

# Nutrition and Dietetics

Evidence Update  
November 2017  
(Quarterly)



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## Training Calendar 2017

*All sessions are one hour*

### November (13.00)

2nd Thu	Literature Searching
10th Fri	Critical Appraisal
13th Mon	Statistics
21st Tues	Literature Searching
29th Wed	Critical Appraisal

### December (12.00)

7th Thu	Statistics
15th Fri	Literature Searching

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# Updates

**NICE** National Institute for  
Health and Care Excellence

[Omega-3 supplementation in patients with sepsis: a systematic review and meta-analysis of randomized trials](#)

[Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition](#)

[Vitamin D: supplement use in specific population groups](#)



[Combined diet and exercise interventions for preventing gestational diabetes mellitus](#)

Emily Shepherd, Judith C Gomersall, Joanna Tieu, Shanshan Han, Caroline A Crowther, Philippa Middleton

Online Publication Date: November 2017 DOI: 10.1002/14651858.CD010443.pub3

[Medical and dietary interventions for preventing recurrent urinary stones in children](#)

Adam Kern, Gwen Grimsby, Helen Mayo, Linda A Baker

Online Publication Date: November 2017 DOI: 10.1002/14651858.CD011252.pub2

[Slow advancement of enteral feed volumes to prevent necrotising enterocolitis in very low birth weight infants](#)

Sam J Oddie, Lauren Young, William McGuire

Online Publication Date: August 2017 DOI: 10.1002/14651858.CD001241.pub7

**UpToDate**<sup>®</sup>

OpenAthens login required. Register here: <https://openathens.nice.org.uk/>

[Feinberg J, Nielsen EE, Korang SK, et al. Nutrition support in hospitalised adults at nutritional risk.](#)

[Cochrane Database Syst Rev 2017; 5:CD011598.](#)

[Reintam Blaser A, Starkopf J, Alhazzani W, et al. Early enteral nutrition in critically ill patients: ESICM clinical practice guidelines. Intensive Care Med 2017; 43:380.](#)

[Arabi YM, Aldawood AS, Al-Dorzi HM, et al. Permissive Underfeeding or Standard Enteral Feeding in High- and Low-Nutritional-Risk Critically Ill Adults. Post Hoc Analysis of the PermiT Trial. Am J Respir Crit Care Med 2017; 195:652.](#)

## **Other - Behind the Headlines, Guidance**

### [Night-time eating linked to heart disease](#)

Wednesday November 8 2017

### [Eating mushrooms at breakfast may help you feel fuller](#)

Monday October 23 2017

### [Three-quarters of honey samples contain pesticide traces](#)

Friday October 6 2017

### [Regularly skipping breakfast linked to hardening of the arteries](#)

Tuesday October 3 2017

### [Avoid eating just before your bedtime, study recommends](#)

Monday September 11 2017

### [Could a Mediterranean diet be as good as drugs for acid reflux?](#)

Friday September 8 2017

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[Results of global fats and carbs study may not be relevant for UK](#)

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Wednesday August 30 2017

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## Journal Tables of Contents

The most recent issues of key journals. If you would like any of the papers in full text then please email the library: [library@uhbristol.nhs.uk](mailto:library@uhbristol.nhs.uk)

[International Journal of Behavioral Nutrition and Physical Activity](#)  
November 2017

[Nutrition Research Reviews](#)  
Volume 30 - Issue 1 - June 2017

[Proceedings of the Nutrition Society](#)  
Volume 76 - Issue 3 - August 2017

[British Journal of Nutrition](#)  
Volume 118 - Issue 8 - October 28 2017

[Nutrition Journal](#)  
November 2017

[European Journal of Clinical Nutrition](#)  
Volume 71 - Issue 10 - October 2017

## Database Articles

**Below is a selection of articles related to nutrition and dietetics recently added to the healthcare databases.**

[A review of the nutritional challenges experienced by people living with severe mental illness: a role for dietitians in addressing physical health gaps \(pages 545–553\)](#)

S. B. Teasdale, K. Samaras, T. Wade, R. Jarman and P. B. Ward

### Abstract

People experiencing a severe mental illness (SMI), such as schizophrenia, schizoaffective disorder, bipolar affective disorder or depression with psychotic features, have a 20-year mortality gap compared to the general population. This ‘scandal of premature mortality’ is primarily driven by preventable cardiometabolic disease, and recent research suggests that the mortality gap is widening. Multidisciplinary mental health teams often include psychiatrists, clinical psychologists, specialist mental health nurses, social workers and occupational therapists, offering a range of pharmacological and nonpharmacological treatments to enhance the recovery of clients who have experienced, or are experiencing a SMI. Until recently, lifestyle and life skills interventions targeting the poor physical health experienced by people living with SMI have not been offered in most routine clinical settings. Furthermore, there are calls to include dietary intervention as mainstream in psychiatry to enhance mental health recovery. With the integration of dietitians being a relatively new approach, it is important to review and assess the literature to inform practice. This review assesses the dietary challenges experienced by people with a SMI and discusses potential strategies for improving mental and physical health.

