASE OF FOLLOWING A GLUTEN-FREE DIETARY PATTERN ON VILLOUS ATROPHY?

RECOMMENDATIONS SUMMARY

CD: Assessment of Food/Nutrition-Related History 2009

[Click here](#) to see the explanation of recommendation ratings (Strong, Fair, Weak, Consensus, Insufficient Evidence) and labels (Imperative or Conditional). To see more detail on the evidence from which the following recommendations were drawn, use the hyperlinks in the [Supporting Evidence](#) Section below.

▼ Recommendation(s)

CD: Assessment of Food/Nutrition-Related History

The registered dietitian (RD) should assess the food and nutrition-related history of individuals with celiac disease, including (but not limited to) the following:

- ✓ apporti di cibo e nutrienti (con riguardo a calcio, ferro, vitamine del gruppo B, vitamina C), uso di farmaci e prodotti di erboristeria
- ✓ conoscenze, credenze, atteggiamenti (es: disponibilità a modificare le abitudini alimentari)
- ✓ comportamenti e fattori che influenzano l'accesso al cibo sicuro

Intake of gluten results may result in gastrointestinal symptoms, malabsorption and villous atrophy.

Rating: Strong

Imperative

+ RISKS/HARMS OF IMPLEMENTING THIS RECOMMENDATION

+ CONDITIONS OF APPLICATION

Celiac Disease/ Celiac Disease (CD) Guidelines (2009)/ CD: Algorithms (2009)



Quick Links

Conclusion Statement

WHAT IS THE LONG-TERM EFFECTIVENESS IN PEOPLE WITH CELIAC DISEASE OF FOLLOWING A GLUTEN-FREE DIETARY PATTERN ON VILLOUS ATROPHY?

RECOMMENDATIONS SUMMARY

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▶ Recommendation(s)

▼ Supporting Evidence

The recommendations were created from the evidence analysis on the following questions. To see detail of the evidence analysis, click the blue hyperlinks below (recommendations rated consensus will not have supporting evidence linked).

[What is the long-term effectiveness in people with celiac disease of following a gluten-free dietary pattern on villosus atrophy?](#)

[What is the long-term effectiveness in people with celiac disease of following a gluten-free dietary pattern on gastrointestinal symptoms?](#)

+ REFERENCES

+ REFERENCES NOT GRADED IN ACADEMY OF NUTRITION AND DIETETICS EVIDENCE ANALYSIS PROCESS

EV ? What is the long-term effectiveness in people with celiac disease of following a gluten-free dietary pattern on villous atrophy?

CONCLUSION

Several studies report that individuals who are compliant with a gluten-free dietary pattern have substantial improvement in villous atrophy; however, mucosal abnormalities may persist in some individuals. Normalization of abnormalities may occur within 1 year, but generally takes longer, depending on the severity of villous atrophy, level of dietary compliance and age at diagnosis. One study indicated that recovery in children may progress faster and more completely than in adults. Several studies report that improvement in villous atrophy is not dependent on the type of gluten-free dietary pattern (wheat starch-based or natural gluten-free); however, villous atrophy is significantly associated with dietary compliance. Further research is needed to determine the factors involved with the persistence of mucosal abnormalities in those adhering to a gluten-free dietary pattern.

Recommendation(s)

? What is the long-term effectiveness in people with celiac disease of following a gluten-free dietary pattern on gastrointestinal symptoms?

CONCLUSION

Several studies have reported that people with celiac disease (treated and untreated) are more likely to experience gastrointestinal symptoms such as diarrhea, constipation, abdominal pain and bloating, nausea or vomiting, reduced gut motility and delayed gastric emptying than healthy controls. Compliance with a gluten-free diet reduces the prevalence of these symptoms. Further evaluation of persistent gastrointestinal symptoms in some persons with celiac disease is recommended. Evidence is limited regarding the effect of a gluten-free dietary pattern on indigestion, dysphagia and reflux; additional research is needed in these areas.

ALGORITMO VALUTAZIONE NUTRIZIONALE



Torna a Algoritmo principale

Storia dietetica

Raccomandazioni prioritarie

Storia alim e diet
Qualità della vita
Altre patologie

Raccomandazioni in caso di comorbidità

Diabete?

Linee guida EAL diabete

Antropometria

Densità ossea

Defin. obesità / sovrappeso

Peso?

Linee guida EAL management peso

Dati biochimici

Dati biochimici o altri disponibili

Dislip?

