

Dietetics Update

November 2025



Welcome to the latest copy of the Dietetics Update. The aim of this publication is to bring together a range of recently published research and guidance that will help you make evidence-based decisions.

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Please contact Holly if you would like more information, or further evidence searches: holly.cook3@nhs.net.

Contents

Changes to NICE guidance < 6 months (or imminent).....	4
A selection of papers from Medline and CINHAL <6 months (most recent first)	5
1. Diet as an Adjunct Therapy in Reducing Chemotherapy Toxicities and Improving Patients Quality of Life: A Systematic Review and Meta-Analysis	5
2. Nutritional Status of Children Diagnosed With Autism Spectrum Disorder: A Systematic Review and Meta-Analysis.....	5
3. Dietitians' Adherence and Perspectives on the European Association for the Study of Obesity (EASO) and the European Federation of the Associations of Dietitians (EFAD) Recommendations for Overweight and Obesity Management: A Mixed-Methods Study.....	6
4. A model-based cost-effectiveness analysis of prescribing by dietitians and therapeutic radiographers in England	7
5. The efficacy of high-protein nutritional support on mortality, clinical outcomes, and nutritional adequacy in critically ill patients: a double-center randomized controlled trial	7
6. Prehabilitation With Exercise and Nutrition to Reduce Morbidity of Major Hepatectomy in Patients With Sarcopenia: The PREHEP Randomized Clinical Trial	8
7. The Role of the Dietitian Within a Day Programme for Adolescent Anorexia Nervosa: A Reflexive Thematic Analysis of Child and Adolescent Eating Disorder Clinician Perspectives	9
8. Holistic nursing considerations when conducting nutritional assessment in a community setting	9
9. Comparison of the Mediterranean Diet and Other Therapeutic Strategies in Metabolic Syndrome: A Systematic Review and Meta-Analysis	10
10. Aspiration risk prediction models in patients with nasogastric enteral nutrition: a systematic review and meta-analysis	11
11. ChatGPT and human dietitian responses to diet-related questions on an online Q&A platform: A comparative study	11
12. Clinical Outcomes and Food Triggers Following Low Food Chemical Diet Implementation: A Retrospective Audit of Dietetic Practice	12
13. Supporting breastfeeding when clinical nutrition interventions are required in the paediatric healthcare setting: a systematic review	13
14. Developing a dietetic advanced practice role within a neuro-rehabilitation service	14
15. Strategic menu optimization could reduce carbon emissions and saturated fat consumption: a simulation modelling study of UK hospital inpatient meals	14
16. Effects of FSMP on nutrition status and sarcopenia among nutritional risk cancer patients: A randomized, double-blind, placebo-controlled study	15
17. Prognostic value of controlling nutritional status score (CONUT) in patients with colorectal cancer: a systematic review and meta-analysis	16
18. Whole-food diet therapies for children with Crohn's disease: a systematic review	16

19. The postbiotic ReFerm® versus standard nutritional support in advanced alcohol-related liver disease (GALA-POSTBIO): a randomized controlled phase 2 trial.....	17
20. Understanding Primary Care Dietitians' Experiences and Perspectives on Weight Management Practice Using the COM-B Model	17
21. Feasibility of a Finger Food Menu for Older Adults Post Stroke in Hospital.....	18
22. Pancreatic Enzyme Replacement Therapy Improves Exclusive Enteral Nutrition Related Diarrhea in Crohn's Disease: A Prospective Randomized Trial	19
23. Systematic Review of Patient Preferences and Experiences Regarding Dietetic Outpatient Care	20
24. Why Do Individuals with Diabetes Miss Their Dietitian Appointments? A Mixed-Methods Study on Barriers and Strategies for Improved Engagement in Diabetes Care	20
25. Implementation of ChatGPT to Enhance the Operational Efficiency of Dietitians	21
26. Can Augmented Reality be Used as a Portion Size Estimation Aid Tool? A Pilot Randomized Controlled Trial.....	22
27. Combining rehabilitation nursing with nutritional intervention to improve self-care ability and nutritional status in elderly stroke patients: a randomized controlled trial	22
28. The Role of the Dietitian in Weight Management of Adults With Obesity Without Diabetes Using Glucagon Like Peptide-1 Agonist Receptors: A Systematic Review and Meta-Analysis of Randomised Controlled Clinical Trials	23
29. Malnutrition, sarcopenia and nutrition therapy for patients with diabetes - A general framework and focus on hospital care	23
30. Comparison of enteral nutritional therapy to induce and maintain remission in paediatric patients with mild-to-moderate Crohn's disease: a cost-effectiveness analysis in the UK	24
31. Preoperative dietitian-led calorie-restricted diet: impact on left hepatic lobe volume and laparoscopic upper GIT surgery visibility.....	25
32. iENDEAVORS: Development and Testing of Virtual Reality Simulations for Nutrition and Dietetics.....	25
33. Vegetarian Diet and Dietary Intake, Health, and Nutritional Status in Infants, Children, and Adolescents: A Systematic Review	26
34. Effectiveness of dietetic care for cancer survivors in the primary care setting: A systematic review and meta-analysis of randomized controlled trials.....	27
35. The Client's Goals Are My Primary Responsibility: A Qualitative Study Examining Dietitians' Perceptions of the Barriers and Facilitators to Incorporating Environmentally Sustainable Food Systems in Clinical and Food Services Practice Within Healthcare Settings	27
36. The effectiveness of medical nutrition therapy for people at moderate to high risk of cardiovascular disease in an Australian rural primary care setting: 12-month results from a pragmatic cluster randomised controlled trial	28
37. Comparison the effect of continuous and bolus enteral nutrition methods on serum albumin and prealbumin in critical ill patients: A randomized clinical trial.....	29
38. Dietary Intake, Symptom Control and Quality of Life After Dietitian-Delivered Education on a FODMAP Diet for Irritable Bowel Syndrome: A 7-Year Follow Up	30

39. Novel strategies for medical management of obesity: mechanisms, clinical implications, and societal impacts-a report from the 25th Annual Harvard Nutrition Obesity Symposium	30
40. Preoperative nutritional status as a predictor of postoperative overall survival in abdominal tumor surgery: a systematic review and meta-analysis.....	31
41. Chronic intestinal failure knowledge among a cohort of ASPEN registered dietitians: Response to a membership survey	32
42. Weight- and Nutrition-Related Changes of Patients With Osteoarthritis Attending the Dietetic Orthopaedic Physiotherapy Screening Clinic: Findings From a Clinical Audit.....	32
43. Early versus delayed enteral nutrition in critically ill children under 12 years of age: A systematic review and meta-analysis of randomised controlled trials	33
44. Prevalence of malnutrition in patients with Alzheimer's disease - A systematic review. The call for consistent nutritional assessment methods	34
45. Risk Prediction Models for Enteral Nutrition Aspiration in Adult Inpatients: A Systematic Review and Critical Appraisal	35
46. Energy-dense versus routine enteral nutrition in critically ill patients: a systematic review and meta-analysis	35

Changes to NICE guidance < 6 months (or imminent)

Teplizumab for delaying the onset of stage 3 type 1 diabetes in people 8 years and over with stage 2 type 1 diabetes [ID6259]

In development Reference number:GID-TA10981

Expected publication date: 26 November 2025

<https://www.nice.org.uk/guidance/indevelopment/gid-ta10981>

Type 2 diabetes in adults: management (medicines update)

In development Reference number:GID-NG10336

Expected publication date: 18 February 2026

<https://www.nice.org.uk/guidance/indevelopment/gid-ng10336>

Somapacitan for treating growth hormone deficiency in people 3 to 17 years

Technology appraisal guidance Reference number:TA1066

Published: 03 June 2025

<https://www.nice.org.uk/guidance/ta1066>

Fosdenopterin for treating molybdenum cofactor deficiency type A (terminated appraisal)

Technology appraisal Reference number:TA1078

Published: 25 June 2025

<https://www.nice.org.uk/guidance/ta1078>

Pegzilarginase for treating arginase-1 deficiency [ID4029]

In development Reference number:GID-HST10054

Expected publication date: 18 December 2025

<https://www.nice.org.uk/guidance/indevelopment/gid-hst10054>

Vutrisiran for treating transthyretin-related amyloidosis cardiomyopathy [ID6470]

In development Reference number:GID-TA11598

Expected publication date: 28 January 2026

<https://www.nice.org.uk/guidance/indevelopment/gid-ta11598>

A selection of papers from Medline and CINHAL <6 months (most recent first)**1. Diet as an Adjunct Therapy in Reducing Chemotherapy Toxicities and Improving Patients Quality of Life: A Systematic Review and Meta-Analysis**

Item Type: Journal Article

Authors: Abene, J.;Tyburski, S.;Kral, T. V. E.;Quinn, R. and Deng, J.

Publication Date: 2025

Journal: Nutrition and Cancer 77(3), pp. 341–359

Abstract: This review analyzed existing literature regarding the relationship between different diets and chemotherapy toxicities, as well as the quality of life (QOL) among patients undergoing treatment. It aims to identify the most advantageous diet for cancer patients. PubMed, CINAHL, and Embase were used to select randomized control trials (RCTs) assessing the relationship between a specific diet and chemotherapy toxicities and/or QOL in patients as of October 2023. Out of 1,419 records, 11 RCTs were included. Analyses were stratified by diet type. Pooled odds ratios and 95% confidence intervals (CI) were obtained from the random-effect model using STATA. We included 7 studies testing fasting variations; 1 testing a ketogenic diet; 1 testing a Mediterranean diet; 1 testing a plant-based, high-protein diet; and 1 testing an anti-inflammatory diet. Four fasting studies were in the meta-analysis. The random-effects meta-analysis showed no significant difference in the incidence of chemotherapy toxicities between fasting and non-fasting patients. There is insufficient evidence to determine which dietary intervention is the most advantageous, however, there is evidence that all the diets examined may complement conventional cancer therapy by helping to reduce chemotherapy toxicities. No intervention can be ruled out. More research is needed in this field.

Access or request full text: <https://libkey.io/10.1080/01635581.2024.2437833>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=39665487&profiid=ehost>

2. Nutritional Status of Children Diagnosed With Autism Spectrum Disorder: A Systematic Review and Meta-Analysis

Item Type: Journal Article

Authors: Alhrbi, Afnan;Vlachopoulos, Dimitris;Healey, Ellie-Mae;Massoud, Ahmed Taher;Morris, Christopher and Revuelta Iniesta, Raquel

Publication Date: 2025

Journal: Journal of Human Nutrition and Dietetics : The Official Journal of the British Dietetic Association 38(4),

pp. e70099

Abstract: Autism spectrum disorder (ASD) may impact feeding behaviours, which can affect physical development. We aimed to examine published evidence comparing nutritional status, defined as anthropometry, micronutrient status, and intakes and dietary intake, of children with ASD with those of typically developing children (TDC). Eligibility criteria included any studies that compared nutritional status among children with ASD and TDC. PubMed, Web of Science, Scopus and CENTRAL were searched. We used standardized mean difference (SMD) as an effect size for continuous variables and risk ratio (RR) for dichotomous variables with a 95% confidence interval (CI). Thirty-two studies with 18,480 children (ASD: 2955, TDC: 15,525) were included in our meta-analysis. Children with ASD were statistically significantly shorter than TDC (SMD: -0.16, 95% CI -0.28, -0.04], $I^2 = 7\%$), but no difference in weight -0.12, 95% CI (-0.17, 0.92)] and BMI -0.06, 95% CI (-0.32, 0.20)]. They had decreased intake of protein -0.34, 95% CI (-0.52, -0.15)] and nearly all lipid-soluble vitamins: vitamin A (SMD: -0.20, 95% CI -0.38, -0.02], $I^2 = 37\%$), vitamin D (SMD: -0.30, 95% CI -0.53, -0.03], $I^2 = 50\%$), and vitamin K (SMD: -41, 95% CI -0.71, -0.10], $I^2 = 0\%$). Also, children with ASD had a statistically significantly decreased intake of some water-soluble vitamins like folate, riboflavin, thiamine and niacin. Decreased levels of some micronutrients like vitamin D and folate was also found. Children with ASD are statistically significantly shorter than TDC, which can be explained by the lower protein intake and fat- and water-soluble vitamin status and intake. These findings warrant further longitudinal population-based studies. (© 2025 The Author(s). Journal of Human Nutrition and Dietetics published by John Wiley & Sons Ltd on behalf of British Dietetic Association.)

