



Over a decade of partnership

Fresenius Kabi & INDI Research Symposium 2026

Book of abstracts

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Acute Services

Evaluation of Group Based Nutrition Education Sessions for people affected by Chronic Kidney Disease in a Tertiary Hospital Setting

Barry J, Cronin I, Sandys V

Background

Chronic Kidney Disease (CKD) affects approximately 226,000 individuals in Ireland and is associated with significant morbidity and mortality. Nutritional management is central to slowing disease progression and managing complications. Group education has been proposed as a strategy to enhance early dietetic access while reserving individual appointments for higher-risk patients.

Aims

To evaluate uptake, patient satisfaction and self-perceived knowledge following newly developed CKD nutrition group education sessions at Cork University Hospital (CUH).

Research Design

An evaluation study was conducted following implementation of 90-minute group education sessions delivered by renal dietitians. Ninety-two CKD patients awaiting a new dietetic appointment were invited to attend. Sessions covered food label interpretation, healthy eating and meal planning applicable across CKD stages. Participants completed pre- and post-session questionnaires assessing self-perceived knowledge and satisfaction using Likert-scale responses. Data were analysed descriptively.

Results

Of the 92 patients invited, 9 opted-in to participate, of whom 7 (7.6%) attended at least one session. Evaluation questionnaires using a Likert scale were not completed by all attendees. Of those who completed the questionnaires, self-perceived knowledge improved across all topics following the intervention. Participants reported positive feedback. However, overall uptake was low, limiting the intervention's impact.

Conclusions

Although attendees demonstrated improved self-perceived knowledge and satisfaction, low attendance suggests group education may not be an effective engagement strategy for this CKD population. Further investigation of barriers is required before wider implementation and alternative modes of education should be explored.

Evaluation of Dietitians' Variation in Calculating Calorie and Protein Intake from a Standardised Hospital Menu and Development of a Menu-Based Calculator

Caulfield N, Boland J, O'Shea C, Wilson R, Gavin L

Background

In the acute setting, accurate assessment of energy and protein intake from dietary intake records is essential to inform nutritional interventions, monitor progress and guide therapeutic diet planning.

Aims

To audit dietitians' variation in calculating calorie and protein intake from dietary intake records and develop a standardised calorie and protein calculation tool.

Research Design

Three days of completed dietary intake records were distributed to 24 dietitians, who were given 10 minutes to estimate daily energy and protein intake. The results were compared to the actual values derived from the hospital menu analysis.

Results

There were wide variations in estimated energy and protein intakes across all three days when compared with the actual values based on the hospital menu analysis. On day 1 only 16% of dietitians calculated calorie intake within +/-10% of the actual values, this increased to 50% on day 2 and 39% on day 3. 42% of dietitians estimated protein intake within +/-10% of the actual value on day 1, 50% on day 2 and 42% on day 3.

Dietitian calculations both under and over-estimated intake, showing inconsistency in current calculation methods and highlighting the need for a standardised calorie and protein calculator.

Conclusions

Manual calculation of calorie and protein intake from hospital records demonstrates substantial inter-practitioner variability. A standardised, menu-based calculator was developed to improve consistency and streamline dietetic workflow.

Competency based training for Dietitians on Corflo PEG tube traction removal.

Clifford E

Background

At SIVUH, we use Corflo PEG tubes for patients with head and neck cancer. Once treatment is complete and nutritional needs are met orally, these tubes can be removed at bedside via traction-a procedure typically performed by a General Surgeon. In the UK, Dietitians acting as Non-Medical Advanced Practitioners (NMAP's) perform various GI procedures, including traction removal of Corflo PEGs. This progression aligns with the HSE HSCP Advanced Practice Framework (2023), which aims to standardise and expand the scope of practice for Health and Social Care Professionals (HSCPs) across Ireland.

Aims

In collaboration with a UK-based NMAP dietitian, the aim was to develop a localised Competency-Based Training pack for Corflo gastrostomy tube removal, specifically tailored for Clinical Specialist Dietitians at SIVUH.

