Improving patient outcomes through Medical Nutrition Therapy

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



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

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

DIAGNOSIS/CONDITION	INDICATIONS FOR REFERRAL		BENEFITS OF INVOLVING AN APD
HIV positive	Loss of appetite Poor dietary intake	Undesirable weight change	Improved nutritional statusImproved body weight (BMI*)
Hyperlipidaemia/ dyslipidaemia	Prior to or in combination with statin therapyElevated TC, LDL-C, TG	Low HDL-CPoor understanding of nutritional management	*Improved blood lipid levels *Improved body weight (BMI*)
Hypertension	 Elevated systolic and or diastolic blood pressure BMI*>25 		 Normal or improved blood pressure Improved body weight (BMI*)
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 painConstipationDiarrhoea	Nausea Bloating	Normal or improved bowel habits Minimised abdominal discomfort
Liver disease	Poor appetiteAscites	EncephalopathyUndesirable weight change	Improved nutritional statusImproved body weight (BMI*)
Malnutrition	Poor dietary intake Undesirable weight loss		Improved nutritional status Improved body weight (BMI*) Improved physical function Improved wound healing
Mental illness – severe or psychotic forms (such as schizophrenia, schizoaffective disorder, bipolar affective disorder)	 Undesirable weight change Prescription of psychotropic medications (including, but not exclusively, clozapine or olanzapine) Elevated BGLs, insulin or lipid levels 	 Poor nutritional intake or difficulties obtaining adequate nutrition Gastrointestinal symptoms (GORD, constipation) Increased appetite and/or reduced satiety 	 Improved body weight (BMI*) Improved BGLs, insulin and lipid levels Reduced risk of heart disease and diabetes Improved nutritional status Reduced gastrointestinal symptoms Improved management of appetite
Metabolic syndrome	Elevated BGLs Elevated blood pressure	Elevated lipidsBMI*>25	 Improved BGLs Improved blood pressure Improved blood lipid levels Improved body weight (BMI*)
Multiple sclerosis/motor neurone disease	Swallowing difficultiesConstipationPoor dietary intake	Difficulty feeding self Undesirable weight change	Improved nutritional statusImproved bowel habitsImproved body weight (BMI*)
Obesity	BMI*>30 and medical complication Child or adolescent		Weight loss Understanding nutritional needs Support and motivation to make dietary changes Improved medical condition
Osteoporosis	 New diagnosis 		Reduce disease progression
Parkinson's disease	Swallowing difficultiesConstipationPrescription of levodopa	Poor dietary intakeDifficulty feeding selfUndesirable weight change	Improved nutritional status Improved bowel habits Maximise effect of levodopa Improved body weight (BMI*)
Polycystic ovarian syndrome	BMI*>25 Elevated insulin levels		Improved body weight (BMI*)Improved insulin levels
Pregnancy	Poor dietary intakeMorning sicknessOverweight or underweight	Excess or inadequate weight gainGestational diabetes	Improved nutritional statusAppropriate weight gainOptimised glycaemic control, with nutritional adequacy
Renal disease	Chronic kidney disease with eGFR <60mL/min Newly commenced dialysis therapy	Elevated potassium or phosphate levelsFluid retentionUndesirable weight change	 Normal or improved biochemistry Improved nutritional status Improved body weight (BMI*)