Access or request full text: <https://libkey.io/10.1111/jhn.70099>

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40708203&prolid=e_host

3. Dietitians' Adherence and Perspectives on the European Association for the Study of Obesity (EASO) and the European Federation of the Associations of Dietitians (EFAD) Recommendations for Overweight and Obesity Management: A Mixed-Methods Study

Item Type: Journal Article

Authors: Androutsos, Odysseas;Mulrooney, Hilda;Svolos, Vaios;Vlassopoulos, Antonis;Govers, Elisabeth and Hassapidou, Maria

Publication Date: 2025

Journal: Nutrients 17(17)

Abstract: Introduction: Recent guidelines developed by the European Association for the Study of Obesity (EASO) and the European Federation of the Associations of Dietitians (EFAD) focused on the dietetic management of obesity in adults. The present study aimed to explore the perspectives of healthcare professionals regarding these guidelines.; **Methods:** In total, 85 registered dietitians/nutritionists from Greece, the Netherlands, the Republic of Ireland, and the United Kingdom completed an online survey, and 10 were interviewed, in February-March 2023. Demographic data were also collected.; **Results:** Awareness of the EASO-EFAD guidelines among registered dietitians/nutritionists was moderate (57.6%), but only 20% had read them in full. Dietitians with higher education and relevant experience were more likely to have read the guidelines. Less than half reported that key evidence-based recommendations, such as individualized medical nutrition therapy and intensive behavioral interventions, are already included in national guidance. Recommendations like portfolio or DASH diets, partial meal replacements, and calorie restriction were less commonly part of national guidance/usual practice. A small percentage of participants described their adoption of several nutritional approaches novel to them. These included the portfolio dietary pattern, partial

meal replacements, and intermittent fasting or continuous calorie restriction. For some Irish dietitians, prioritizing weight as the main outcome conflicted with their emphasis on overall health and individualized nutrition therapy. Other barriers of recommendation implementation included exclusive availability in English, rapid changes in obesity management, staffing shortages, limited multidisciplinary collaboration, and inconsistent knowledge among healthcare providers.; **Conclusions:** The present study identified gaps in the adoption of the EASO-EFAD guidelines into dietetic/clinical practice. EFAD will develop strategies to disseminate these guidelines at different levels of stakeholders (national/local authorities, dietitians/nutritionists, and patients).

Access or request full text: <https://libkey.io/10.3390/nu17172736>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40944127&prolid=e>
[host](https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40944127&prolid=e)

4. A model-based cost-effectiveness analysis of prescribing by dietitians and therapeutic radiographers in England

Item Type: Journal Article

Authors: Babashahi, Saeideh;Carey, Nicola;Stenner, Karen;Hart, Kath;Jani, Yogini;Edwards, Judith and Hounsome, Natalia

Publication Date: 2025

Journal: The European Journal of Health Economics : HEPAC : Health Economics in Prevention and Care

Access or request full text: <https://libkey.io/10.1007/s10198-025-01813-3>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40610686&prolid=e>
[host](https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40610686&prolid=e)

5. The efficacy of high-protein nutritional support on mortality, clinical outcomes, and nutritional adequacy in critically ill patients: a double-center randomized controlled trial

Item Type: Journal Article

Authors: Badpeyma, M.;Sedaghat, A.;Moghaddam, A. B.;Khadem-Rezaian, M.;Sistani, F.;Bagherniya, M.;Ranjbar, G.;Fazeli, F. and Norouzy, A.

Publication Date: 2025

Journal: Nutrition & Metabolism 22(1), pp. 116

Abstract: Background: Although nutritional support is crucial in intensive care, the impact of protein intake remains unclear, emphasizing the need for further randomized controlled trials. This study aimed to evaluate the effects of high-protein versus conventional-protein nutritional support on clinical outcomes in critically ill patients, with 60-day mortality as the primary endpoint.; **Method:** In this double-blind, two-arm, parallel-group randomized controlled trial, 56 adult patients admitted to the intensive care unit 1] were enrolled. Participants received either high-protein support (2.2 g/kg/day, actual body weight ABW] or conventional-protein support (1.0 g/kg/day, ABW) for 12 days. Both groups targeted 25 kcal/kg/day energy intake. Patients and data analysts were blinded. Mortality was assessed at ICU discharge, on days 28 and 60, and at hospital discharge. Hospital

mortality was defined as any death occurring during the hospital stay, including both the ICU and post-ICU periods. Mid-arm circumference (MAC) was measured as an indicator of muscle attenuation.; **Results:** Mean protein intake was 1.67 ± 0.33 vs. 0.93 ± 0.10 g/kg/day in high- vs. conventional-protein groups ($P < 0.05$). In-hospital mortality was significantly lower in the high-protein group (8 patients 28.6%) compared to the conventional-protein group (16 patients 57.1%]; adjusted $P = 0.049$). Although 60-day mortality was also lower in the high-protein group (28.6% vs. 53.6%), the difference did not reach statistical significance (adjusted $P = 0.07$). A significant reduction in MAC attenuation was observed in the high-protein group ($P < 0.001$).; **Conclusion:** High-protein intake (1.67 g/kg/day) significantly reduced in-hospital mortality and improved preservation of muscle mass. Although 60-day mortality reduction was not significant, the trend suggests a meaningful benefit warranting further study.; Irct Registration Id: IRCT20180619040151N4. (© 2025. The Author(s).)

Access or request full text: <https://libkey.io/10.1186/s12986-025-01003-1>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=41063248&provid=ehost>

6. Prehabilitation With Exercise and Nutrition to Reduce Morbidity of Major Hepatectomy in Patients With Sarcopenia: The PREHEP Randomized Clinical Trial

Item Type: Journal Article

Authors: Berardi, G.;Cucchetti, A.;Colasanti, M.;Angrisani, M.;Moschetta, G.;Chiappori, D.;Marini, A.;Antonelli, G.;Ferretti, S.;Meniconi, R. L.;Guglielmo, N.;Mariano, G.;Usai, S. and Ettore, G. M.

Publication Date: 2025

Journal: JAMA Surgery 160(10), pp. 1068–1075

Abstract: Importance: Sarcopenia is an emerging predictor of complications after liver surgery. Strategies to mitigate its impact are crucial to improving postoperative outcomes.; **Objective:** To determine whether a 6-week multimodal prehabilitation program combining physical exercise and nutritional support reduces postoperative morbidity in patients with sarcopenia who are undergoing major hepatectomy.; **Design, Setting, and Participants:** This study is a single-center, open-label, randomized clinical trial conducted from April 2022 to January 2025. Adult patients with sarcopenia scheduled for major liver resection and requiring future liver remnant hypertrophy were randomized (1:1) to receive either structured prehabilitation or standard care. The trial was conducted in a tertiary hepatobiliary referral center in Italy. Enrolled adult patients had radiologically and functionally confirmed sarcopenia. Most patients underwent portal vein embolization and right hepatectomy.; **Interventions:** The intervention group received a 6-week program while awaiting future liver remnant hypertrophy including daily walking, supervised biweekly in-hospital exercise, and branched-chain amino acid and immune nutritional supplementation. The control group received standard perioperative care.; **Main Outcomes and Measures:** The primary outcome was 90-day postoperative morbidity, assessed by Clavien-Dindo classification.; **Results:** A total of 70 adult patients with radiologically and functionally confirmed sarcopenia were enrolled, and 60 (median IQR] age, 69 63-75] years; 32 male 53.3%) were included in the final analysis. Most patients (52 86.7%) underwent portal vein embolization, and 63 (88.3%) underwent right hepatectomy. Overall morbidity was significantly lower in the prehabilitation group (4 of 30 13.3%] vs 15 of 30 50%]; odds ratio, 0.15; 95% CI, 0.04-0.55; $P = .004$), with an absolute risk reduction of 36.7% and number needed to treat of 3. All major complications occurred in the control group (6 of 30 20%]; $d = 0.40$; $P = .02$). Muscle mass and strength improved significantly only in the prehabilitation arm.; **Conclusions and Relevance:** Results of this randomized clinical trial reveal that a 6-week structured prehabilitation program significantly reduced postoperative morbidity in patients with sarcopenia undergoing major liver resection. These findings support integrating exercise and nutritional interventions into preoperative care for high-risk

surgical patients to improve surgical outcomes.; Trial Registration: ClinicalTrials.gov Identifier: NCT05281211.

Access or request full text: <https://libkey.io/10.1001/jamasurg.2025.3102>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40864449&profiid=ehost>

7. The Role of the Dietitian Within a Day Programme for Adolescent Anorexia Nervosa: A Reflexive Thematic Analysis of Child and Adolescent Eating Disorder Clinician Perspectives

Item Type: Journal Article

Authors: Brennan, Cliona;Green, Georgia;Morgan, Abigail and Baudinet, Julian

Publication Date: 2025

Journal: Journal of Human Nutrition and Dietetics : The Official Journal of the British Dietetic Association 38(3), pp. e70070

Abstract: Background: Family therapy for anorexia nervosa (FT-AN) is the first-line outpatient treatment for young people with anorexia nervosa (AN) in the UK. However, some require more intensive interventions, such as day programmes (DPs), which provide structured multidisciplinary care, including nutritional rehabilitation. Despite the integral role of dietitians in DPs, their specific responsibilities remain under-researched. This study explores clinician perspectives on the role of dietitians in adolescent AN treatment to inform future research and consensus guidelines.; **Methods:** A qualitative study using semi-structured interviews was conducted with 11 clinicians working in one DP for young people with AN. Participants were recruited from the Intensive Treatment Programme at the Maudsley Centre for Child and Adolescent Eating Disorders. Reflexive thematic analysis identified key themes regarding dietitians' contributions to treatment.; **Results:** Clinicians emphasised the dietitian's role in early treatment containment, reinforcing therapeutic approaches and empowering parents in meal planning and nutritional rehabilitation. Dietitians were seen as crucial in personalising treatment based on cultural and sensory needs and adapting meal plans as young people progressed. They also played a key role in guiding transitions between treatment phases, particularly from weight restoration to maintenance. However, challenges included an over-reliance on dietitians for nutritional decisions and a 'good cop, bad cop' dynamic, where therapists avoided difficult conversations about food.; **Discussion:** Findings highlight dietitians' essential role in DP treatment for AN but suggest that excessive reliance may limit therapist autonomy. Strengthening collaboration through shared decision-making and bidirectional learning is recommended. Further research should explore these dynamics across diverse settings. (© 2025 The Author(s). Journal of Human Nutrition and Dietetics published by John Wiley & Sons Ltd on behalf of British Dietetic Association.)

Access or request full text: <https://libkey.io/10.1111/jhn.70070>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40437837&profiid=ehost>

8. Holistic nursing considerations when conducting nutritional assessment in a community setting

Item Type: Journal Article

Authors: Brooks, Abigail and Irons, Dana

Publication Date: 2025

Journal: British Journal of Nursing (Mark Allen Publishing) 34(13), pp. S4–S11

Abstract: Malnutrition is a significant public health issue in the UK, particularly impacting older adults in community settings, affecting quality of life, healthcare costs and patient outcomes. Carrying out a comprehensive nutritional assessment that considers biological, psychological and social factors is important. Community nurses play a vital role in identifying malnutrition risks by going beyond traditional screening tools and incorporating patient-specific observations. Their access to patients' living environments enables them to apply clinical judgment and detect early signs and risks of malnutrition. By combining validated assessment tools with a holistic approach, nurses can develop tailored care plans addressing both immediate deficiencies and broader lifestyle factors. A thorough, person-centred approach is essential for promoting preventive care and improving nutritional outcomes for older adults in community settings, ensuring proactive and comprehensive care.

Access or request full text: <https://libkey.io/10.12968/bjon.2024.0487>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40601553&profid=ehost>

9. Comparison of the Mediterranean Diet and Other Therapeutic Strategies in Metabolic Syndrome: A Systematic Review and Meta-Analysis

Item Type: Journal Article

Authors: Bruna-Mejias, Alejandro;San Martin, Jessica;Arciniegas-Diaz, Danna;Meneses-Caroca, Trinidad;Salamanca-Cerda, Amelia;Beas-Gambi, Antonia;Paola-Loaiza-Giraldo, Jessica;Ortiz-Ahumada, Cynthia;Nova-Baeza, Pablo;Oyanedel-Amaro, Gustavo;Orellana-Donoso, Mathias;Suazo-Santibáñez, Alejandra;Sanchis-Gimeno, Juan and Valenzuela-Fuenzalida, Juan

Publication Date: 2025

Journal: International Journal of Molecular Sciences 26(12)

Abstract: The Mediterranean diet (MD) is one of the healthiest diets, high in fiber, antioxidants, and unsaturated fats. MD improves lipid profiles, reduces inflammation, controls blood pressure, decreases insulin resistance, and enhances the sensitivity to this hormone, lowering the risks of Metabolic syndrome (MS). MS is characterized by central obesity, hypertension, insulin resistance, and dyslipidemia, increasing the risk of cardiovascular disease and type II diabetes. The objective of this study was to know the effectiveness of the MD versus other treatments in patients with MS. A systematic search across multiple databases, Medline, Embase, Web of Science, Scopus, Google Scholar, and Cinahl, was conducted using keywords such as "Mediterranean diet", "Mediterranean food", "eat mediterranean", "Metabolic syndrome", and "x syndrome". A total of 12 studies met the inclusion criteria. Mediterranean diet at different doses versus other diets or other treatments showed significant improvements in clinical parameters, including BMI (mean difference of -0.83 95% CI: -0.93 to -0.74; $p < 0.00001$), waist circumference (mean difference = -1.81, CI = -2.63 to -0.99, $p < 0.00001$) triglycerides (mean difference = -22.38, CI = -32.86 to -11.90, $p < 0.00001$), Glucose (mean difference = -4.28, CI = -7.64 to -0.93, $p = 0.005$) and, HOMA IR (mean difference = -0.72, CI = -0.78 to -0.65, $p < 0.00001$), and Insulin resistance (mean difference = -2.98, CI = -3.27 to -2.69, $p < 0.00001$), all of which improved, Although there were more outcomes, these are the most important changes for patients with metabolic syndrome. MD improves metabolic and cardiovascular health, but study heterogeneity limits the results' generalizability. Because of that, further research is needed to standardize approaches and explore their mechanisms. MD should be part of an optimized strategy that includes education and physical activity. The

strength of the evidence was very low according to the GRADE approach. Further research is needed to support the efficacy of the Mediterranean diet in patients with MS.

