

Primary Care: An Ideal Setting for the Early Identification and Management of Nutrition-Related Issues

Intriguingly, the writing of this editorial on primary care was interrupted by an unexpected visit to my own family physician. While sitting in the waiting room, a room that closely resembled the one on the cover of this issue, I studied the numerous posters that adorned the walls. Amongst the notifications for various services were advertisements for nutrition health programs, including "Getting the Fats Straight", "Craving Change™", "Diabetes ABC", "Bone Health", "Eating Well, Aging Well", and "Supporting your Picky Eater". This diverse range of offerings, although not comprehensive, highlights the important role of the primary care dietitian in health promotion and chronic disease management. In addition to the names of the dietitian and other providers facilitating these sessions, the posters prompted patients to ask their doctor if they were eligible to attend. How do family physicians decide who to refer to these programs or for nutrition counselling? The completion of valid, reliable, and simple nutrition screening tools can identify those at risk who could benefit from seeing a dietitian. Two papers in this issue are related to nutrition screening in this setting.

Mills and Trinca conducted an umbrella review to synthesize what existing systematic reviews and Clinical Practice Guidelines say about screening older adults for nutrition risk in primary care [1]. They determined that high quality research is still needed, but in the absence of strong evidence, guidelines recommend that annual nutrition screening of adults aged 65 and over should be performed by the primary care team, with additional screening when there is clinical concern.

In a separate study, Ghosh et al compared 3 equations for calculating body fat percentage to predict metabolic health in 514 primary care patients residing in Alberta [2] and concluded that none of the calculations nor conventional anthropometric measures predicted metabolic z-scores. Thus, there is a need for screening tools to accurately identify individuals at greater risk of metabolic disease.

Family physicians and primary care teams must navigate the competing demands of screening with other aspects of patient care. Disease-specific screening guidelines published by various organizations have proliferated in recent years and are constantly changing. A simulation study published earlier this year estimated that a family physician would require 14.1 h each day to provide the preventative care recommended by current guidelines [3]. However, they projected that this time commitment could be reduced by more than 50% by transferring nutrition-related tasks to a dietitian [3].

Both articles in this issue point to the need for more research on nutrition screening in primary care. Concerted efforts to improve access to primary care dietitians are also warranted. As illustrated by the posters in my doctors' office, dietitians are an integral part of the primary care team. With the current doctor shortage creating a primary care crisis, dietitians can reduce demands on family physicians and improve the patients experience by supporting effective screening, monitoring, education, and management of nutrition-related problems [4].

Finally, we are pleased to share the Canadian Foundation for Dietetic Research's Research Showcase Abstracts with you. These were presented as e-posters or oral presentations during the Dietitians of Canada National Conference in Montreal in May 2023.

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EDITOR

EDITOR'S MESSAGE

MESSAGE DE LA RÉDACTRICE EN CHEF

Soins primaires : un cadre idéal pour l'identification et la gestion précoce des problèmes liés à la nutrition

Intriguingly, the redaction of this editorial on primary care was interrupted by an unexpected visit to my own family physician. Seated in the waiting room, a room that closely resembled the one on the cover of this issue, I studied the numerous posters that adorned the walls. Amongst the notifications for various services were advertisements for nutrition health programs, including "Getting the Fats Straight", "Craving Change™", "Diabetes ABC", "Bone Health", "Eating Well, Aging Well", and "Supporting your Picky Eater". This diverse range of offerings, although not comprehensive, highlights the important role of the primary care dietitian in health promotion and chronic disease management. In addition to the names of the dietitian and other providers facilitating these sessions, the posters prompted patients to ask their doctor if they were eligible to attend. How do family physicians decide who to refer to these programs or for nutrition counselling? The completion of valid, reliable, and simple nutrition screening tools can identify those at risk who could benefit from seeing a dietitian. Two papers in this issue are related to nutrition screening in this setting.

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percentage to predict metabolic health in 514 primary care patients residing in Alberta [2] and concluded that none of the calculations nor conventional anthropometric measures predicted metabolic z-scores. Thus, there is a need for screening tools to accurately identify individuals at greater risk of metabolic disease.

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Les deux articles de ce numéro soulignent la nécessité de poursuivre les recherches sur le dépistage nutritionnel dans le contexte des soins primaires. Toutefois, des efforts concertés pour améliorer l'accès aux diététistes en soins primaires sont également justifiés. Comme l'illustrent les affiches placées dans le cabinet de mon médecin, les diététistes font partie intégrante de l'équipe de soins primaires. La pénurie actuelle de médecins créant une crise des soins primaires, les diététistes peuvent réduire la charge de travail des médecins de famille et améliorer l'expérience des patients en favorisant un dépistage, un suivi, une éducation et une prise en charge efficaces des problèmes liés à la nutrition [4].

Enfin, nous sommes heureux de partager avec vous les résumés de recherche de la Fondation canadienne pour la recherche en diététique. Ceux-ci ont été présentés sous forme d'affiches électroniques ou de présentations orales lors de la Conférence nationale des diététistes du Canada à Montréal.

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