Research Design

Following consultation with the NMAP dietitian and collaboration with two General Surgeons at SIVUH, a standardised competency-based training pack was developed and implemented. The training encompasses GI tract physiology, health and safety regulations, equipment specifications and procedural standards, removal protocols and comprehensive post-procedural aftercare. Competency is achieved upon the successful, complication-free completion of three supervised removals. Formal sign-off is required from the General Surgeons to authorise independent practice.

Results

Upon successful completion of the competency-based training, two Clinical Specialist Dietitians are now fully qualified to perform traction removals of Corflo PEGs.

Conclusions

By moving beyond traditional roles, dietitians are adopting more autonomous, specialized positions that require higher-level clinical judgment and leadership. Traction removal of the Corflo PEG extends scope of practice, fosters career progression and enhances senior decision-making capacity.

Mind the Gap: Standardising Charting of Oral Nutritional Supplements

Doddy A, Meates J, Fanning M

Background

Oral nutritional supplements (ONS) are Foods for Special Medical Purposes used to support patients whose nutritional needs cannot be met through diet alone. Dietitians play a key role in assessing nutritional requirements and recommending appropriate ONS. Accurate and standardised documentation is essential to ensure safe, effective communication of nutrition care plans across the multidisciplinary team.

Aims

To evaluate dietitians documentation of ONS prescriptions in a Model 3 hospital, determine alignment with local standards, and identify opportunities to improve clarity, consistency, and safety within ONS charting.

Research Design

A one day cross sectional audit was conducted in July 2025 across all adult inpatient wards except ICU. Patients receiving ONS were identified through the dietetic handover database. ONS entries documented by dietitians in the Medication Prescription Administration Record were reviewed using a structured audit tool. Entries made by non dietetic prescribers were excluded. Descriptive statistics were applied.

Results

Twenty seven ONS entries were reviewed. All entries (100%) documented product name, frequency, route, start date, and signature. Dose was recorded in millilitres/grams in 74% of entries, while 26% used a symbol instead of an exact volume. Timing of administration was clearly indicated in 44% of entries. Additional instructions were included in 59%, and 63% provided a second signature for identification.

Conclusions

The audit demonstrated strong adherence to core documentation standards, with variation in dosage and timing highlighting areas for improvement. Findings will inform the forthcoming revision of the hospital guideline for dietitian charting of ONS, with ongoing re auditing recommended to ensure consistent, standardised practice.

Monitoring and Management of Gastric Residual Volume in Critical Care University Hospital Waterford

Drea K, Johnson B, Dempsey S

Background

Currently in critical care in UHW GRV's (Gastric Residual Volume) are measured 4 hourly using a cut-off point of 250mls as acceptable for those patients being feed via naso-gastric tube. GRV monitoring has long been used as an indicator of enteral feeding tolerance, prevent aspiration pneumonia, VAP (ventilator associated pneumonia) and abdominal complications. International guidance and evidence have changed over the years and increased to 400- 1000mls being acceptable. GRV measurement correlates poorly with gastric emptying, regurgitation and aspiration. It can also be shown to reduce EN delivery - delivering less feed to patients in critical care.

Aims

1. Move from 4 hourly GRV measurement to twice daily (every 12 hours).
2. Increase cut off from 250mls - to 400ml.

Research Design

The GRV policy and algorithm was developed and education surrounding it provided for critical care staff.

The adherence to the policy and algorithm was audited over a period of 16 days in October 2025 including 11 patients and 34 days of GRV measurement.

Results

35% of GRV measurements were completed in accordance with UHW algorithm.

27% of GRV measurements were completed less than 12hourly.

38 % of GRV measurements were completes more than 12hourly.

Of the 13 days that the GRV was measured more than 12hrly, 6 days (46%) occurred on day 1 of enteral feeding.