Access or request full text: <https://libkey.io/10.3390/ijms26125887>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40565352&prolid=e>

10. Aspiration risk prediction models in patients with nasogastric enteral nutrition: a systematic review and meta-analysis

Item Type: Journal Article

Authors: Chen, Juan;Su, Yushuang;Li, Tianlong;Mao, Xiaorong;Jiang, Qinghua;Yang, Qin;Wen, Qing;Pu, Zaichun and Liu, Mengting

Publication Date: 2025

Journal: Scientific Reports 15(1), pp. 26273

Abstract: In recent years, numerous researchers have developed risk prediction models for aspiration in patients with nasogastric enteral nutrition (EN). Nevertheless, comprehensive and systematic comparative studies are lacking. This study systematically review and evaluate the studies on aspiration risk prediction models in patients with nasogastric EN. A computer search was conducted from the database establishment to May 10, 2025. The Prediction Model Risk of Bias Assessment Tool (PROBAST) evaluation tool was used to assess the quality of the included studies, and the meta-analysis was conducted using Stata 17 software to analyze the prediction factors included in the models and the area under the curve (AUC) values of the validated models. Eleven studies were included, with a total of 22 aspiration risk prediction models for patients with nasogastric EN. The AUC ranged from 0.809 to 0.992. The PROBAST evaluation results showed that all 11 included studies had a high risk of bias. The most common predictive factors included the number of diseases, history of aspiration, use of sedative, depth of tube placement, amount of gastric residue, APACHE II score, consciousness disturbance, nutritional risk, age. The pooled AUC value of the four validated models was 0.92 (95% confidence interval: 0.90-0.93), indicating an excellent level of discrimination. The study protocol has been registered with PROSPERO (registration number: CRD42024594672). (© 2025. The Author(s).)

Access or request full text: <https://libkey.io/10.1038/s41598-025-12252-8>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40684043&prolid=e>

11. ChatGPT and human dietitian responses to diet-related questions on an online Q&A platform: A comparative study

Item Type: Journal Article

Authors: Choi, Seul Ki;Moon, Yunseo and Jung, Hyunggu

Publication Date: 2025

Journal: Digital Health 11, pp. 20552076251361381

Abstract: Background: ChatGPT's potential as a diet information tool is emerging. However, little is known about the extent to which the information provided by ChatGPT aligns with that provided by dietitians.; **Objective:** This study aimed to assess ChatGPT's capacity to provide responses to diet-related questions, compared to responses by dietitians.; **Methods:** A total of 928 diet-related questions and corresponding responses from dietitians were collected from Naver Knowledge-iN, a Korean online Q&A platform, between January 18, 2023, and January 17, 2024. ChatGPT-4o was used to generate responses to the same questions. Five text similarity indices-Dice Coefficient, Jaccard Index, Overlap Coefficient, Cosine Similarity, and Term Frequency-Inverse Document Frequency-were used to assess the similarity between ChatGPT's and dietitians' responses. Questions with the top 5% response similarity were reviewed to identify characteristics of the questions for which ChatGPT generated responses similar to those of dietitians. Responses with the bottom 5% similarity were reviewed to identify reasons for the low similarity.; **Results:** The average similarity coefficient between ChatGPT and dietitian responses was 0.42. Questions with high response similarity tended to include detailed information, such as specific food items or portions (76.1%), the questioner's context (69.6%), or personal characteristics (17.4%). Low response similarity was mainly due to ChatGPT providing significantly longer responses than dietitians.; **Conclusions:** ChatGPT demonstrated content similarity to dietitian responses, but they were not identical. The development of prompt engineering techniques to enhance ChatGPT's ability to provide more expert-like and personalized information could benefit users seeking dietary information. (© The Author(s) 2025.)

Access or request full text: <https://libkey.io/10.1177/20552076251361381>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40861430&profiid=ehost>

12. Clinical Outcomes and Food Triggers Following Low Food Chemical Diet Implementation: A Retrospective Audit of Dietetic Practice

Item Type: Journal Article

Authors: Cooke, Zoe;Lynam, Kathryn;Barrett, Jacqueline;Biesiekierski, Jessica R.;Trakman, Gina and Tuck, Caroline J.

Publication Date: 2025

Journal: Journal of Human Nutrition and Dietetics : The Official Journal of the British Dietetic Association 38(5), pp. e70134

Abstract: Introduction: Food hypersensitivity describes a range of nonimmune food related reactions of varying aetiology causing gastrointestinal and extraintestinal symptoms. This study aimed to evaluate if the low-chemical diet improves gastrointestinal and/or extraintestinal symptoms, and whether specific food challenges induce symptoms.; **Methods:** A retrospective clinical audit was conducted on files from 2011 to 2022 from a gastrointestinal specialist dietetic practice. Fifty eligible patient files were identified, all of whom had been recommended to follow a low-chemical diet. One research dietitian extracted data on diet implementation, symptom change during the Restrictive Phase, and symptom provocation during the Rechallenge Phase. Descriptive statistics were used.; **Results:** The cohort was predominantly female (80%), mean age 47 years (range 7-85). At baseline the most common gastrointestinal symptom was diarrhoea (22/50, 44%), and extraintestinal symptom was nasal congestion (14/50, 28%). Improvement in at least one symptom following the Restrictive Phase occurred in 88% (44/50). The Restrictive Phase was followed for 2-78 weeks, and unintentional weight loss was documented in 24% (2-10 kg). The Rechallenge Phase duration ranged from 5 to 191 weeks, with 96% (48/50) reporting symptom provocation following at least one challenge. Salicylate challenge most commonly induced diarrhoea (16%), bloating (16%), and itch (14%), while amine challenge induced abdominal pain (10%) and nausea (8%).; **Conclusion:** Patients reported an improvement in

gastrointestinal and extraintestinal symptoms, but commonly experienced prolonged dietary restriction. Rechallenge with salicylates and amines provoked symptoms; but this may be confounded by other diet and non-diet factors. High-quality trials with isolated food chemical components are needed. (© 2025 The Author(s). Journal of Human Nutrition and Dietetics published by John Wiley & Sons Ltd on behalf of British Dietetic Association.)

Access or request full text: <https://libkey.io/10.1111/jhn.70134>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=41017170&provid=ehost>

13. Supporting breastfeeding when clinical nutrition interventions are required in the paediatric healthcare setting: a systematic review

Item Type: Journal Article

Authors: Errico, Jamie L.;Choi, Tammie S. T.;Pacilli, Maurizio and Davidson, Zoe E.

Publication Date: 2025

Journal: International Breastfeeding Journal 20(1), pp. 55

Abstract: Background: Breastfeeding is often compromised when clinical nutrition interventions are implemented for complex paediatric patients, in a healthcare environment where breastfeeding supports are currently under-resourced. This systematic review aimed to investigate how breastfeeding can be supported when it is disrupted for clinical nutrition interventions in the paediatric healthcare setting. The experience of mothers who breastfeed their child requiring nutrition support and/or therapeutic dietary measures is also explored.; **Method:** A search was conducted across five databases; Ovid-Medline, Ovid-Embase, CINAHL Complete, Scopus and Cochrane Library. Eligible papers included breastfeeding dyads where the infant/child required a nutrition intervention in the global paediatric healthcare setting, limited to those published in the English language and year 2000 onwards. Manuscripts that focused on preterm infants, maternity or neonatal care settings, healthcare professionals, or a maternal clinical condition impacting breastfeeding were excluded. Results were synthesised into key measures to support breastfeeding and overarching themes illustrating a mother's experience breastfeeding her child with complex nutritional needs.; **Results:** From 13,177 manuscripts screened, a total of 36 manuscripts were included. Clinical conditions in the manuscripts identified included congenital heart disease, congenital anomalies, inborn errors of metabolism, acute and chronic respiratory conditions, trisomy 21, faltering growth and hyperbilirubinaemia. Measures to support breastfeeding (n = 19 primary research studies and n = 5 case studies) encompassed environmental modifications and improvements to hospital procedures; access to lactation support professionals and education; and clinical practices that facilitated breastfeeding. Key themes across papers exploring maternal experience (n = 12 manuscripts) were difficulties breastfeeding a child with complex nutritional needs; a desire to breastfeed that informed maternal identity and emotions; and a supportive healthcare team that promoted breastfeeding.; **Conclusion:** This review highlights environmental and practical strategies that can optimise breastfeeding for paediatric patients receiving clinical nutrition interventions and support maternal feeding intentions. Many strategies to support breastfeeding are geared towards supporting lactation physiology to increase maternal milk supply. More research is needed to explore what psychological and emotional supports mothers need from the healthcare team when encountering breastfeeding difficulties and unmet expectations feeding a nutritionally complex child. (© 2025. The Author(s).)

Access or request full text: <https://libkey.io/10.1186/s13006-025-00747-z>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40660268&provid=ehost>

[host](#)

14. Developing a dietetic advanced practice role within a neuro-rehabilitation service

Item Type: Journal Article

Authors: Ferguson, Louise

Publication Date: 2025

Journal: British Journal of Nursing (Mark Allen Publishing) 34(13), pp. S12–S17

Abstract: Background: Although advanced practice has been well established in nursing, there is now a drive to develop such roles within other health professions, including dietetics. In 2016, dietitians were granted non-medical supplementary prescribing rights, which can support dietitians working in advanced practice roles. Effective teamwork is vital in neuro-rehabilitation as rehabilitation services work to improve their service delivery model to improve the efficiency and effectiveness of patient care.; **Aims:** To establish a dietetic advanced practice role in one neuro-rehabilitation service.; **Methods:** Review of the literature relating to advanced practice and dietetic advanced practice. Using gap analysis to establish the need for a dietetic advanced practice role within a neuro-rehabilitation setting, as part of a Master's degree-level qualification in advanced practice. To establish evidence of the impact of a dietetic advanced practice role via a patient case study.; **Findings:** There are benefits to service delivery in rolling out advanced practice within the interdisciplinary team, with the potential for increased capacity, capability, productivity and efficiency. As a result of a dietitian working in an advanced practice role in a neuro-rehabilitation service, there was improved access and continuity of care, leading to positive patient outcomes and clinician satisfaction.; **Conclusion:** Patient care and service delivery can be enhanced by dietitians working in advanced practice roles and as non-medical prescribers for patients with long-term conditions. Further work is required to establish the benefit of dietetic advanced practice and non-medical prescribing in different patient groups and healthcare systems.

Access or request full text: <https://libkey.io/10.12968/bjon.2024.0188>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40601551&profd=e>
[host](#)

15. Strategic menu optimization could reduce carbon emissions and saturated fat consumption: a simulation modelling study of UK hospital inpatient meals

Item Type: Journal Article

Authors: Flynn, Annika N.;Takahashi, Taro and Brunstrom, Jeffrey M.

Publication Date: 2025

Journal: Philosophical Transactions of the Royal Society of London.Series B, Biological Sciences 380(1935), pp. 20240152

Abstract: Interventions to improve nutritional quality and environmental sustainability often rely on 'nudging', education or (dis-)incentive-based measures. As part of the Transforming UK Food Systems Programme (Flynn et al., 2025), we recently proposed a 'fourth' approach that complements these strategies-whereby dishes are swapped across a weekly menu to alter daily inter-dish competition, and thus choice architecture-and validated its effectiveness in a university canteen where meals are pre-paid for the whole year. As a second

step in assessing the potential of our approach, we modelled strategic menu swaps in an alternative public procurement setting. Eleven weekly inpatient menus were sampled opportunistically from National Health Service hospitals across the UK and combined with responses from an online food-choice task (n = 550, 50 participants per region). Expected reductions in weekly carbon footprint and saturated fatty acid (SFA) intake were then calculated under mathematically optimized menus, targeting each outcome independently and simultaneously. Targeting a single variable resulted in a 12.7-29.3% reduction in carbon footprint and a 6.5-31.5% reduction in SFA intake. Joint optimization achieved a 9.1-29.3% and a 5.0-26.5% reduction, respectively. We discuss key next steps for real-world implementation in hospitals and other catered environments such as schools. This article is part of the theme issue 'Transforming terrestrial food systems for human and planetary health'.

Access or request full text: <https://libkey.io/10.1098/rstb.2024.0152>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40963357&provid=ehost>

16. Effects of FSMP on nutrition status and sarcopenia among nutritional risk cancer patients: A randomized, double-blind, placebo-controlled study

Item Type: Journal Article

Authors: Fu, J.; Yu, K.; Zhang, Y.; Bao, Y. and Li, S.

