Improving patient outcomes through Medical Nutrition Therapy

Accredited Practising Dietitians (APDs) are the experts in food and nutrition. They can advise your patients on the specific nutritional management of many health conditions. APDs translate scientific nutrition information into personalised, practical dietary advice. Nutrition intervention can considerably improve patient outcomes. Nutritional management should be reviewed by an APD periodically.



Find an APD. Visit www.daa.asn.au or telephone 1800 812 942.

DIAGNOSIS/CONDITION	INDICATIONS FOR REFERRAL		BENEFITS OF INVOLVING AN APD
All	New diagnosis requiring dietary modification Change in clinical markers or medication	Undesirable weight changeNot meeting nutrition needsRequiring periodic dietary review	Better understanding of dietary management Improved dietary intake Improved clinical outcome
Anaemia	New diagnosis Poor dietary intake	Symptoms persisting	Improved nutritional status Improved blood biochemistry
Asthma	- Chronic corticosteroid use	 Undesirable weight change 	- Improved body weight (BMI*)
Cancer	Loss of appetite Poor dietary intake	Taste changes associated with treatmentUndesirable weight change	Improved nutritional status Improved body weight (BMI*)
Chronic fatigue syndrome	Food intolerance Poor dietary intake	- Undesirable weight change	Improved nutritional status Improved body weight (BMI*)
Chronic obstructive pulmonary disease	Poor appetite Poor dietary intake	•Undesirable weight change BMI* <20	Improved nutritional status Improved body weight (BMI*)
Coeliac disease	 New diagnosis Poor understanding of nutritional management Abdominal pain 	Diarrhoea Undesirable weight change	 Treatment of symptoms Improved nutritional status Normal or improved bowel habits Improved body weight (BMI*)
Congestive cardiac failure	Poor appetite Fluid retention	•BMI* <20 or >25	Improved cardiac function Improved body weight (BMI*)
Constipation	• Recurring		Normal or improved bowel habits
Coronary heart disease	New diagnosis	Poor understanding of nutritional management	Improved cardiac function Reduced risk of infarction
Depression	Poor appetite Inadequate dietary intake Binge eating	Emotional eating Undesirable weight change	Improved nutritional status Improved body weight (BMI*)
Diabetes	New diagnosis - type 1, type 2, gestational Unstable BGLs Elevated HbA1c Frequent hypoglycaemia	 Poor understanding of nutritional management Changes to medication prescribed, including commencing insulin Undesirable weight change 	 Improved BGL control Improved HbA1c levels Reduced risk of complications Improved body weight (BMI*)
Diarrhoea	- Recurring		 Normal or improved bowel habits
Disability - physical or mental	BMI* <20 or >25 Poor dietary intake	 Difficulty chewing, swallowing or feeding self Undesirable weight change 	Improved nutritional status Improved body weight (BMI*)
Diverticulosis/diverticulitis	New diagnosis Abdominal pain	- Constipation	 Normal or improved bowel habits Minimised abdominal discomfort
Eating disorders	 Poor dietary intake including restrictive dieting Bingeing 	 Purging, laxative abuse or excessive exercise Weight change or overly concerned with weight 	 Improved nutritional status Improved body weight (BMI*) Improved body image and self esteem Improved eating behaviour Note: Should only be implemented with psychological counselling and support.
Food allergy or intolerance	New diagnosis or suspected intolerance Poor understanding of nutritional management	 Undesirable weight change 	 Dietary therapy essential to managemer Management of symptoms Improved nutritional status

DIAGNOSIS/CONDITION	INDICATIONS FOR REFEI	TAL.	BENEFITS OF INVOLVING AN API
Gastro-oesophageal reflux	New diagnosis		Minimised discomfort
HIV positive	Loss of appetite Undesirable weight change Poor dietary intake		Improved nutritional status Improved body weight (BMI*)
Hyperlipidaemia/ dyslipidaemia	Prior to or in combination with statin therapy Elevated TC, LDL-C, TG	Low HDL-CPoor understanding of nutritional management	Improved blood lipid levels Improved body weight (BMI*)
Hypertension	 Elevated systolic and or diastolic blood pressure BMI*>25 		Normal or improved blood pressure Improved body weight (BMI*)
nflammatory bowel disease Crohn's disease, ulcerative colitis)	New diagnosis Weight loss	 Poor understanding of nutritional management 	Normal or improved bowel habits Minimised abdominal discomfort Improved nutritional status Improved body weight (BMI*)
nsulin resistance or impaired glucose tolerance	BMI*>25 Elevated insulin levels	Symptomatic hypoglycaemia	 Improved insulin levels Reduced risk of developing diabetes Improved body weight (BMI*)
rritable bowel syndrome	Abdominal pain Constipation Diarrhoea	Nausea Bloating	Normal or improved bowel habits Minimised abdominal discomfort
Liver disease	Poor appetite Ascites	EncephalopathyUndesirable weight change	Improved nutritional statusImproved body weight (BMI*)
Mental illness – severe or osychotic forms (such as schizophrenia, schizoaffective disorder, bipolar affective disorder)	Undesirable weight change Prescription of psychotropic medications (including, but not exclusively, clozapine or olanzapine) Elevated BGLs, insulin or lipid levels	 Poor nutritional intake or difficulties obtaining adequate nutrition Gastrointestinal symptoms (GORD, constipation) Increased appetite and/or reduced satiety 	 Improved body weight (BMI*) Improved BGLs, insulin and lipid levels Reduced risk of heart disease and diabetes Improved nutritional status Reduced gastrointestinal symptoms Improved management of appetite
Metabolic syndrome	Elevated BGLs Elevated blood pressure	Elevated lipidsBMI*>25	 Improved BGLs Improved blood pressure Improved blood lipid levels Improved body weight (BMI*)
Multiple sclerosis/motor neurone disease	Swallowing difficultiesConstipationPoor dietary intake	Difficulty feeding selfUndesirable weight change	 Improved nutritional status Improved bowel habits Improved body weight (BMI*)
Dbesity	BMI*>30 and medical complication Child or adolescent		 Weight loss Understanding nutritional needs Support and motivation to make dietary changes Improved medical condition
Osteoporosis	New diagnosis		- Reduce disease progression
Parkinson's disease	Swallowing difficulties Constipation Prescription of levodopa	Poor dietary intakeDifficulty feeding selfUndesirable weight change	Improved nutritional status Improved bowel habits Maximise effect of levodopa Improved body weight (BMI*)
Polycystic ovarian syndrome	BMI*>25 Elevated insulin levels		- Improved body weight (BMI*) - Improved insulin levels
Pregnancy	Poor dietary intake Morning sickness Overweight or underweight	Excess or inadequate weight gain Gestational diabetes	 Improved nutritional status Appropriate weight gain Optimised glycaemic control, with nutritional adequacy
Renal disease	Chronic kidney disease with eGFR <60mL/min Newly commenced dialysis therapy	 Elevated potassium or phosphate levels Fluid retention Undesirable weight change 	 Normal or improved biochemistry Improved nutritional status Improved body weight (BMI*)