Linee guida EAL disordini metabolismo lipidico

Esame obiettivo

Sintomi gastrointestinali

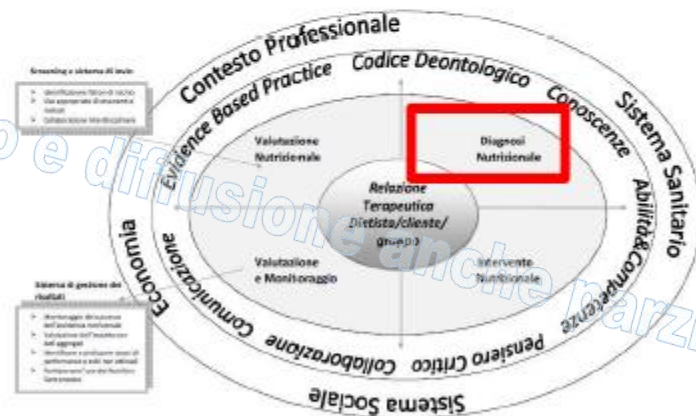
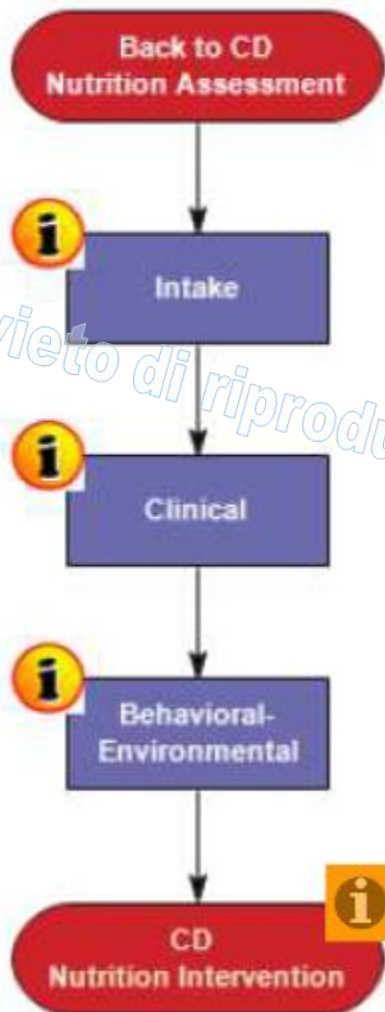
Storia del cliente