Publication Date: 2025

Journal: Asia Pacific Journal of Clinical Nutrition 34(4), pp. 566–576

Abstract: Background and Objectives: Cancer patients at nutritional risk have a worse prognosis, but this can be improved by nutritional support. Food for special medical purposes (FSMP), as a new form of nutritional support, needs to be further evaluated for its safety and efficacy in these patients. Our study elucidate the impact of FSMP on nutritional status and sarcopenia among nutritional risk cancer outpatients by assessing the NRS2002 score, exercise performance, muscle mass, and inflammatory factors pre- and postintervention.;

Methods and Study Design: We conducted a single-centre, double-blind, randomized controlled interventional study. Patients from the oncology clinic with nutritional risk were randomly allocated to the control group or the FSMP group and received oral intervention for 8 weeks. The primary outcome was improvement in nutritional risk, while the secondary outcomes were improvements in sarcopenia prevalence and physical performance indicators. Other outcomes included alterations in calf circumference, hsCRP, 25(OH)VD3, Alb. etc. A linear mixed-effects model was used to compare the prepost-intervention changes in these results.;

Results: Thirty-six cancer patients were included, 25 completed the study. The percentage of patients at nutritional risk after intervention in the FSMP group was significantly lower than the control group ($X^2=4.186$, $p=0.041$). The FSMP group demonstrated significant improvements in the TUG test, gait speed, grip strength, and upper-limb muscle mass. However, there was no significant improvement in the rate of sarcopenia. Moreover, calf circumference, hsCRP, 25(OH)VD3, Alb exhibited no significant changes.;

Conclusions: FSMP can effectively improve the nutritional status, physical performance and upper-limb muscle mass of cancer patients.

Access or request full text: [https://libkey.io/10.6133/apjcn.202508_34\(4\).0008](https://libkey.io/10.6133/apjcn.202508_34(4).0008)

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40738724&provid=ehost>

17. Prognostic value of controlling nutritional status score (CONUT) in patients with colorectal cancer: a systematic review and meta-analysis

Item Type: Journal Article

Authors: Gu, W. and Li, H.

Publication Date: 2025

Journal: BMC Cancer 25(1), pp. 1721

Access or request full text: <https://libkey.io/10.1186/s12885-025-15097-6>

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=41193995&profiid=e_host

18. Whole-food diet therapies for children with Crohn's disease: a systematic review

Item Type: Journal Article

Authors: Guo, Cathy;Fox, Julia;Bell, Kristie;Gallegos, Danielle and Ross, Lynda J.

Publication Date: 2025

Journal: Therapeutic Advances in Gastroenterology 18, pp. 17562848251355436

Abstract: Background: Children with Crohn's disease (CD) experience gastrointestinal symptoms that impair nutrition, growth and quality of life. Exclusive enteral nutrition is recommended as a first-line remission induction treatment. However, compliance is challenging due to monotony and the social impact of excluding whole foods, increasing interest in whole-food diet therapies.; **Objectives:** This systematic review aimed to summarise current evidence regarding the impact of whole-food therapies on clinical remission (as defined by each study using validated measures) and related health outcomes in children with CD.; **Design:** We performed a systematic review of studies assessing whole-food interventions in children with CD.; **Data Sources and Methods:** A systematic search was conducted in electronic databases for research published in English from 1 January 2012 to 16 August 2024. Randomised controlled trials (RCTs), quasi-experimental studies, cohort studies, case-control studies and case series were included.; **Results:** Twenty-eight studies (n = 4 RCTs, n = 3 non-RCTs, n = 16 observational studies, n = 5 post hoc analyses) met inclusion criteria and examined six types of diets. Most of the children being treated had uncomplicated, mild-moderate disease activity and were on concomitant medications. Those on whole-food therapies demonstrated a median clinical remission rate of 75% (interquartile range 62%-85%; n = 18 studies), mucosal improvement and healing (n = 5/6 studies), improved inflammatory biomarkers (n = 18/19 studies) and enhanced growth parameters (n = 11/13 studies). Outcomes related to microbial changes were inconsistent. Overall, studies were low-medium quality due to small, non-randomised, uncontrolled studies using a variety of concomitant medications and different definitions for clinical remission, preventing definitive conclusions.; **Conclusion:** The findings suggest whole-food diet therapies can potentially be used to treat children with mild to moderate CD and that a flexible, nutrient-balanced dietary approach tailored to the individual child may be possible. However, large-scale, RCTs with standardised outcome measures are needed to further support the routine use of whole-food therapies in paediatric CD.; Trial Registration: PROSPERO registration number CRD42024580134. (© The Author(s), 2025.)

Access or request full text: <https://libkey.io/10.1177/17562848251355436>

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40718703&prolid=e_host

19. The postbiotic ReFerm® versus standard nutritional support in advanced alcohol-related liver disease (GALA-POSTBIO): a randomized controlled phase 2 trial

Item Type: Journal Article

Authors: Hansen, J. K.;Israelsen, M.;Nishijima, S.;Stinson, S. E.;Andersen, P.;Johansen, S.;Hansen, C. D.;Brol, M. J.;Klein, S.;Schierwagen, R.;Uschner, F. E.;Sulek, K.;Villesen, I. F.;Lindvig, K. P.;Thorhauge, K. H.;Torp, N.;Jensen, J. M.;Keller, M. I.;Jensen, G. H.;Detlefsen, S., et al

Publication Date: 2025

Journal: Nature Communications 16(1), pp. 5969

Abstract: Impaired gut barrier function may lead to progression of liver fibrosis in people with alcohol-related liver disease. The postbiotic ReFerm® can lower gut barrier permeability and may thereby reduce fibrosis formation. Here, we report the results from an open-labelled, single centre randomized controlled trial where 56 patients with advanced, compensated, alcohol-related liver disease were assigned 1:1 to receive either ReFerm® (n = 28) or standard nutritional support (Fresubin®, n = 28) for 24 weeks. The primary outcome was a ≥ 10% reduction of the fibrosis formation marker alpha-smooth muscle actin in liver biopsies, assessed by a blinded pathologist using automated digital imaging analysis. Paired liver biopsies meeting quality criteria for the primary outcome were available for 40 participants (ReFerm®, n = 21 and Fresubin®, n = 19). This reduction was observed in 29% of patients receiving ReFerm®, compared to 14% with Fresubin® (OR = 2.40; 95% CI 0.63 to 9.16; p = 0.200). No treatment-related serious adverse events occurred. Our findings suggest that ReFerm® may reduce liver fibrosis by enhancing gut barrier function, potentially preventing the progression of alcohol-related liver disease. (© 2025. The Author(s).)

Access or request full text: <https://libkey.io/10.1038/s41467-025-60755-9>

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40595534&prolid=e_host

20. Understanding Primary Care Dietitians' Experiences and Perspectives on Weight Management Practice Using the COM-B Model

Item Type: Journal Article

Authors: Hassan, Amira;Williams, Lynne;Rollo, Megan E.;Collins, Clare E.;Mullan, Barbara A.;Breare, Hayley;Pollard, Christina M.;Kerr, Deborah A. and Begley, Andrea

Publication Date: 2025

Journal: Journal of Human Nutrition and Dietetics : The Official Journal of the British Dietetic Association 38(5), pp. e70132

Abstract: Aim: Weight management is a core area of dietetic primary practice. Understanding the behavioural drivers that influence dietitians' weight management practice is essential for gaining insight into how to better support dietitians in this area. This study used the Capability, Opportunity, Motivation-Behaviour (COM-B)

model, a behavioural framework, to explore how dietitians' practice is influenced by their skills and knowledge (capability), environmental factors (opportunity) and professional desires and habits (motivation).; **Methods:** This qualitative descriptive study used an interpretivist approach guided by social constructionism. Primary care dietitians practising in Australia were recruited through purposive and snowball sampling for semi-structured interviews. Interviews were audio-recorded, transcribed verbatim, and analysed using content analysis. Constructed content categories were then mapped to the COM-B model to understand the behavioural factors shaping dietitians' weight management practice.; **Results:** Fourteen primary care dietitians participated in the study; 13 were women, 11 were aged between 20 and 50 years, and 8 had over 9 years dietetic practice experience. Eight content categories were constructed and mapped against the COM-B components. Aligned with Capability, dietitians demonstrated comprehensive 'Understanding of] Weight Management Complexity' and employed 'Holistic Practice Approaches' in their care delivery, though they found 'Navigating Clients' Psychosocial Needs' challenging. Opportunity was shaped by 'System Constraints' that influenced care provision, 'Multidisciplinary Care Environments]' that had varied impacts on collaborative care delivery, and 'Digital Solutions' that offered service delivery advantages. Motivation was characterised by dietitians exhibiting strong 'Professional Drive' and commitment to 'Client-centred Strategies'.; **Conclusion:** Supporting primary care dietitians requires targeted interventions across all COM-B components. Potential approaches include enhancing capability through behaviour change counselling training, improving opportunity with integration of digital technologies, and sustaining motivation through established clinical pathways that align with dietitians' client-centred values. (© 2025 The Author(s). Journal of Human Nutrition and Dietetics published by John Wiley & Sons Ltd on behalf of British Dietetic Association.)

Access or request full text: <https://libkey.io/10.1111/jhn.70132>

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40990429&profd=e_host

21. Feasibility of a Finger Food Menu for Older Adults Post Stroke in Hospital

Item Type: Journal Article

Authors: Heelan, Milly;Prieto, Jacqui;Barnes, Colin John and Green, Sue M.

Publication Date: 2025

Journal: Journal of Human Nutrition and Dietetics : The Official Journal of the British Dietetic Association 38(3), pp. e70061

Abstract: Background: Many people in hospital after a stroke are at risk of reduced food intake, leading to less effective post-stroke recovery. Finger foods (foods that can be easily transferred from the plate to the mouth without cutlery) have the potential to increase food intake and enable mealtime independence. However, the components of a well-designed trial evaluating a finger food menu in a hospital are unclear, with little published evaluation of how to implement a finger food menu in hospitals. This study aimed to implement a finger food menu and to evaluate the feasibility of using it in a stroke rehabilitation ward.; **Methods:** The feasibility study was a prospective, before-and-after intervention study. Thirty-one hospital inpatients from a stroke ward in a National Health Service hospital in the United Kingdom were included. A finger food menu was offered over two lunchtime meals and compared with the standard lunchtime menu. Feasibility was assessed by evaluating recruitment and retention of patients to the study, feasibility of data collection methods, interrater reliability of plate waste estimations using digital photography and assessing change in food intake. Intervention costs were assessed to support a cost-consequence analysis. Barriers and facilitators to implementation were evaluated through qualitative observations.; **Results:** Thirty-one participants were recruited (mean age 80, SD 8.5). Retention to the study was low, with 40% of patient participants not completing the study. Attrition was due to participants moving from the study ward. Dietary intake measures

were successful via plate waste photography with good interrater reliability $\kappa = 0.709$ (95% CI: 0.64-0.77). A cost-consequence analysis identified food costs and staff costs as key to delivering the finger food menu. The ward context and use of an internal facilitator to support the delivery of the intervention are important factors to consider.; **Conclusion:** Using finger foods in hospitals for older people after stroke is feasible and warrants a future cluster randomised control trial with minor adaptations to the protocol. (© 2025 The Author(s). Journal of Human Nutrition and Dietetics published by John Wiley & Sons Ltd on behalf of British Dietetic Association.)

Access or request full text: <https://libkey.io/10.1111/jhn.70061>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40350895&prolid=e>

22. Pancreatic Enzyme Replacement Therapy Improves Exclusive Enteral Nutrition Related Diarrhea in Crohn's Disease: A Prospective Randomized Trial

Item Type: Journal Article

Authors: Kang, Jian;Wang, Jing;Su, Juan;Wang, Wei;Lu, Yueyue;Tang, Zhishun;Zou, Liping;Yin, Anning;Li, Jiao;Ren, Haixia;Zhou, Qian;Wan, Huipeng and An, Ping

Publication Date: 2025

Journal: United European Gastroenterology Journal 13(6), pp. 997–1011

Abstract: Background & Aims: Previous results showed that combined treatment of biologics and exclusive enteral nutrition (EEN) brought moderate-to-severe Crohn's disease patients significant improvements in clinical and endoscopic outcomes. Despite its essential role and favorable safety profile, EEN in the treatment of adult Crohn's disease is frequently underestimated because of lower compliance and several side effects, including EEN-related diarrhea (EEND).; **Methods:** In this prospective, single-center randomized clinical trial, 147 eligible patients with actively moderate-to-severe Crohn's disease treated with biologics and concomitant 16-week EEN were included. Sixty-one patients without EEND were enrolled in the ND group (without EEN-related diarrhea), and other patients with EEND who received pancreatic enzyme replacement therapy (PERT) (43 patients) or not (43 patients) were recruited in PERT and NPERT groups, respectively. The clinical outcomes, biologic outcomes, and endoscopic outcomes were evaluated. Quality of life (QoL) and psychological status were also assessed at baseline and endpoints (week 16).; **Results:** Bowel movements (daily frequency decreased by 5.3 times) and stool consistency (reduced watery and loose stool) were greatly improved in PERT group at week 16. At week 16, patients in the ND and PERT groups achieved similar clinical responses (93% in ND group and 94.7% in PERT group, $p = 0.731$) and clinical remission (86.0% in ND group and 86.8% in PERT group, $p = 0.90$) while patients in the NPERT group had significantly lower proportions of these clinical outcomes (67.9% clinical response and 57.1% clinical remission). No significant difference was observed in endoscopic outcomes between each group ($p = 0.904$). QoL and mental status including anxiety and depression in PERT group had great improvement compared with the NPERT group.; **Conclusions:** Our prospective results provided invaluable evidence that PERT supplementation efficiently improved EEND in Crohn's disease patients with combined treatment of biologics and 16-week EEN, which had a promising effect in active Crohn's disease induction.; Trial Registration: ChiCTR2200058343. (© 2025 The Author(s). United European Gastroenterology Journal published by Wiley Periodicals LLC on behalf of United European Gastroenterology.)