[Effect of stage-based education provided by dedicated dietitians on hyperphosphataemic haemodialysis patients: results from the Nutrition Education for Management of Osteodystrophy randomised controlled trial \(pages 554–562\)](#)

R. Rizk, M. Karavetian, M. Hiligsmann and S. M. A. A. Evers

### Abstract

#### Background

The Nutrition Education for Management of Osteodystrophy trial showed that stage-based nutrition education by dedicated dietitians surpasses existing practices in Lebanon with respect to lowering serum phosphorus among general haemodialysis patients. The present study explores the effect of nutrition education specifically on hyperphosphataemic patients from this trial.



## Methods

Hyperphosphataemic haemodialysis patients were allocated to a dedicated dietitian (DD), a trained hospital dietitian (THD) and existing practice (EP) protocols. From time-point (t)-0 until t-1 (6 months), the DD group (n = 47) received 15 min of biweekly nutrition education by dedicated dietitians trained on renal nutrition; the THD group (n = 89) received the usual care from trained hospital dietitians; and the EP group (n = 42) received the usual care from untrained hospital dietitians. Patients were followed-up from t-1 until t-2 (6 months). Analyses used two-way repeated measures analysis of variance and Cohen's effect sizes (d).

## Results

At t-1, phosphataemia significantly decreased in all groups (DD:  $-0.27$  mmol L $^{-1}$ ; EP:  $-0.15$  mmol L $^{-1}$ ; THD:  $-0.12$  mmol L $^{-1}$ ;  $P < 0.05$ ); the DD protocol had the greatest effect relative to EP (d =  $-0.35$ ) and THD (d =  $-0.50$ ). Only the DD group showed more readiness to adhere to a low phosphorus diet at t-1; although, at t-2, this regressed to baseline levels. The malnutrition inflammation score remained stable only in the DD group, whereas the EP and THD groups exhibited a significant increase (DD: 6.74, 6.97 and 7.91; EP: 5.82, 8.69 and 8.13; THD: 5.33, 7.92 and 9.42, at t-0, t-1 and t-2, respectively).

## Conclusions

The results of the present study suggest that the DD protocol decreases serum phosphorus compared to EP and THD, at the same time as maintaining the nutritional status of hyperphosphataemic haemodialysis patients. Assessing the cost-effectiveness of the DD protocol is recommended.

### **Technology to engage hospitalised patients in their nutrition care: a qualitative study of usability and patient perceptions of an electronic foodservice system(pages 563–573)**

S. Roberts, A. P. Marshall, R. Gonzalez and W. Chaboyer

### **Patient-centred dietetic care from the perspectives of older malnourished patients(pages 574–587)**

E. Hazzard, L. Barone, M. Mason, K. Lambert and A. McMahon

### **Is it possible to enhance the confidence of student dietitians prior to professional placements? A design-based research model (pages 588–595)**

L. J. Ross, L. J. Mitchell and L. T. Williams



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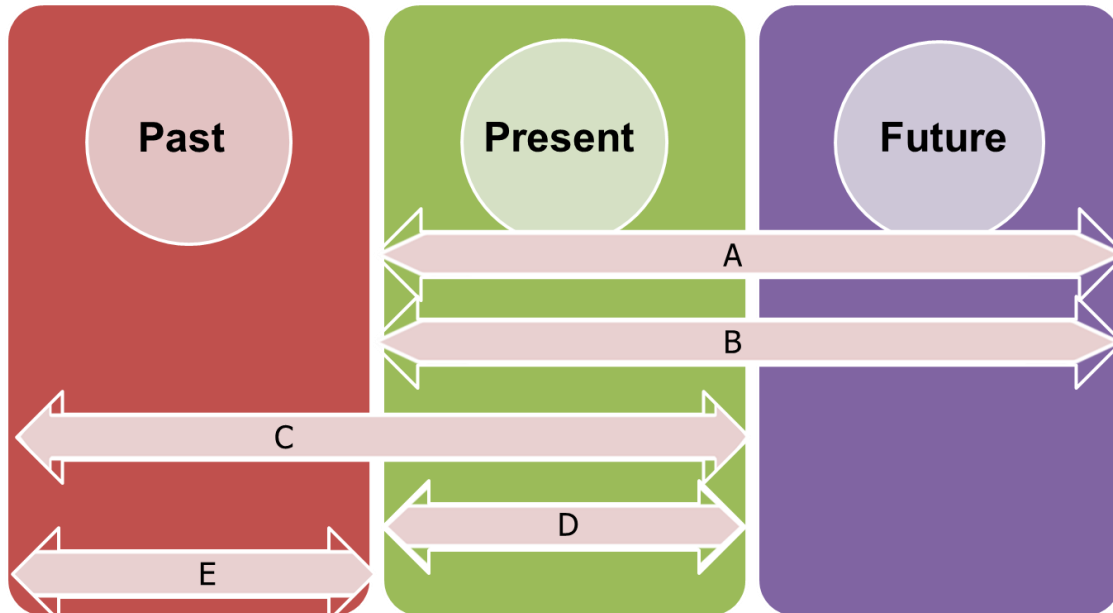
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## Exercise: Study Design Timeframes

Match the study design with the timeframe it covers



1. Randomised Controlled Trial
2. Cross-Sectional Study
3. Case-control Study
4. Cohort Study
5. Case Report

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Answers: 1A/B; 2D; 3C; 4A/B; 5E



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