

Evidence Supports Medical Nutrition Therapy for prevention and treatment of chronic diseases

Diet and Exercise Delay Type II Diabetes more than Medication: Findings from the Diabetes Prevention Program showed that diet and exercise can effectively delay diabetes in a diverse American population of overweight persons with impaired glucose intolerance by 58%. Over 3,200 participants ranging in age from 25 to 85 participated in the study for a three-year period. Participants in the lifestyle intervention received training in diet, exercise and behavior modification. (www.preventdiabetes.com. August 8, 2001)

Guidelines emphasize nutrition therapy: Evidence-based guidelines continue to emphasize the public health benefits of medical nutrition therapy (MNT). The newly revised evidence-based guidelines from the American Diabetes Association and National Cholesterol Education Program (NCEP) Adult Treatment Panel (ATP) III, focus on nutrition interventions as a key part of lifestyle changes necessary to treat and prevent diabetes as well as cardiovascular disease. The new ATP III guidelines recommend including plant stanols, sterols and soluble fiber in addition to specific treatment guidelines for clients with "metabolic syndrome." In such cases, lifestyle changes are emphasized to improve such risk factors as excess body fat, insulin resistance, and elevated blood pressure, triglycerides and cholesterol levels. The NCEP guidelines have included nutrition therapy since 1993. (*ATP III*, June 2001, *Diabetes Care*, January 2001)

Improved Dietary Patterns Lowers Risk of CHD: The benefit of focusing on overall dietary patterns versus an individual nutrient or food-based approach was demonstrated in several key studies. The Dietary Approaches to Stop Hypertension study concluded that a diet that focuses on decreased sodium and increased fruits, vegetables, and fat-free dairy products can result in a 12% reduction in risk of coronary heart disease (CHD). This study was hailed as offering the most significant evidence to date of the role of diet in health promotion, disease prevention, and disease treatment. A recent one-year study conducted by McCarron and Reusser compared outcomes from clients with hypertension, hyperlipidemia and Type 2 diabetes given a comprehensive, prepared meal plan with clients on a self-selected diet based on the food exchange system. Greater clinical improvements were reported with the comprehensive prepared meal plan. They concluded that a nutritionally complete diet offers multiple, concurrent clinical benefits for reducing CHD risk and body weight. (*American Journal of Clinical Nutrition*, 2001, *Obesity Research*, 2001)

Specific Foods May Provide Additional Benefits: Studies now show that combining various components of diet therapy, such as consuming more plant sterols, garlic, walnuts or oat products combined with low fat diets, would decrease risk factors for CHD. Dietitians are uniquely qualified to assist clients in selecting the most appropriate way to translate scientific research findings into dietary recommendations for individual lifestyle changes. (*American Journal of Clinical Nutrition*, 2001, *American Journal of Cardiology*, 2002, *Journal of American Dietetic Association*, 2001, *Atherosclerosis*, 2001, *European Journal of Nutrition*, 2001, *Nutrition Reviews*, 2001)

Dietitians do it better! A Cochrane review confirms that diet counseling provided by Registered Dietitians (RDs) is more effective than physician counseling for lowering cholesterol. Delahanty and colleagues reported that clients who received MNT from RDs showed better outcomes than usual care from a physician and reported a cost of \$36 per 1% decrease in blood cholesterol and low-density lipoprotein. Although the current Medicare guides indicate that nutrition counseling should be provided prior to initiating medication, Congress omitted coverage of cardiovascular conditions, such as the reduction of blood cholesterol levels, from coverage of MNT. (*Cochrane Database Syst Rev*, 2001, *Journal of the American Dietetic Association*, 2001)

IOM Study and Congressional Action: The Institute of Medicine's report, *The Role of Nutrition in Maintaining Health in the Nation's Elderly: Evaluating Coverage of Nutrition Services for the Medicare Population*, recommended to Congress that medical nutrition therapy, with physician referral, be a covered benefit under the Medicare program. The authors of the report concluded that MNT is effective in the management and treatment of many chronic conditions affecting Medicare beneficiaries including dyslipidemia, hypertension, heart failure, diabetes and chronic renal insufficiency. In December of 2000, Congress passed a bill that enables Medicare

beneficiaries to receive coverage for MNT for diabetes and renal disease. The IOM report recommendation would have permitted coverage for both treatment and prevention in contrast to the actual provisions enacted by Congress.

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