Access or request full text: <https://libkey.io/10.1002/ueg2.70021>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40243170&prolid=e>

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23. Systematic Review of Patient Preferences and Experiences Regarding Dietetic Outpatient Care

Item Type: Journal Article

Authors: Kumar, Pooja and Lambert, Kelly

Publication Date: 2025

Journal: Journal of Human Nutrition and Dietetics : The Official Journal of the British Dietetic Association 38(3), pp. e70056

Abstract: Introduction: Dietitians play a crucial role in delivering medical nutrition therapy in outpatient settings where overnight admission of patients is not required. Despite the increasing focus on value-based healthcare and patient-reported measures (PRMs), there have been no recent reports synthesising patient experiences of dietetic outpatient care. This study aims to synthesise existing literature on patient preferences and experiences of outpatient dietetic care and to provide updated guidance for dietitians to improve patient-centred care.; **Methods:** A qualitative systematic review with meta-ethnography was conducted. The review included studies that reported patient experiences of dietetic care provided at outpatient settings detailed through focus groups, interviews, surveys or questionnaires, regardless of language, year or nationality. Participants' quotes and second-order concepts were extracted verbatim and synthesised. Main themes and sub-themes were then developed.; **Results:** Five database searches yielded 5786 articles. After title and abstract screening and full-text review, 72 articles were included. Three overarching themes were identified: (1) the process of accessing and receiving dietetic care was problematic; (2) the delivery and content of dietetic advice were suboptimal at times and (3) personal attributes of the dietitian and a desire for speciality expertise influenced perceptions of the quality of dietetic care.; **Conclusion:** The findings from this study provide actionable insights for dietitians to tailor their outpatient services by improving accessibility, refining the delivery of care and enhancing specialised expertise to meet individual patient needs and expectations effectively. (© 2025 The Author(s). Journal of Human Nutrition and Dietetics published by John Wiley & Sons Ltd on behalf of British Dietetic Association.)

Access or request full text: <https://libkey.io/10.1111/jhn.70056>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40297990&provid=ehost>

24. Why Do Individuals with Diabetes Miss Their Dietitian Appointments? A Mixed-Methods Study on Barriers and Strategies for Improved Engagement in Diabetes Care

Item Type: Journal Article

Authors: Lidegaard, Lærke P.; Petersen, Andrea A. and Ewers, Bettina

Publication Date: 2025

Journal: Healthcare (Basel, Switzerland) 13(12)

Abstract: Background/Objectives: Nonattendance at healthcare appointments remains a major challenge, particularly in chronic diseases like diabetes. Dietary therapy is essential in diabetes care, yet nonattendance at dietitian appointments persists. This study aimed to identify key drivers of nonattendance at dietitian

appointments, explore prior experiences with dietary counseling, and determine factors motivating attendance. **Methods** : A mixed-methods approach was used in this quality improvement project, drawing on multiple data sources to explore nonattendance at dietitian appointments. This included combining a retrospective analysis of clinical and attendance data from patient records at a Danish outpatient diabetes clinic with semi-structured interviews with 25 individuals who had recently missed a dietitian appointment. Quantitative and qualitative data were analyzed separately and then integrated to characterize overall nonattendance patterns. Interview data were analyzed using systematic text condensation. **Results** : Individuals who missed dietitian appointments were also more likely to miss other healthcare appointments. Vulnerable individuals (i.e., those with complex health conditions or mental health issues) were more likely to miss appointments. Four principal barriers to attendance were identified: administrative, digital, and logistical challenges; competing health concerns; personal priorities; and unclear referral communication and patient involvement. **Conclusions** : Improving attendance at dietitian appointments requires a multifaceted approach. Key recommendations include optimizing scheduling practices, implementing digital reminders, offering continuity of care and virtual consultation options. Referring clinicians should improve patient communication by clearly explaining the purpose of the dietitian consultation and involving patients in shared decision-making prior to referral. Dietitians should collaborate with patients to establish realistic, personalized goals to foster engagement in their diabetes management.

Access or request full text: <https://libkey.io/10.3390/healthcare13121409>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40565438&prolid=e>

25. Implementation of ChatGPT to Enhance the Operational Efficiency of Dietitians

Item Type: Journal Article

Authors: Liu, M. Y.; Chen, C. C. and Kuo, C. Y.

Publication Date: 2025

Journal: Studies in Health Technology and Informatics 329, pp. 1926–1927

Abstract: This study explores the integration of ChatGPT, a generative AI tool, into nutritional care workflows to enhance dietitians' efficiency. By leveraging AI to streamline the consolidation of nutrition-related data from various medical systems, ChatGPT assists in generating preliminary nutritional assessment records. Dietitians validate and refine these records, ensuring accuracy and completeness while optimizing clinical workflows. The study evaluates the impact on key tasks, including ICU care, inpatient nutritional assessment, and dysphagia management, with average time savings of 7.9 minutes per task and up to an hour for consultation responses. Additionally, the system's compatibility with mobile devices supports a transition to paperless operations, reducing administrative burdens. The satisfaction score for dietitians utilizing the A+ Dietitian system to assist with nutritional assessments increased from an average of 3.9 to 4.3. The integration of ChatGPT and tools like Subjective Global Assessment (SGA) demonstrates its potential to enhance nutritional assessment documentation and clinical effectiveness, underscoring its value in modern healthcare.

Access or request full text: <https://libkey.io/10.3233/SHTI251282>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40776299&prolid=e>

26. Can Augmented Reality be Used as a Portion Size Estimation Aid Tool? A Pilot Randomized Controlled Trial

Item Type: Journal Article

Authors: Matsumoto, Yoshinari;Okada, Genya and Ohta, Masaya

Publication Date: 2025

Journal: Journal of Human Nutrition and Dietetics : The Official Journal of the British Dietetic Association 38(5), pp. e70125

Abstract: Background: Evidence on the effectiveness of augmented reality (AR)-based tools for portion size estimation as an educational aid remains limited. In this pilot study, we developed a 3D food model using AR and assessed the feasibility of using this application to teach portion size estimation skills.; **Methods:** This intervention study involved 43 students (including 38 females) from two dietetic education institutions. Participants were randomly assigned into four groups: (1) text only, (2) text and pictures, (3) food model and (4) AR. Learning effectiveness was evaluated using a pretest of 10 different foods, followed by a 10-min instructional session with the assigned tool, and then a post-test. Participants rated each learning tool for enjoyment, usefulness and recommendation to others on an 11-point Likert scale. Outcomes included the change in the number of correct answers within $\pm 10\%$ or $\pm 20\%$ of the true food weight.; **Results:** Mean acceptability ratings for the text only, text and picture, food model and AR groups were enjoyment (4.1, 5.6, 7.0 and 7.9), usefulness (5.5, 7.4, 8.4 and 8.3) and recommendation to others (3.6, 6.3, 6.3 and 7.1), respectively. The mean changes in correct answers for text only, text and picture, food model and AR groups were 0.7, -1.1, 1.5 and 0.1, respectively, within a 10% error margin, and 1.2, -1.9, 2.0 and 0.8, respectively, within a 20% error margin.; **Conclusions:** This pilot study suggests that AR-based tools have potential as educational aids for portion size estimation among future dietitians, with acceptability ratings comparable to conventional methods, such as text only, text and pictures, and food models.; Trial Registration: The study was registered with the University Hospital Medical Information Network; UMIN000054307. (© 2025 The British Dietetic Association Ltd.)

Access or request full text: <https://libkey.io/10.1111/jhn.70125>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40932046&prolid=e>
[host](#)

27. Combining rehabilitation nursing with nutritional intervention to improve self-care ability and nutritional status in elderly stroke patients: a randomized controlled trial

Item Type: Journal Article

Authors: Mei, L.;Li, X.;Chen, G. and Fang, Z.

Publication Date: 2025

Journal: Journal of Health, Population, and Nutrition 44(1), pp. 237

Access or request full text: <https://libkey.io/10.1186/s41043-025-00995-z>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40611324&prolid=e>

[host](#)

28. The Role of the Dietitian in Weight Management of Adults With Obesity Without Diabetes Using Glucagon Like Peptide-1 Agonist Receptors: A Systematic Review and Meta-Analysis of Randomised Controlled Clinical Trials

Item Type: Journal Article

Authors: Moetaz, Israa;Abumweis, Suhad;Alqadi, Sarah and AbuGhoush, Mahmoud

Publication Date: 2025

Journal: Clinical Obesity , pp. e70030

Abstract: The aims are (1) to identify and interpret the role of registered dietitian in clinical trials on the efficacy of glucagon like peptide-1 (GLP-1) agonists in adult individuals with obesity but without diabetes, and (2) to quantify the effect of GLP-1 agonists on body weight loss in adult individuals with obesity but without diabetes. An electronic search using PubMed and Scopus was implemented to locate eligible randomised clinical trials. Data extraction and quality assessment were conducted for 13 studies that met the inclusion criteria. Medical nutrition therapy (MNT) steps were evaluated based on the registered dietitian (RD) interventions and procedures that are included in six studies. Data analysis was carried out using specialised software. The meta-analysis results showed pooled mean differences in weight change of -5.4 kg (95% CI: -5.8, -5.0), in waist circumference change of -5.5 cm (95% CI: -7.7, -3.25), and in weight loss as a percentage from baseline of -7.75% (95% CI: -11.1, -4.3). Quality assessment and bias of each study have been reported. Nutrition practice guidelines and MNT are also listed to include screening, assessment, intervention, and monitoring. Based on current available evidence, using GLP-1 agonists for weight loss shows their effectiveness to reduce weight and waist circumference. However, further incorporation of RD in trials will help in understanding the sole effect of MNT in treating obesity using GLP-1 agonists. (© 2025 World Obesity Federation.)

Access or request full text: <https://libkey.io/10.1111/cob.70030>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40530685&provid=ehost>

29. Malnutrition, sarcopenia and nutrition therapy for patients with diabetes - A general framework and focus on hospital care

Item Type: Journal Article

Authors: Noronha, Jarvis C.;Mechanick, Jeffrey I.;Barazzoni, Rocco;Tarazona-Santabalbina, Francisco;Dimosthenopoulos, Charilaos;Raben, Anne;Kendall, Cyril Wc;Chiavaroli, Laura and Sievenpiper, John L.

Publication Date: 2025

Journal: Clinical Nutrition ESPEN 70, pp. 8–17

Abstract: Background & Aims: The prevalence of diabetes is increasing globally and is particularly high among hospitalized patients, presenting challenges for inpatient care. While traditional inpatient management emphasizes glycemic control, medication adjustments, and comorbidity management, malnutrition and muscle loss remain underrecognized factors that significantly influence clinical outcomes. This review aims to

highlight the role of malnutrition and muscle dysfunction in hospitalized patients with diabetes and to evaluate the potential of medical nutrition therapy (MNT), particularly diabetes-specific nutrition formulas (DSNFs), to improve patient outcomes.; **Methods:** This narrative review is based on the proceedings of a joint session between the Diabetes Nutrition Study Group (DNSG) and the European Society for Clinical Nutrition and Metabolism (ESPEN). Relevant literature was synthesized to explore the prevalence, pathophysiology, and clinical impact of malnutrition and muscle loss in diabetes, as well as the clinical applications of MNT and DSNFs in hospital and intensive care settings.; **Results:** Malnutrition is prevalent among hospitalized patients with diabetes yet frequently goes undiagnosed, contributing to delayed recovery, increased complications, and functional decline. Muscle mass and function are now recognized as key determinants of metabolic regulation and recovery. Recent advances in diagnostic frameworks, including those developed by the Global Leadership Initiative on Malnutrition (GLIM), offer practical tools for the early identification of malnutrition and sarcopenia. Evidence supports the use of MNT, particularly DSNFs, as a strategy to support glycemic control, preserve muscle mass, and reduce complications in both general hospital and ICU settings.; **Conclusions:** Malnutrition and muscle dysfunction are important but often overlooked components of inpatient diabetes care. Early identification using validated screening tools, coupled with timely implementation of MNT, including DSNFs, offers a promising strategy to improve metabolic management and clinical outcomes in hospitalized and critically ill patients with diabetes. (Copyright © 2025. Published by Elsevier Ltd.)