Conclusions

- Difficult to disseminate information across a large nursing team
- Existing practice can be difficult to change
- Ongoing education provided and plan for re-audit

Implementation of an Upper GI pathway on dietary progression post oesophageal stent insertion

Fagan L, Moore L

Background

Dietetic intervention post-oesophageal stent insertion is a vital component of a patient's cancer treatment journey. 41 oesophageal stents were inserted under the upper GI (UGI) service in 2023 and 2024. As elective admissions for an oesophageal stent insertion are commonly a day case, or a short length of stay (LOS), post-procedure issues arose such as inconsistent direction from the surgical team and a knowledge deficit among nursing and catering staff regarding dietary progression; incomplete nutrition counselling with patients; and an increased risk of hospital re-admissions due to blocked stents, or further malnutrition.

Aims

Collaborate with the UGI multi-disciplinary team (MDT) to improve patient care and safety, reduce LOS and avoid re-admissions.

Research Design

The pathway was proposed to the UGI MDT. A staged progression and timelines for diet and fluid post-procedure were agreed upon.

Results

Stage 1: 4-12 hours post-procedure Fluids only e.g., water and tea. Stage 2: 12-24 hours post-procedure Smooth or pureed food e.g., yoghurt, ice-cream, custard or jelly. Stage 3: 24 hours onwards (increasing the texture of diet as able) Soft diet e.g., well soaked porridge/cereal, scrambled eggs, steamed fish, mashed potato, mashed banana.

Conclusions

Implementation and training of the new protocol by the UGI dietitians is ongoing due to several barriers encountered including, prolonged periods between elective stents; cancellation of Endoscopy beds; and staffing inadequacies and turnover. Ongoing education and training with the UGI MDT, nursing, and catering staff is warranted.

Parenteral Nutrition in Practice: Insights from a Year-Long Audit in a Model 3 Hospital

Fanning M, Hennessy J, Copeland E, Murray E

Background

Parenteral nutrition (PN) provides intravenous nutrition when the gastrointestinal tract cannot be used; however, it carries risks including infectious, catheter-related, and metabolic complications. Best practice guidelines recommend PN when enteral nutrition is not feasible and the anticipated duration is 35 days.

Aims

To review PN usage in a Model 3 teaching hospital over a 12 month period, evaluate adherence to best practice guidelines, and identify opportunities to reduce unnecessary risk, particularly in relation to out of-hours prescribing and short-duration PN use.

Research Design

A 12 month prospective audit (October 2024-October 2025) included all adult inpatients receiving PN. Data collected included demographics, indications for PN, vascular access type, use of out of hours protocols, PN duration, and reason for discontinuation. Descriptive statistics were applied.

Results

A total of 96 PN episodes were recorded (660 PN days; mean duration 6.9 days). Indications were primarily post operative nutritional support following bowel surgery (31%), bowel obstruction (20%), and inaccessible gastrointestinal tract (14%). Out of hours prescribing represented 39% of initiations, with 57% discontinued within five days. Central venous access was used in 90% of cases; peripheral access was brief (<72 hours) before central line insertion. PN was most commonly discontinued following transition to oral diet (55%).

Conclusions

PN use in Naas General Hospital is substantial, with most episodes appropriately indicated and administered via central access. However, frequent out of hours initiation and short duration episodes (<5 days) indicate opportunities to improve prescribing practices. Strengthening out of hours protocols and ensuring dietitian involvement may reduce avoidable risks and promote best practice.

Improving Confidence in the Ward Diet List: Promising Findings from an Observational Audit

Fanning M, Meates J

Background

The Ward Diet List is the primary communication tool for documenting patients food, nutrition, and hydration needs in Naas General Hospital. Accurate and standardised information is essential to ensure safe delivery of modified texture diets, thickened fluids, and therapeutic diets, as errors may result in malnutrition, choking, aspiration, or other adverse outcomes. The Ward Diet List uses protected Excel spreadsheets with standardised terminology to support consistent multidisciplinary communication.

Aims

Primary aims were to assess the overall accuracy of the Ward Diet List and evaluate its accuracy specifically for modified texture diets, thickened fluids, and therapeutic diets. A secondary aim was to identify the frequency and types of therapeutic diets used within the hospital.

Research Design

A one-day observational audit was completed in August 2025 across ten inpatient wards. Patients were selected using odd numbered beds. Information recorded on the Ward Diet List was compared with patients healthcare records and nursing assessment forms. Descriptive analysis was completed using Microsoft Excel.

