



Perspectives in Nutrition Therapy Education


Sami Ali*¹ & Fahad Alhodieb²

* Corresponding author

E-mail: highnesssami@gmail.com

1. Department of Rehabilitation,
Faculty of Physical Therapy and
Rehabilitation, Al-Neelain University,
Khartoum 11113, Sudan.

2. Department of Clinical Nutrition,
College of Applied Health Sciences in
Ar Rass, Qassim University, Ar Rass
51921, Saudi Arabia

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ABSTRACT

The teaching and learning of nutrition science as well as its application to clinical practice are all included in the dynamic and ever-evolving discipline of nutrition therapy education (NTE). A range of viewpoints are necessary for NTE educators to properly instruct and engage students. This review article examines the perspectives in NTE and suggests crucial viewpoints that are necessary for efficient instruction. The scientific basis of nutrition is essential for NTE educators. This includes knowledge of biochemistry, physiology, and the scientific method. NTE educators should have a strong understanding of clinical nutrition practice. This includes knowledge of assessment techniques, nutrition interventions, and the management of various medical conditions. NTE educators should be aware of the cultural diversity of their students and how culture influences food choices and nutrition beliefs. NTE educators should understand the nutritional needs of individuals across the lifespan, from infancy to old age. NTE educators should recognize that nutrition is one aspect of a person's overall health and well-being. They should consider the interconnectedness of nutrition, physical activity, mental health, and social factors. NTE educators should encourage students to think critically about nutrition information and to evaluate the credibility of sources. These six viewpoints can be incorporated into NTE to assist educators in giving their students a more thorough and interesting learning experience. Through an awareness of the various perspectives that impact nutrition, NTE instructors may better equip their students to become well-rounded and productive nutritionists.

KEYWORDS

Nutrition therapy education; nutritionists; healthcare; holistic perspective; cultural sensitivity.

Introduction

According to the Academy of Nutrition and Dietetics (2023a), nutrition therapy education is essential for encouraging a balanced diet and preventing chronic illnesses. However, the viewpoint from which nutrition therapy education is presented can have a major impact on how beneficial it is (Kris-Etherton et al., 2000). In addition to highlighting the advantages of taking a comprehensive and individualized approach, this article review examines the significance of perspective in nutrition therapy education (Waitzberg et al., 2004).

The Origins of Nutrition Therapy Science: A Historical Perspective

Diet was understood to be a potent instrument for preserving health and preventing disease in ancient cultures, which is where the discipline of nutrition therapy originated (Brody, 1994). But the scientific study of nutrition did not start to emerge until the 18th and 19th centuries (Coulston et al., 2008).

According to Mahan and Stump (2008), the first documented accounts of nutrition therapy come from ancient Egypt, where hieroglyphics describe the usage of a variety of meals and herbs for therapeutic purposes. Because they knew that a healthy diet was crucial for overall wellbeing, the ancient Egyptians devised a number of methods for food preparation and preservation to guarantee a steady supply of wholesome food.

The 18th century saw the start of the scientific study of nutrition through the efforts of French chemist Antoine Lavoisier, who is regarded as the "father of modern nutrition" (Brody, 1994). Lavoisier created a technique for calculating the energy content of food and was among the first scientists to acknowledge the significance of fats, proteins, and carbs in the diet (Coulston & Boushey, 2008).

Scientists first identified vitamins in the early 1900s. Vitamins are necessary nutrients that are present in food in low quantities (Mahan & Stump, 2008). Polish biochemist Casimir Funk discovered vitamin B1, the first vitamin, in 1912 (Whitney et al., 2010). Funk first used the term "vitamine" which was subsequently transformed to "vitamin" to refer to these necessary nutrients for life.

When scientists started using the concept of nutrition to treat illness in the early 1900s, the area of nutrition therapy was born (Brody, 1994). To further the development of nutrition science and practice, the American Dietetic Association (ADA) was established in 1918 (Coulston & Boushey, 2008).

The study of nutrition treatment is a complicated and expanding field nowadays (Mahan & Stump, 2008). In order to improve health and avoid disease, nutrition therapists work with both individuals and groups to assess their nutritional needs and create individualized nutrition regimens (Whitney et al., 2010). A key component of the treatment of many chronic illnesses, such as cancer, diabetes, and heart disease, is nutrition therapy.