Access or request full text: <https://libkey.io/10.1016/j.clnesp.2025.08.027>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40885526&provid=ehost>

30. Comparison of enteral nutritional therapy to induce and maintain remission in paediatric patients with mild-to-moderate Crohn's disease: a cost-effectiveness analysis in the UK

Item Type: Journal Article

Authors: Patel, Minal;Shergill-Bonner, Rita;Sharma, Preeti;Capobianco, Maria Elisa and Steeds, Carolyn

Publication Date: 2025

Journal: Journal of Medical Economics 28(1), pp. 1214–1225

Abstract: Objectives: This study assessed the cost-effectiveness (CE) of a specialised formula versus standard oral nutritional supplements (ONS) for the dietary management of paediatric mild-to-moderate Crohn's disease (CD), from the UK National Health Service (NHS) perspective.; **Methods:** We developed a Markov model with five health states (remission, mild-to-moderate, moderate-to-severe, surgery and death), using 8-week cycles and a one-year horizon. A systematic literature review identified treatment effectiveness (clinical remission rates) and health state utilities (Child Health Utility-9 Dimension). Costs were sourced from the British National Formulary and National Tariff Payment System (2024 prices) and included costs of intervention and healthcare resources such as primary and outpatient care, diagnostic tests, accident and emergency care and hospitalisations. Clinical experts validated the model structure and inputs. Deterministic and probabilistic sensitivity analyses (DSA and PSA) assessed the robustness of findings.; **Results:** The base case results demonstrated that specialised formula saves £591 per patient annually while maintaining similar quality-adjusted life-years (QALYs) compared to standard ONS. Additionally, in a cohort of 1,000 patients, 552 would achieve remission with the specialised formula compared to 496 with standard ONS. DSA identified the 8-week intervention costs and utility scores as key drivers of CE. PSA indicated that at a willingness-to-pay threshold of £20,000 per QALY, specialised formula has a 78% likelihood of being CE compared with standard ONS.; **Limitations:** The main limitation is the lack of published clinical trials comparing specialised formula with standard ONS, along with the overall scarcity of published data on standard ONS. Meta-analysis would be beneficial to validate and strengthen the comparative data; however, due to the limitations of the published

data, meta-analysis is not possible at present.; **Conclusions:** Specialised formula is a less costly and more effective treatment compared to standard ONS in mild-to-moderate paediatric CD patients over one year.

Access or request full text: <https://libkey.io/10.1080/13696998.2025.2539644>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40734531&profd=ehost>

31. Preoperative dietitian-led calorie-restricted diet: impact on left hepatic lobe volume and laparoscopic upper GIT surgery visibility

Item Type: Journal Article

Authors: Price, F. M.;van den Berg, L.;Schutte, F. N.;Bezuidenhout, A.;Smit, J. G. M.;Francis, E.;Nel, R. and Robb, L.

Publication Date: 2025

Journal: South African Journal of Surgery.Suid-Afrikaanse Tydskrif Vir Chirurgie 63(3), pp. 165–169

Abstract: Background: The surgical benefits of preoperative low- or very low-calorie diets (LCDs or VLCDs) in bariatric surgery patients have been widely studied. This study aimed to observe the changes in body composition and left hepatic lobe volume (LHLV) following a two-week dietitian-led calorie-restricted diet in non-bariatric laparoscopic surgery patients, where fatty liver often complicates the surgery.; **Methods:** The study included 47 patients scheduled for a hiatus hernia repair with an anti-reflux procedure. Participants underwent bioelectrical impedance measurements and abdominal ultrasounds to determine changes in LHLV at baseline and again pre-surgery after following a calorie-restricted diet (800-1000 kcal daily) for two weeks.; **Results:** Participants (median baseline body mass index BMI]: 33.4 (30.9-36.0) kg/m²) experienced statistically significant ($p < 0.05$) decreases in body mass, BMI, waist circumference, body fat mass, body fat percentage, abdominal fat and muscle mass on the two-week calorie-restricted diet. A median LHLV reduction of 33% (IQR 12.8-49.6%, $p < 0.05$) was noted. The outcomes of the ultrasound were unknown to the surgeons at the time of the surgery, and they subjectively reported good surgical visibility of the oesophagogastric (EG) junction in 86.5% of cases.; **Conclusion:** The findings suggest that in obese patients, losing 2.2 kg of body fat and 2.5 cm in waist circumference on a two-week dietitian-led calorie-restricted diet may significantly reduce LHLV that could potentially improve surgical visibility. Further research should determine if these changes in body composition may be used as a proxy for liver sonar. (Copyright© Authors.)

Access or request full text: <https://libkey.io/10.36303/SAJS.02611>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=41055032&profd=ehost>

32. iENDEAVORS: Development and Testing of Virtual Reality Simulations for Nutrition and Dietetics

Item Type: Journal Article

Authors: Quick, V.;Chamberlin, B.;Golem, D.;Panchal, P.;Phillips, S. G. and Byrd-Bredbenner, C.

Publication Date: 2025

Journal: International Journal of Environmental Research and Public Health 22(9)

Abstract: Virtual Reality (VR) simulations provide immersive, realistic educational experiences that are increasingly used to enhance teaching and learning in nursing and medicine; however, use in dietetics lags. To fill this gap, four Nutrition Counselor VR simulations were developed collaboratively with the goal of building confidence in dietetic students' nutrition counseling skills. After formative testing, pilot testing, and refinements, simulations were field tested with 34 dietetic students (91% women; age 25.67 ± 3.79 SD years; 68% White) from four supervised practice programs using a standard protocol administered by trained researchers (N = 5). Students completed a pre-survey, one VR simulation (≥2 times w/varying outcomes), and a post-survey. Online pre- and post-surveys examined changes in nutrition counseling skills, knowledge and self-efficacy, and comfort in using nutrition counseling skills. Paired t -tests revealed significant (p < 0.05) changes in 75% agreed the simulations helped build their nutrition assessment skills (79%) and counseling skills (88%) and prepared them to work with real patients (97%). Findings suggest the Nutrition Counselor VR simulations provided a realistic and safe learning environment that may be a valuable learning tool for dietetic students.

Access or request full text: <https://libkey.io/10.3390/ijerph22091389>

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=41007533&profd=e_host

33. Vegetarian Diet and Dietary Intake, Health, and Nutritional Status in Infants, Children, and Adolescents: A Systematic Review

Item Type: Journal Article

Authors: Reis, Daniela;Schwermer, Melanie;Nowak, Lara;Naami, Nibras;Zuzak, Tycho Jan and Längler, Alfred

Publication Date: 2025

Journal: Nutrients 17(13)

Abstract: Background/Objectives : More children and adolescents are adopting vegetarian diets. A balanced diet is particularly important for growth and bone development in children. It is important to clarify whether a vegetarian diet affects these processes. A systematic literature review was conducted to identify studies investigating differences in anthropometric data, nutrient intake, and biomarkers between vegetarian and omnivorous children. **Methods :** PUBMED, MEDLINE, and Web of Science Core Collections were searched between the end of 2014 and 2023. We included peer-reviewed randomized controlled trials, intervention, or observational studies that were published in English or German and investigated the differences between healthy children and adolescents from high-income countries who consumed either a vegetarian or an omnivorous diet. The review was conducted in accordance with the PRISMA guidelines. If at least five values with the same unit were available from different studies, a cumulative analysis of selected parameters was conducted. Due to the participants' varying ages across the studies, limited cumulative analyses were conducted additionally by age category. **Results :** A total of 1681 studies were screened, of which 20 met the inclusion criteria. Significant differences were found in fiber and energy intake from carbohydrates and proteins. The results were strengthened by the restricted cumulative analysis of the 2-10 age category, which also revealed significant differences when comparing VG and OM. **Conclusions :** A higher intake of fiber, more energy from carbohydrates, and sufficient energy from proteins and less from fat can be regarded as the benefits of a vegetarian diet, according to this review. There are also the first indications of enhanced vitamin C and E, iron, folate, and magnesium intake. These characteristics can be regarded as potential benefits of a vegetarian diet. A lower vitamin B12 and vitamin D intake has been identified as a potential risk factor. Further longitudinal, prospective, observational studies are needed. Prospero registration date and number: 6 March 2023, CRD42023402301.

Access or request full text: <https://libkey.io/10.3390/nu17132183>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40647286&prolid=ehost>

34. Effectiveness of dietetic care for cancer survivors in the primary care setting: A systematic review and meta-analysis of randomized controlled trials

Item Type: Journal Article

Authors: Ryding, H. G.; Mitchell, L. J.; Rigby, R. R.; Ball, L.; Hobby, J. and Williams, L. T.

Publication Date: 2025

Journal: Journal of Cancer Survivorship : Research and Practice 19(5), pp. 1694–1725

Abstract: Purpose: Nutrition plays an important role in cancer survivorship. This systematic review and meta-analysis aim to critically assess and quantify the effectiveness of nutrition care interventions provided by dietitians to survivors who have completed treatment for cancer.; **Methods:** A systematic review of randomized controlled trials (RCTs) published from January 2004 to November 2023 reporting the effectiveness of primary care dietetic interventions with adult cancer survivors was conducted. PubMed, Scopus, CINAHL, Embase, ProQuest and PsycINFO databases were searched for key terms. Meta-analyses were conducted where there were sufficient studies of the same cancer type and outcomes.; **Results:** Twelve RCTs representing 1138 cancer survivors (519 breast cancer; 75 prostate cancer; 544 colorectal cancer) were included. Primary outcome measures included weight loss (n = 6), quality of life (n = 2), reducing lymphedema-related arm volume (n = 2), nutritional status (n = 1) and increasing fruit and vegetable intake (n = 1). Weight loss was observed in studies where this was the primary outcome. Results for quality of life varied. Meta-analyses of RCTs with breast cancer survivors showed that dietitian intervention achieved a mean of 3.7 kg greater intentional weight loss and 2.3% greater body fat decrease than control (p < 0.0001).; **Conclusions:** This study provides evidence for the effectiveness of primary care dietetic interventions by dietitians with cancer survivors, particularly with respect to intentional weight and fat loss in breast cancer survivors.; **Implications for Cancer Survivors:** Dietitians can play a key role in managing weight and improving long term health outcomes and prognosis for cancer survivors beyond the acute care setting. (© 2024. The Author(s).)

Access or request full text: <https://libkey.io/10.1007/s11764-024-01583-6>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=38710853&prolid=ehost>

35. The Client's Goals Are My Primary Responsibility: A Qualitative Study Examining Dietitians' Perceptions of the Barriers and Facilitators to Incorporating Environmentally Sustainable Food Systems in Clinical and Food Services Practice Within Healthcare Settings

Item Type: Journal Article

Authors: Saucis, Katy; Wegener, Jessica; Carlsson, Liesel and Everitt, Tracy

Publication Date: 2025

Journal: Journal of Human Nutrition and Dietetics : The Official Journal of the British Dietetic Association 38(4), pp. e70085

Abstract: Introduction: Current industrial food systems are not sustainable; they threaten future generations and cause rapid environmental degradation. Shifts to more sustainable food systems (SFS) and associated dietary practices can help reduce the carbon footprint and promote environmental sustainability. Dietitians working in healthcare settings can promote SFS initiatives. This study explored dietitians' SFS practices and their perceptions of the barriers and facilitators within healthcare settings.; **Methods:** This study analyzed secondary data from a survey of dietitians in Canada, the United Kingdom (UK), Australia, and the United States (US). A convenience sample of dietitians was recruited through national dietetic associations, professional networks, social media, listservs and snowball sampling. Responses were isolated for dietitians working in clinical and food services practice areas and analyzed thematically. The socio-ecological framework was used to understand areas where dietitians have influence within healthcare settings.; **Results:** Three main themes were identified where clinical and food services dietitians (n = 111) are incorporating SFS into practice in healthcare settings: education, communication, and workplace-related activities. Key barriers included operational and organizational factors (competing priorities), external factors (rising food costs), practice area constraints (limited role clarity), and concern for the client-practitioner relationship (CPR). The CPR tension theme emerged as a challenge for clinical dietitians in incorporating SFS into patient counselling. Facilitators included organizational factors (leadership), research and educational resources, personal factors (interest), and practical tools and resources (national food guides).; **Conclusion:** This study underscores the important work that dietitians are already doing across countries with different yet comparable dietetic professions and health systems. Recognizing that the barriers and facilitators identified in this study will vary between nations, institutions and practitioners, four areas of consideration were suggested, including expanding the client-practitioner relationship to include planetary health; learning from what dietetics and nutrition professionals are doing in other countries; advocating for policy and organizational changes within healthcare, and communicating in the 'cost language' of decision-makers. This study identified that there may be gaps for some dietitians in understanding client-centredness in the context of planetary health. This study highlights the need for further research to support more formalized approaches to the incorporation of SFS and planetary health considerations across all dietetic practice areas. (© The Author(s). Journal of Human Nutrition and Dietetics published by John Wiley & Sons Ltd on behalf of British Dietetic Association.)