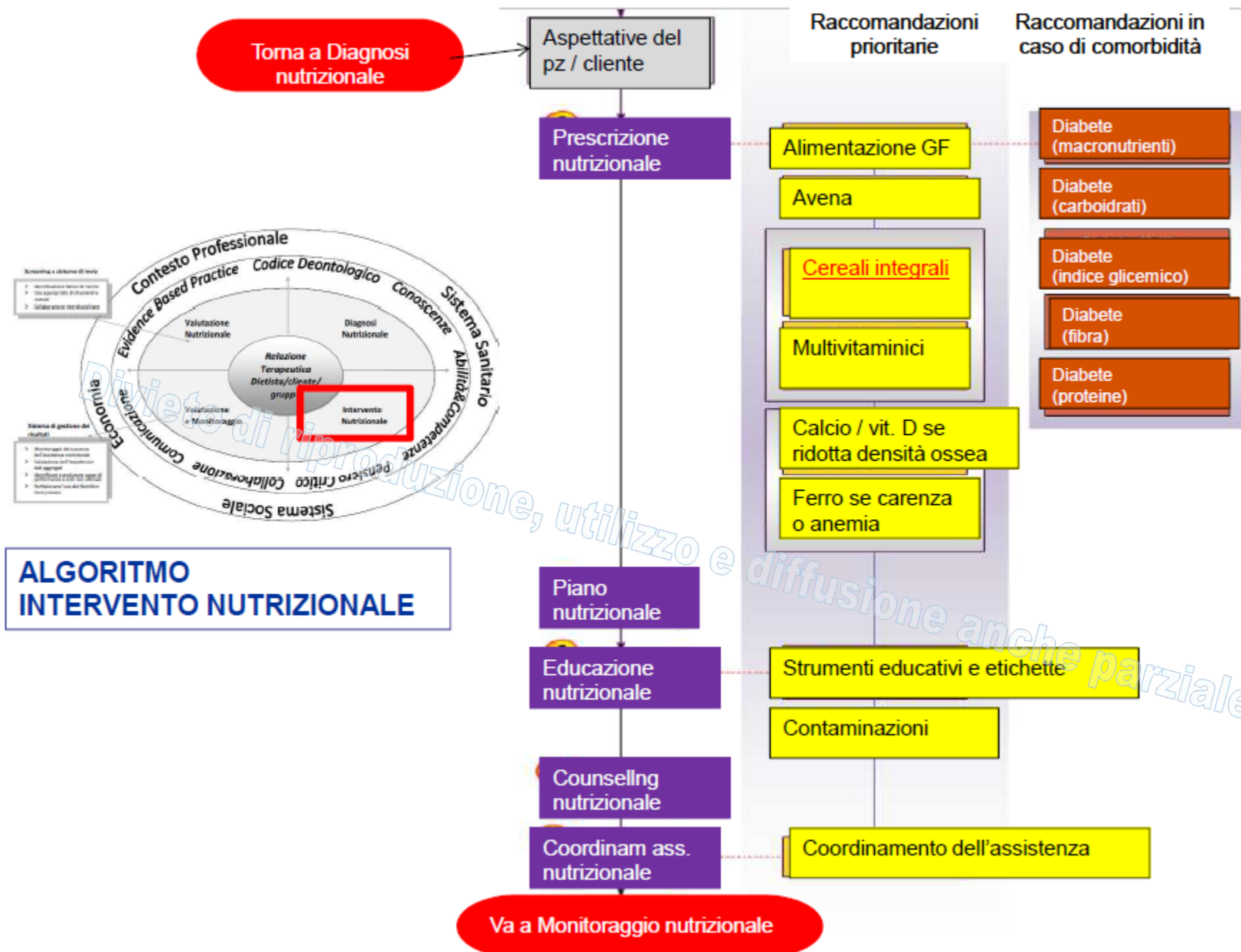
Standard comparativi

Vai a Diagnosi nutrizionale



ALGORITMO DIAGNOSI NUTRIZIONALE





▼ Recommendation(s)

CD: Consumption of Whole/Enriched Gluten-Free Grains and Products

The registered dietitian (RD) should advise individuals with celiac disease to consume whole or enriched gluten-free grains and products such as brown rice, wild rice, buckwheat, quinoa, amaranth, millet, sorghum, teff, etc. Research reports that adherence to the gluten-free dietary pattern may result in a diet that is low in carbohydrates, iron, folate, niacin, zinc and fiber.

Rating: Strong
Imperative

▼ Intervention

❓ Is there nutritional adequacy of a gluten-free dietary pattern in those newly diagnosed with celiac disease?

— CONCLUSION

For newly diagnosed children and adults with celiac disease, studies report that compliance with a gluten-free dietary pattern results in significant improvements in nutritional laboratory values, such as serum hemoglobin, iron, zinc and calcium, as a result of intestinal healing and improved absorption. However, adherence to the gluten-free dietary pattern may result in a diet that is high in fat and low in carbohydrates and fiber, as well as low in iron, folate, niacin, vitamin B-12, calcium, phosphorus zinc. A small number of studies in adults show a trend toward weight gain after diagnosis; further research is needed in this area.

ALGORITMO MONITORAGGIO NUTRIZIONALE



Toma a intervento nutrizionale

Raccomandazioni
prioritarie

Storia dietetica

Monitorare le
compliance

Monitorare fattori
qualità vita

Antropometria

Dati biochimici e
clinici

Esame obiettivo

Monitorare sintomi
gastrointestinali

Standard
comparativi

Torna a algoritmo principale

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Recommendation(s)

CD: Monitoring and Evaluation of Dietary Compliance

The registered dietitian (RD) should monitor the following to evaluate dietary compliance:

- Gluten-free dietary pattern
- Antibody levels
- Potential exposure to cross-contamination
- Hidden sources of gluten in foods, medications and supplements.

Intake of gluten may result in gastrointestinal symptoms, malabsorption and villous atrophy.

Rating: Strong

Imperative



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+ RISKS/HARMS OF IMPLEMENTING THIS RECOMMENDATION

+ CONDITIONS OF APPLICATION

+ POTENTIAL COSTS ASSOCIATED WITH APPLICATION

+ RECOMMENDATION NARRATIVE

+ RECOMMENDATION STRENGTH RATIONALE

+ MINORITY OPINIONS

+ REFERENCES

+ REFERENCES NOT GRADED IN ACADEMY OF NUTRITION AND DIETETICS

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Celiac Disease Toolkit (Print and Download)

Wendy D. Dennis, MA, MS, RD, LDAC, Cynthia A. Kupper, RD, CD, Anne Roland Lee, MSRD, RD, LG, Mary K. Shorrock, MS, RD, LG, CNSR and Tricia Norrishon, MS, RD

This toolkit is designed to assist the registered dietitian in applying the Celiac Disease Evidence-Based Nutrition Practice Guidelines.

Member Price
~~\$42.00~~

Nonmember Price
\$72.00

Qty:

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Conclusioni:

questa relazione vuole essere uno spunto all'esplorazione di uno strumento pensato per il dietista e che mette in grado questo professionista di effettuare le scelte più adeguate per il paziente, applicando il metodo di lavoro specifico.

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GRAZIE