Nutrition Therapy in Professional Practice: Overcoming Disagreements and Fostering Unification

As a non-pharmaceutical method of controlling and preventing chronic diseases, nutrition therapy is becoming more and more important in contemporary medical practice (Academy of Nutrition and Dietetics, 2023b). Nonetheless, there have been difficulties in incorporating dietary treatment into conventional medical settings. The possibility of conflict between nutrition therapists and doctors is one topic of special dispute (Kushner, 1995).

Differing views on patient treatment are frequently the source of disagreement between nutrition therapists and doctors (Academy of Nutrition and Dietetics, 2023a). With their training in nutritional science and counseling, nutrition therapists can promote dietary adjustments and lifestyle improvements as the main course of treatment (Council on Professional Practice, 2018). Conversely, clinicians might place more emphasis on pharmaceutical treatments, considering diet to be a supplemental or secondary form of treatment (Kushner, 1995). This disparity in viewpoints can cause miscommunications and annoyance because each profession may believe that their area of expertise is being neglected or undervalued.

These disparities can be made worse by communication obstacles, which can result in confusion and annoyance (Kushner, 1995). Physicians may view nutritionists as overstepping their bounds or threatening their authority, while nutrition therapists may feel that their knowledge is being overlooked or undervalued (Kushner, 1995). Conflict can also arise from a lack of clarity about duties and responsibilities, since both doctors and nutrition therapists may be unclear about their respective areas of expertise (Academy of Nutrition and Dietetics, 2023a; 2023b). Patients may experience confusion and frustration as a result of inconsistent suggestions and overlapping roles caused by this lack of clarity.

The impact on Medical Care

Patient treatment may suffer as a result of disagreements between nutrition therapists and doctors (Kushner, 1995). Patients may be misinformed about their nutrition, which could cause them to get confused and stop following their treatment regimens (Kushner, 1995). Furthermore, poor communication between these healthcare professionals may impede their ability to collaborate effectively, which could have a negative impact on patient outcomes (Kushner, 1995).

Physicians' lack of nutrition education is one reason why malnutrition goes unaddressed (Nightingale & Reeves, 1999). 98% of medical schools in the US state that nutrition is a part of their curriculum, however the majority of them do not mandate even one nutrition course (Taren et al., 2001). In a clinical nutrition exam administered to final-year medical and dietetic students in Italy, 76% of the dietetic students passed while only 18% of the medical students passed. On the other hand, according to Guagnano et al. (2001), 77% of medical students who completed a clinical nutrition curriculum passed. Merely 56% of participants in a British study on fluid prescribing methods stated that they checked fluid balance charts on a daily basis. Of these doctors, less than half were aware of the daily sodium need or the sodium content of 0.9% saline solution; additionally, 25% were prescribing saline solution incorrectly. In response to this knowledge gap,

medical schools are starting to take action. For example, all medical schools in Great Britain now have a nutrition curriculum (Jackson, 2001), and the University of Pennsylvania and the University of Arizona have raised the number of nutrition courses required of their medical students (Taren et al., 2001).

Knowledge of changing calculations for people with diabetes and burn patients. Multiple factors, such as physician qualifications and specialties, might negatively affect the calculation knowledge and adjustment of Parenteral Nutrition for disease. In contrast, other factors such as working site and gender might positively affect understanding Parenteral Nutrition calculations and adjusted Parenteral Nutrition knowledge. Therefore, a review of physician's curricula for undergraduate and postgraduate education to include parenteral nutrition education and training is highly recommended in Saudi medical practice (Alomi et al., 2023).

Overcoming the Divide

Several strategies can be used to overcome these obstacles and provide a more unified approach to patient care:

Clearly Determining Roles and Duties: It can be helpful to avoid misunderstandings and power struggles if the roles and responsibilities of nutrition therapists and physicians are clearly defined (Council on Professional Practice, 2018). Collaborative practice agreements or rules that specify each profession's area of practice can help achieve this.