Access or request full text: <https://libkey.io/10.1111/jhn.70085>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40583381&profiid=ehost>

36. The effectiveness of medical nutrition therapy for people at moderate to high risk of cardiovascular disease in an Australian rural primary care setting: 12-month results from a pragmatic cluster randomised controlled trial

Item Type: Journal Article

Authors: Schumacher, T. L.;Jansson, A.;Herbert, J.;Clarke, E. D.;Alderton, C.;Milson, P.;Oldmeadow, C.;Brown, L. J.;Rollo, M. E.;Williams, A.;Nutr, M. C.;Guppy, M.;Boyle, A.;Ramanathan, S.;May, J.;Attia, J. and Collins, C. E.

Publication Date: 2025

Journal: BMC Health Services Research 25(1), pp. 956

Abstract: Purpose: To reduce risk of cardiovascular disease (CVD) in adults, as assessed by primary care doctors in rural NSW, Australia. Medical nutrition therapy (MNT) was delivered by Accredited Practising Dietitians (APDs) using telehealth.; **Methods:** The study was a 12-month pragmatic cluster randomised controlled trial. All primary care practices (PCPs) within a large rural region were invited to participate, with

enrolled practices stratified based on rurality and practice size. Patients at moderate to high CVD risk were recruited via practices. Usual care (UC) was provided by the patient's general practitioner (GP). In addition to UC, the intervention group received two hours of MNT telehealth (video calls) consultations from an APD during five sessions over 6 months. The primary outcome was total serum cholesterol. Secondary outcomes included LDL cholesterol, triglycerides, blood glucose control, blood pressure, weight and waist circumference. Changes were analysed using Bayesian linear mixed models and posterior probability.; **Findings:** Sixteen PCPs recruited 132 eligible participants (n = 91 intervention, n = 41 UC), with 79% (72/91) and 80% (33/41) respectively completing a primary or secondary outcome. No significant differences were found between groups for total cholesterol, LDL cholesterol or blood pressure at 12-months. However, the intervention group had significant improvements in blood glucose control (HbA1c: -0.16%, 95%CI: -0.32, -0.01) and decreased body weight (-2.46 kg, 95%CI: -4.54, -0.41) compared to UC at 12-months.; **Conclusions:** Results indicate that two hours of MNT delivered by an APD via telehealth is a synergistic adjunct therapy to support the usual care provided by GP, with benefits continuing to 12-months. (© 2025. The Author(s).)

Access or request full text: <https://libkey.io/10.1186/s12913-025-13096-8>

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40671037&profd=e_host

37. Comparison the effect of continuous and bolus enteral nutrition methods on serum albumin and prealbumin in critical ill patients: A randomized clinical trial

Item Type: Journal Article

Authors: Seyyedi, J.;Rooddehghan, Z.;Mohammadi, M.;Haghani, S. and Karimi, R.

Publication Date: 2025

Journal: Journal of Health, Population, and Nutrition 44(1), pp. 337

Abstract: Background and Aims: Mechanically ventilated patients in intensive care units frequently require enteral nutrition. The choice of an appropriate feeding method may significantly influence nutritional status and clinical outcomes. Among biomarkers used for nutritional assessment, serum albumin, and prealbumin are widely accepted as reliable indicators for evaluating the effectiveness of nutritional interventions. This study aimed to compare the effects of two common enteral feeding methods-bolus and continuous feeding-on serum albumin and prealbumin levels in mechanically ventilated ICU patients.; **Methods:** This parallel, single-blind clinical trial was conducted at Imam Khomeini Hospital in Tehran, Iran, with 34 ICU patients receiving mechanical ventilation. Participants were randomly assigned to either the continuous feeding group (Intervention, n = 17) or the bolus feeding group (Control, n = 17). Enteral feeding was delivered via a nasogastric tube for one week. Serum albumin and prealbumin levels were measured before and one week after the intervention. Data were analyzed using SPSS version 16, and hypotheses were tested using paired and independent t-tests.; **Results:** No significant changes were observed in serum albumin levels within or between the groups over the intervention period. However, patients in the continuous feeding group (Intervention group) showed a statistically significant increase in serum prealbumin levels (from 0.11 ± 0.06 to 0.15 ± 0.02 g/L, $p = 0.004$). In contrast, the change in the Bolus feeding group (Control group) was not significant (from 0.10 ± 0.04 to 0.12 ± 0.06 g/L, $p = 0.39$). The between-group comparison of post-intervention prealbumin levels approached significance in favor of the continuous feeding group ($p = 0.08$).; **Conclusion:** Continuous enteral feeding may have a positive effect on serum prealbumin levels in mechanically ventilated patients, while bolus feeding showed no such impact. However, due to the small sample size and short duration of the intervention, these findings should be interpreted cautiously. Further research with larger sample sizes and longer follow-ups is needed to confirm these results (Fig. 1).; **Trial Registration:** The protocol of this clinical trial has been registered in the Iranian Clinical Trial Registration Center (registration code:

IRCT20190128042528N1). Registered 18 January 2020- Retrospectively registered, date of first recruitment: 6 October 2018, <https://www.irct.ir/> . (© 2025. The Author(s).)

Access or request full text: <https://libkey.io/10.1186/s41043-025-01042-7>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=41029887&prolid=ehost>

38. Dietary Intake, Symptom Control and Quality of Life After Dietitian-Delivered Education on a FODMAP Diet for Irritable Bowel Syndrome: A 7-Year Follow Up

Item Type: Journal Article

Authors: Silva, Hannah;Porter, Judi;Barrett, Jacqueline;Gibson, Peter R. and Garg, Mayur

Publication Date: 2025

Journal: Neurogastroenterology and Motility , pp. e70116

Abstract: Background: Limited data exist on long-term outcomes in patients with irritable bowel syndrome (IBS) following dietetic education on a FODMAP (fermentable, oligo-, di-, monosaccharides and polyols) diet. We aimed to investigate long-term outcomes with regards to the educative process, symptom control, quality of life, and dietary intake and patterns.; **Methods:** Medical histories of individuals with IBS educated on a FODMAP diet by a gastrointestinal specialist dietitian 2008-2018 were interrogated. At face-to-face interview, demographic data, symptoms, dietary intake, and overall and food-related quality of life (QOL) were assessed.; **Key Results:** Seventy-four participants, 62% female, median age 59 (IQR 47-67) years, were educated to restrict intake of all FODMAPs; 23% had dietitian-directed progression through reintroduction and personalization phases. After mean 7.1 (range 2.5-13.4) years, 26% reported returning to habitual diet, 62% following a personalized diet and 12% continuing strict FODMAP restriction. Overall FODMAP intake was similar to that of historical healthy controls, but reduced in those continuing strict restriction. At least one type of FODMAP was restricted in 84%. Symptom severity and IBS-related QOL were similar across reported dietary patterns and FODMAP intakes, but food-related QOL was low in those with continuing strict restriction. Satisfactory relief of symptoms was reported by 64%. Symptom exacerbation was ameliorated by altering FODMAP (66%) or fiber intake (26%) with a minority (27%) utilizing medication.; **Conclusions and Inferences:** Despite suboptimal implementation, dietitian-delivered education on a FODMAP diet in patients with IBS generally achieved satisfactory relief of symptoms, self-empowerment and minimal restriction of FODMAPs in the long term. (© 2025 The Author(s). Neurogastroenterology & Motility published by John Wiley & Sons Ltd.)

Access or request full text: <https://libkey.io/10.1111/nmo.70116>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40589416&prolid=ehost>

39. Novel strategies for medical management of obesity: mechanisms, clinical implications, and societal impacts-a report from the 25th Annual Harvard Nutrition Obesity Symposium

Item Type: Journal Article

Authors: Srivastava, Gitanjali;Campbell, Sophia L.;Hill, Conner R.;Stanley, Takara L.;Lawson, Elizabeth A.;Apovian, Caroline M.;Almandoz, Jaime P.;Leggio, Lorenzo;Lakdawalla, Darius N.;Dar, Mohammad;Socolovsky, Carmela;Stanford, Fatima Cody;Armstrong, Sarah and Grinspoon, Steven K.

Publication Date: 2025

Journal: The American Journal of Clinical Nutrition 122(3), pp. 866–885

Abstract: Obesity is a chronic, relapsing disease with a multifactorial etiology. Over the past 5 y, obesity medicine has entered a new era with the advent of novel, game-changing pharmacotherapies that achieve weight loss exceeding 15%-20%. Beyond weight loss, these powerful therapies offer additional benefits, such as cardiovascular improvements. These novel agents, such as glucagon-like peptide-1 receptor agonists, work by reducing appetite, slowing gastric emptying, and increasing feelings of fullness. Recent work also points out the potential role of these medications for other medical conditions, including addictive and neurodegenerative disorders. In June 2024, the National Institutes of Health-funded Nutrition Obesity Research Center at Harvard and the Harvard Medical School Division of Nutrition hosted their 25th annual Harvard Nutrition Obesity Symposium, titled "Novel Strategies for Medical Management of Obesity: Mechanisms, Clinical Implications, and Societal Impacts." This paper synthesizes the symposium's discussions, emphasizing the importance of innovative pharmacotherapeutic strategies in addressing the burden of obesity and the associated economic and social inequities, including disparities in access to care in adults and children. (Copyright © 2025 The Authors. Published by Elsevier Inc. All rights reserved.)

Access or request full text: <https://libkey.io/10.1016/j.ajcnut.2025.06.015>

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40550419&profiid=e_host

40. Preoperative nutritional status as a predictor of postoperative overall survival in abdominal tumor surgery: a systematic review and meta-analysis

Item Type: Journal Article

Authors: Su, Z.;Lin, Y.;Li, M.;Yang, Y.;Chen, X.;Zhu, Y.;Mo, Y.;Huang, Z.;Liu, Y. and Michael, N.

Publication Date: 2025

Journal: Frontiers in Surgery 12, pp. 1645392

Abstract: Background: Abdominal tumors, including those in the stomach, colon, pancreas, and gallbladder, significantly impact global morbidity and mortality. Surgical resection is the primary treatment, but postoperative outcomes and long-term survival are often affected by factors such as preoperative nutritional status. Malnutrition is common in these patients, making its management crucial for improving outcomes. This systematic review and meta-analysis aim to consolidate evidence on the role of preoperative nutritional status in postoperative survival for patients undergoing abdominal tumor surgery, offering insight into its prognostic value.; **Methods:** A systematic literature search was conducted using electronic databases to report the impact of the preoperative nutritional status on OS (overall survival) of patients with abdominal tumor surgery as of January 1st, 2025. The hazard ratio (HR) with a 95% confidence interval (CI) was used to evaluate the impact of the preoperative nutritional status on OS.; **Results:** A total of 32 studies involving 10352 patients were included in the meta-analysis. The results (pooled HR: 1.61, 95% CI: 1.49-1.73, $I^2 = 43.0\%$, $p < 0.001$) indicated that preoperative malnutrition is significantly associated with poorer OS. Subgroup and meta-regression analyses based on methods of nutritional status assessment, country, sample size, study design, follow-up duration, analytical model, and tumor type all showed a consistent association between preoperative malnutrition and worse OS. The robustness of these pooled results was further verified through sensitivity analysis. Additionally, the heterogeneity of pooled HR of OS was attributed to differences in study designs, as indicated by meta-regression analysis ($p = 0.005$). Funnel plots did not show significant

publication bias.; **Conclusion:** Based on existing evidence, the preoperative nutritional status is a valuable predictor of postoperative OS in patients with abdominal tumor surgery.; Systematic Review Registration: PROSPERO CRD420251008979. (© 2025 Su, Lin, Li, Yang, Chen, Zhu, Mo, Huang, Liu and Michael.)

Access or request full text: <https://libkey.io/10.3389/fsurg.2025.1645392>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40901012&prolid=e>

41. Chronic intestinal failure knowledge among a cohort of ASPEN registered dietitians: Response to a membership survey

Item Type: Journal Article

Authors: Tosi, Maryanna;Winkler, Marion;Zubizaretta, Nicole;Nisenholtz, Marjorie;Spangenberg, Michelle;Tappenden, Kelly Anne and Iyer, Kishore

Publication Date: 2025

Journal: Nutrition in Clinical Practice : Official Publication of the American Society for Parenteral and Enteral Nutrition 40(3), pp. 616–622

Abstract: Background: Rare and nutritionally complex diseases, like chronic intestinal failure (CIF), are not encountered regularly by clinicians. Specialized centers with experience in intestinal failure are relatively sparse, leading many patients to rely on local clinicians. Previously published reports demonstrated lack of knowledge in intestinal failure among gastroenterologists in the United States, in Europe, and in the United Kingdom. This study aims to evaluate intestinal failure knowledge in a cohort of registered dietitians.;

Methods: A validated, 20-question survey on CIF knowledge covering four key domains was sent to dietitian members of the American Society for Parenteral and Enteral Nutrition. Descriptive data were collected regarding respondents' clinical practice characteristics. Performance was evaluated, and results were compared between self-identified experts and nonexperts in CIF and parenteral nutrition.;

Results: Of 94 respondents, 34% self-identified as experts in intestinal failure and 53% in parenteral nutrition management. Most self-identified intestinal failure experts (81.3%) reported managing 11-20 patients with CIF annually, but less than half worked with a multidisciplinary team, and less than one-quarter practiced in an intestinal rehabilitation program. Overall median score was 13.0 (IQR 11.0-15.0). Self-identified dietitians reporting expertise in intestinal failure and parenteral nutrition scored 15 (IQR 12-17) and 14 (IQR 12-17), respectively.;

Conclusion: Regardless of self-reported level of expertise, dietitian knowledge scores were high for home parenteral nutrition monitoring and complications of CIF. Given the integral role nutrition plays in intestinal failure, dietitians should be involved in the management of patients with CIF. (© 2025 American Society for Parenteral and Enteral Nutrition.)

