

Improving patient outcomes through medical nutrition therapy

Accredited Practising Dietitians (APDs) can advise your patients on the specific nutritional management of chronic health conditions. They translate scientific information into individualised and practical dietary advice to assist patients to manage their condition. Nutritional management should be reviewed by an APD periodically.

Diagnosis/condition	Indication for referral	Benefits of APD involvement
All Disorders	Diagnosis Change in clinical markers or medication Undesirable change in body weight	Better understanding of dietary management Improved dietary intake Improved clinical outcome Improved quality of life Improved tolerance to treatments
Anaemia – (Fe deficient)	New diagnosis Poor dietary intake Symptoms persisting	Improved nutritional status Improved blood biochemistry
Asthma	Chronic corticosteroid use Undesirable weight change	Improved body weight (BMI*)
Cancer	Loss of appetite Poor dietary intake Taste changes associated with treatment Undesirable weight change	Improved nutritional status Improved body weight (BMI*) Improved quality of life Improved tolerance to treatments
Chronic fatigue syndrome	Food intolerance Poor dietary intake Undesirable weight change Irritable bowel syndrome	Improved nutritional status Improved body weight (BMI*) Minimised abdominal discomfort
Chronic Obstructive Pulmonary Disease	Poor appetite Poor dietary intake Undesirable weight change BMI* < 20	Improved nutritional status Improved body weight (BMI*)
Coeliac disease	New diagnosis Poor understanding of nutritional management Abdominal pain Diarrhoea Undesirable weight change	Treatment of symptoms Improved nutritional status Normal or improved bowel habits Improved body weight (BMI*)
Congestive Cardiac Failure	Poor appetite Fluid retention BMI* <20 or >25	Improved cardiac function Improved body weight (BMI*)
Constipation	Recurring	Normal or improved bowel habits
Coronary Heart Disease	New diagnosis Poor understanding of nutritional a management	Improved cardiac function Reduced risk of infarction
Mental Health (Anxiety, Depression, Bipolar, Schizophrenia)	Poor appetite Inadequate dietary intake Binge eating Emotional eating Undesirable weight change Medication side-effects (eg. clozapine or olanzapine) Elevated BGLs, insulin or lipid levels Poor food skills (eg. selection and preparation)	Improved nutritional status Improved body weight (BMI*) Improved BGLs, insulin and lipid levels Reduced risk of heart disease and diabetes
Diabetes	New diagnosis Unstable BGLs Elevated HbA1c Poor understanding of nutritional management Changes to medication prescribed Undesirable weight change	Improved BGL control Improved HbA1c levels Reduced risk of complications Improved body weight (BMI*)
Diarrhoea	Recurring	Normal or improved bowel habits
Disability – physical or mental	BMI* <20 or >25 Poor dietary intake Difficulty chewing, swallowing or feeding self Undesirable weight change	Improved nutritional status Improved body weight (BMI*)
Diverticulosis / Diverticulitis	New diagnosis Abdominal pain Constipation	Normal or improved bowel habits Minimised abdominal discomfort
Eating disorders	Poor dietary intake including restrictive dieting Bingeing Purging, laxative abuse or excessive exercise Weight change or overly concerned with weight	Improved nutritional status Improved body weight (BMI*) Improved body image and self esteem Improved eating behaviour <i>Should only be implemented with psychological counselling & support</i>

*BODY MASS INDEX (BMI) = WEIGHT (KG)/HEIGHT² (M)

Diagnosis/condition	Indication for referral	Benefits of APD involvement
Food allergy or intolerance	New diagnosis or suspected intolerance Poor understanding of nutritional management Undesirable weight change	Dietary therapy essential to management Management of symptoms Improved nutritional status
Gastro-oesophageal reflux	New diagnosis	Minimised discomfort
General and Gastro surgery	Loss of appetite Inadequate oral intake of food and fluid Weight loss Nausea and vomiting Diarrhoea <i>Gastro surgery only</i> Dietary management of stoma (for colostomy and ileostomy)	Improved nutritional status Improved body weight Hydration Treatment of symptoms after surgery <i>Gastro surgery only</i> Better understanding of dietary management of stoma.
HIV positive	Loss of appetite Poor dietary intake Undesirable weight change Poor food skills (eg. selection and preparation)	Improved nutritional status Improved body weight (BMI*)
Hyperlipidaemia/dyslipidaemia	Prior to or in combination with statin therapy Elevated TC, LDL-C, TG Low HDL-C Poor understanding of nutritional management	Improved blood lipid levels Improved body weight (BMI*)
Hypertension	Elevated systolic and or diastolic blood pressure BMI*>25	Normal or improved blood pressure Improved body weight (BMI*)
Inflammatory bowel disease (Crohn's disease, ulcerative colitis)	New diagnosis Weight loss Poor understanding of nutritional management	Normal or improved bowel habits Minimised abdominal discomfort Improved nutritional status Improved body weight (BMI*)
Insulin resistance or Impaired Glucose Tolerance	BMI*>25 Elevated insulin levels Symptomatic hypoglycaemia	Improved insulin levels Reduced risk of developing diabetes Improved body weight (BMI*)
Irritable bowel syndrome	Abdominal pain Constipation Diarrhoea Nausea Bloating	Normal or improved bowel habits Minimised abdominal discomfort
Liver Disease	Poor appetite Ascites Encephalopathy Undesirable weight change	Improved nutritional status Improved body weight (BMI*)
Metabolic Syndrome	Elevated BGLs Elevated blood pressure Elevated lipids BMI*>25	Improved BGLs Improved blood pressure Improved blood lipid levels Improved body weight (BMI*)
Multiple sclerosis/Motor neurone disease	Swallowing difficulties Constipation Poor dietary intake Difficulty feeding self Undesirable weight change	Improved nutritional status Improved bowel habits Improved body weight (BMI*)
Obesity	BMI* > 30 and medical complication Child or adolescent Poor food skills (eg. selection and preparation)	Weight loss Understanding of nutritional needs Support and motivation to make dietary changes Improved medical condition
Osteoporosis	New diagnosis	Reduce disease progression
Parkinson's disease	Swallowing difficulties Constipation Prescription of levodopa Poor dietary intake Difficulty feeding self Undesirable weight change	Improved nutritional status Improved bowel habits Maximise effect of levodopa Improved body weight (BMI*)
Polycystic Ovary Syndrome	BMI*>25 Elevated insulin levels	Improved body weight (BMI*) Improved insulin levels
Renal Disease	Elevated urea, creatinine, potassium, phosphate Poor appetite Fluid retention Undesirable weight change	Normal or improved biochemistry Improved nutritional status Improved body weight (BMI*)