Fostering Open Communication: Trust and understanding may be developed between nutrition therapists and doctors by fostering open communication (Kushner, 1995). Opportunities for cooperation and dispute resolution can be found in regular meetings, case discussions, and shared patient consultations. Furthermore, having open lines of communication can serve to stimulate the sharing of ideas and information, which can help to avoid misunderstandings and support a better coordinated approach to patient care.

Acknowledging and Respecting Expertise: According to the Academy of Nutrition and Dietetics (2023a), nutrition therapists and doctors should acknowledge and value one another's expertise. Nutrition therapists should recognize the usefulness of medical intervention when needed, and physicians should respect the role nutrition therapy plays in patient care. In order to deliver comprehensive and patient-centered treatment, both professions can cooperate by acknowledging and appreciating each other's areas of competence.

Patient-Centered Approach: According to the Academy of Nutrition and Dietetics (2023a), all healthcare providers should operate under the tenet of a patient-centered approach. Both doctors and nutrition therapists should provide patients with clear and consistent information so they may take an active role in their care. By using this method, patients are given the ability to make knowledgeable decisions regarding their health and course of treatment.

Perspectives of Nutrition Therapy Education

In order to encourage nutritious eating habits and prevent chronic diseases, nutrition therapy education is essential (Academy of Nutrition and Dietetics, 2023b). However, the viewpoint from

which nutrition therapy education is presented can have a big impact on how beneficial it is (Kris-Etherton et al., 2000). In addition to highlighting the advantages of taking a comprehensive and individualized approach, this article review examines the significance of perspective in nutrition therapy education (Ward & Ellison, 2014).

Holistic Perspective

According to Guendelman (2017), nutrition therapy education should include a thorough grasp of each patient's lifestyle, cultural background, and personal preferences. According to Johnston et al. (2010), this all-encompassing strategy enables customized interventions that target the underlying reasons of food habits and encourage long-lasting behavior change.

Personalized Approach

Education in nutrition therapy ought to be customized to meet the specific needs and circumstances of every person (Kris-Etherton et al., 2000). This tailored strategy guarantees that interventions are pertinent and successful for every client while acknowledging that there is no one-size-fits-all approach to healthy eating (Bleich et al., 2017).

Cultural Sensitivity

Nutrition therapy instructors need to be aware of the various dietary customs and beliefs that exist among various communities (Medeiros et al., 2005). Cultural sensitivity builds connection and trust with customers, allowing them to meaningfully engage with dietary recommendations (Murphy et al., 2019).

Behavior Change Emphasis

Rather than just imparting information, nutrition therapy education ought to encourage long-lasting behavior change (Medeiros et al., 2005). This approach entails determining what encourages and hinders eating a healthy diet as well as creating plans to get over obstacles and sustain long-term gains (Medeiros et al., 2005).

Collaboration with Healthcare Team

To provide all-encompassing care, nutrition therapy educators should work in concert with other members of the healthcare team (Joint Commission, 2022). By working together, we can maximize the effectiveness of therapies by ensuring that clients receive coordinated and consistent nutrition counseling (American Heart Association, 2023b).

Conclusion

Physicians and nutrition therapists play complementary roles in the healthcare system, each providing unique expertise to optimize patient health outcomes. Physicians possess a broad understanding of medical conditions and their treatment, while nutrition therapists specialize in dietary interventions and behavioral modifications to promote overall well-being.

Effective collaboration between physicians and nutrition therapists is crucial for comprehensive patient care. Physicians can identify patients who would benefit from nutrition counseling and refer them to qualified nutrition therapists. Nutrition therapists can provide detailed

assessments of patients' dietary habits, develop personalized nutrition plans, and educate patients on making healthy food choices.

Regular communication between physicians and nutrition therapists is essential to ensure that patient care is coordinated and consistent. They can exchange patient information, discuss treatment goals, and monitor patient progress. By working together, physicians and nutrition therapists can empower patients to manage their health through informed dietary choices, ultimately improving their quality of life.

To encourage long-lasting behavior, change and enhance general health outcomes, nutrition therapy education must take a comprehensive, individualized, and culturally sensitive approach (American Academy of Family Physicians, 2022). Nutrition therapy educators can enable clients to make informed dietary decisions and attain long-lasting changes in their health by taking into account the individual's perspective and customizing interventions accordingly.

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