Access or request full text: <https://libkey.io/10.1002/ncp.11287>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40069111&prolid=e>

42. Weight- and Nutrition-Related Changes of Patients With Osteoarthritis Attending the Dietetic Orthopaedic Physiotherapy Screening Clinic: Findings From a Clinical Audit

Item Type: Journal Article

Authors: Tupper, Lara;Morley, Shannon and Utter, Jennifer

Publication Date: 2025

Journal: Musculoskeletal Care 23(2), pp. e70146

Abstract: The aim of this study is to describe patient experiences with the dietetic service in a multidisciplinary orthopaedic physiotherapy screening clinic for the management of osteoarthritis, specifically nutrition-related indicators of success, such as changes to weight and diet. A retrospective observational medical chart audit was conducted of patients with osteoarthritis within the dietetic clinic over a 12-month period in a large, urban setting in Australia. In total, 38 patients met the inclusion criteria; 68% were female. Patients spent an average of 182 days in dietetics care, with an average of 5 appointments per patient. Approximately one-third (32%) of patients achieved a clinically significant weight loss (> 5% of body weight), 58% had no change in weight, and 11% of patients gained weight (> 5% of body weight). Of patients in the successful weight loss group, 50% had been advised to follow a very low energy diet, compared to 19% in the no weight loss group ($p = 0.05$). Patients appeared to be increasing their consumption of fruits and vegetables and decreasing their discretionary foods, but changes did not reach statistical significance. We found that the current clinic was resource-intensive, provided varied nutritional treatments, and resulted in some, but limited, success. Findings from this study suggest areas for improvement in clinics that primarily serve patients with osteoarthritis. (© 2025 The Author(s). Musculoskeletal Care published by John Wiley & Sons Ltd.)

Access or request full text: <https://libkey.io/10.1002/msc.70146>

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40542998&prolid=e_host

43. Early versus delayed enteral nutrition in critically ill children under 12 years of age: A systematic review and meta-analysis of randomised controlled trials

Item Type: Journal Article

Authors: Visser, Marianne E.;Chipojola, Roselyn;Gordon, Sarah;Brand, Amanda;Mbeye, Nyanyiwe;Kunje, Gertrude;Mpando, Talitha;Lakudzala, Suzgika;Besnier, Elodie and Naude, Celeste E.

Publication Date: 2025

Journal: Clinical Nutrition Open Science 61, pp. 108–128

Abstract: Background & Aims: Enteral nutrition (EN) is key to reducing malnutrition risk in critically ill children, with timing of EN initiation being an important consideration. This systematic review aimed to assess the effects of early enteral nutrition (EEN) compared to delayed enteral nutrition (DEN) in critically ill children as part of the Global Evidence, Local Adaptation (GELA) project.; **Methods:** We searched PubMed, Embase and two trial registries (January 2000-November 2023) and included randomised controlled trials (RCTs) comparing EEN (typically within 24-48 hours of admission) to DEN (typically >48 hours of admission) in children aged one month to 12 years, and excluding studies in children with severe acute malnutrition, or conditions requiring long-term EN. Guided by Cochrane methods, we conducted random-effects meta-analyses to obtain pooled effect estimates for outcomes selected by the guideline development group, assessed risk of bias using Cochrane's Risk-of-Bias-2 tool and assessed certainty of the evidence using Grading of Recommendations, Assessment, Development and Evaluation (GRADE).; **Results:** Four RCTs randomising 899 children in critical care settings in India, Iran and USA were included. Overall risk of bias was assessed as 'high risk' or 'some concerns' for all outcomes. Low-certainty evidence suggests that EEN may reduce in-hospital mortality (absolute effect (AE) 53 fewer deaths per 1000, 95% CI -85 to -12, I² =0%, 3 RCTs,

n=869) and length of hospital stay on average (mean difference (MD) -2.98 days, 95% CI -9.79 to 3.83, I²=0%, 2 RCTs, n=760) compared to DEN, and may result in little to no difference in nosocomial infections (wound and blood stream infections) (AE 5 fewer cases per 1000, 95% CI -52 to 52, I²=0%, 3 RCTs, n=869). Evidence is very uncertain about effects on length of paediatric intensive care unit stay, number of days on the ventilator, sepsis, ventilator-associated pneumonia, and time to wound healing.; **Conclusion:** EEN may reduce in-hospital mortality and length of hospital stay in critically ill children, but our confidence in the effect estimates is limited. More high-quality studies comparing EEN to DEN in relation to patient-relevant and clinically important outcomes in paediatric critical illness are needed.; Prospective Registration: PROSPERO CRD42023487325.

Access or request full text: <https://libkey.io/10.1016/j.nutos.2025.03.004>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40352760&profiid=ehost>

44. Prevalence of malnutrition in patients with Alzheimer's disease - A systematic review. The call for consistent nutritional assessment methods

Item Type: Journal Article

Authors: Zarnowska, Alicja; Milewska, Magdalena; Rokicka, Gabriela; Kacprzyk, Karolina; Panczyk, Mariusz; Folwarski, Marcin and Szostak-Węgierek, Dorota

Publication Date: 2025

Journal: Nutricion Hospitalaria 43(3), pp. 579–589

Abstract: Introduction: Objectives: epidemiological data show growing numbers of patients with Alzheimer's disease. Cognitive decline and progressive swallowing impairment lead to a significant deterioration of the nutrition status in this population. Early detection and treatment of malnutrition is important for the prognosis of the disease. **Method:** a systematic review was conducted. Four databases such as Cochrane, PubMed, Embase and Web of Science were searched by two independent researchers. The inclusion criteria encompass adult patients with diagnosed Alzheimer's disease, studies with screening tools for nutritional assessment such as Mini-Nutritional Assessment and body mass index. Patients without diagnosis or with possible or probable Alzheimer's disease were excluded. Finally, 36 studies with 5293 participants were included to the systematic review. PRISMA protocol was followed when writing this article. Critical Appraisal tools for use in JBI Systematic Reviews were used for quality assessment. **Results:** 36 studies were included in this systematic review. More than half of the respondents were from Europe. According to MNA 33.97 % of participants were at risk of malnutrition, 3.74 % malnourished and more than 62 % had proper nutritional status. According to the BMI, nearly 50 % of patients were overweight or obese, 4.22 % had BMI < BMI < 18,49 kg/m². Risk of malnutrition and malnutrition was diagnosed in 53.8 % and 8.2 % of patients assessed with Mini-Nutritional Assessment - Short Form. **Conclusion:** the risk of malnutrition in AD is high, however, significant differences between studies can be observed due to methodological differences. Large epidemiological studies are needed with unified nutritional assessment methods for patients with Alzheimer's disease.

Access or request full text: <https://libkey.io/10.20960/nh.05611>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40066595&profiid=ehost>

45. Risk Prediction Models for Enteral Nutrition Aspiration in Adult Inpatients: A Systematic Review and Critical Appraisal

Item Type: Journal Article

Authors: Zhang, Hong;Li, Jing;Deng, Shan;Liu, Chan;Liu, Mei-Mei;Hu, Shi-Yao;Wang, Shi-Chun and Fan, Ming-Yuan

Publication Date: 2025

Journal: Journal of Clinical Nursing

Abstract: Objective: To systematically identify and appraise existing risk prediction models for EN aspiration in adult inpatients.; **Data Sources:** A systematic search was conducted across PubMed, Web of Science Core Collection, Embase, Cochrane Library, CINAHL, China National Knowledge Infrastructure (CNKI), Wanfang Database, China Biomedical Literature Database (CBM) and VIP Database from inception to 1 March 2025.; **Study Design:** Systematic review of observational studies.; **Review Methods:** Two researchers independently performed literature screening and data extraction using the Checklist for Critical Appraisal and Data Extraction for Systematic Reviews of Prediction Modelling Studies (CHARMS). The Prediction Model Risk of Bias Assessment Tool (PROBAST) was employed to evaluate both the risk of bias and the clinical applicability of the included models.; **Results:** A total of 17 articles, encompassing 29 prediction models, were included. The incidence of aspiration was 9.45%-57.00%. Meta-analysis of high-frequency predictors identified the following significant predictors of aspiration: history of aspiration, depth of endotracheal intubation, impaired consciousness, sedation use, nutritional risk, mechanical ventilation and gastric residual volume (GRV). The area under the curve (AUC) was 0.771-0.992. Internal validation was performed in 12 studies, while both internal and external validation were conducted in 5 studies. All studies demonstrated a high risk of bias, primarily attributed to retrospective design, geographic bias (all from different parts of China), inadequate data analysis, insufficient validation strategies and lack of transparency in the research process.; **Conclusion:** Current risk prediction models for enteral nutrition-associated aspiration show moderate to high discriminative accuracy but suffer from critical methodological limitations, including retrospective design, geographic bias (all models derived from Chinese cohorts, limiting global generalisability) and inconsistent outcome definitions.; **Implications for Clinical Practice:** Recognising the high bias of existing models, prospective multicentre data and standardised diagnostics are needed to develop more accurate and clinically applicable predictive models for enteral nutrition malabsorption.; **Patient or Public Contribution:** Not applicable.; **Trial Registration:** PROSPERO: CRD420251016435. (© 2025 John Wiley & Sons Ltd.)

Access or request full text: <https://libkey.io/10.1111/jocn.70117>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40995859&profd=ehost>

46. Energy-dense versus routine enteral nutrition in critically ill patients: a systematic review and meta-analysis

Item Type: Journal Article

Authors: Zhang, Zonghong;Zhang, Chuanlai;Pan, Huiling;Yang, Ruiqi and Fang, Yin

Publication Date: 2025

Journal: Frontiers in Nutrition 12, pp. 1645211

Abstract: Background and Aim: Critically ill patients often experience low target attainment rates with enteral nutrition (EN), leading to malnutrition and poor clinical outcomes. Energy-dense EN may improve caloric delivery and reduce the risk of malnutrition. However, its effects on other clinical outcomes remain unclear. This systematic review aimed to evaluate the impact of energy-dense EN in critically ill patients.; **Methods:** A systematic search was conducted in PubMed, Embase, Web of Science, Cochrane Library, Clinical Trials, China Knowledge Network Infrastructure (CNKI), Wanfang Data, and Weipu databases from inception to December 2024. Two researchers independently screened studies and extracted data. Randomized controlled trials (RCTs) comparing energy-dense EN with routine EN in critically ill patients were included. Outcomes assessed included diarrhea, gastric residual volume (GRV), vomiting or reflux, mortality, total hospital length of stay (LOS), intensive care unit (ICU) LOS, duration of mechanical ventilation, and nutritional status. The risk of bias was assessed using the Cochrane RoB 2.0 tool. Meta-analyses were performed using Review Manager (RevMan), and the quality of evidence was evaluated using the Grading of Recommendations Assessment, Development and Evaluation (GRADE) approach.; **Results:** A total of 380 studies were identified, and 10 RCTs comprising 4,473 patients were included. Compared with routine EN, energy-dense EN significantly reduced the duration of mechanical ventilation (MD = -37.41, 95% CI: -60.57 to -14.25, I² = 75%) and ICU LOS (MD = -1.24, 95% CI: -1.49 to -0.99, I² = 17%). Nutritional indicators such as albumin (MD = 4.92, 95% CI: 2.69-7.16, I² = 89%) and prealbumin (MD = 55.97, 95% CI: 39.04-72.90, I² = 86%) were significantly improved. However, there were no significant differences in total hospital LOS, mortality, or gastrointestinal complications such as diarrhea and vomiting/reflux. A slight increase in the risk of high GRV was observed (relative risk (RR) = 1.28, 95% CI: 1.19-1.37, I² = 2%).; **Conclusion:** Energy-dense EN appears to be safe and effective for critically ill patients, with benefits in nutritional status and reductions in ICU LOS and mechanical ventilation duration. However, this study has limitations, including potential bias in the included RCTs and inconsistent definitions of GRV. Future large-scale, high-quality, and multicenter RCTs with rigorous methodology are needed to validate these findings.; Systematic Review
Registration: <https://www.crd.york.ac.uk/PROSPERO/recorddashboard>. (Copyright © 2025 Zhang, Zhang, Pan, Yang and Fang.)

Access or request full text: <https://libkey.io/10.3389/fnut.2025.1645211>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40959701&profiid=ehost>

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