Results

Entries for 103 patients were reviewed. Overall, 93% of entries aligned with recommended nutrition care. Accuracy was high across modified texture diets (96%), thickened fluids (96%), and therapeutic diets (88%). The most common therapeutic diets were energy dense, healthy eating, energy dense diabetic, renal diabetic, and light diet.

Conclusions

This audit demonstrates that the Ward Diet List is a reliable and effective communication system supporting safe nutritional care in NGH. While findings were positive, repeat audits are recommended to confirm sustained accuracy and support continuous quality improvement.

Comparison of dietetic outcomes and 5 year survival in Head and Neck Cancer

Fee M, Nolan A, Roulston F, Sheridan C

Background

Malnutrition is prevalent in people with head and neck cancer (HNC) and is associated with decreased treatment tolerance and reduced survival. In Ireland, 5-year survival for HNC is ~52-59%.

Aims

Analyse nutritional outcomes and 5 year survival rates in adults with HNC attending St Luke's Radiation Oncology Network.

Research Design

A retrospective review of an existing dietetic database was conducted for adults who received radical radiotherapy $\pm$ chemotherapy for HNC in 2019 (n = 74). Medical records were reviewed to determine 5-year survival. Patients were categorised by age (<65 years, $\geq$ 65 years), p16 status, and chemotherapy. Nutritional outcomes included weight-loss during treatment and enteral nutrition (EN) use. Microsoft Excel supported data analysis.

Results

Overall, 80% of patients received chemotherapy; 65% of patients $\geq$ 65 years received chemotherapy. Patients <65 years (58%) had lower EN use (21%), more weight-loss during treatment (9.9%) and higher 5-year survival (84%). Patients $\geq$ 65 years (42%) had higher EN use (29%), a mean weight-loss of 7.5%, and lower survival (55%).

Patients with p16-positive disease had lower EN use (20%), mean weight-loss of 9.3%, and higher survival (87%) compared with p16-negative disease (27%) EN use, 8.9% mean weight-loss, 59% survival. Five-year survival was 73% in those receiving chemotherapy V's 57%.

Conclusions

Survival outcomes following treatment for HNC vary by age, p16 status, and treatment modality. Older adults and p16-negative experience lower survival and significant weight-loss, highlighting need for dietetic intervention to optimise outcomes and further research to account for other variables and assess long-term dietetic outcomes.

Challenges in Managing Physical Activity with Automated Insulin Delivery Systems in Type 1 Diabetes: A Survey of User Experience and Educational Needs

Finn M, Keane C, Horan M, Moore K

Background

Managing glucose around Physical activity (PA) with Type 1 diabetes (T1DM) is challenging. Automated Insulin Delivery (AID) systems offer a potential solution but require specific management strategies during PA to prevent hypoglycemia and hyperglycemia.

Aims

To capture the experience of individuals using AID systems during PA and identify key challenges and knowledge gaps, to inform education and resource needs.

Research Design

T1DM patients attending TUH Diabetes services using AID systems were given a semi-structured survey, including self-reported PA frequency, glucose management strategies and educational support.

Results

34 participants completed the survey (22 Medtronic Minimed 780G; 7 CamAPSFX; 5 Tandem T: slim). 32% reported exercising <3 times/week, failing to meet PA recommendations. 76% always / usually plan their PA. 41% remove their insulin pump for certain /all activities, but only 57% of these suspend insulin delivery on pump removal.

Higher glucose target (HGT) was only used by 26% of AID users. The majority activated this 30-60 mins before exercise. 60% made no changes to bolus insulin doses around PA.

77% reported feeling 'very confident' in managing hypoglycaemia and hyperglycaemia. However, 50% reported hypoglycaemia and 24% hyperglycaemia during PA. 80% would prefer to exercise without extra carbohydrate but 74% needed carbohydrate to prevent or treat hypoglycaemia.

66% reported receiving education on PA with AID use. Most (91%) would like further education, with 1:1 educational sessions the favoured format

Conclusions

Increasing access to personalised 1:1 education is desirable to support people using AID systems and may improve PA levels.

Review of Home Enteral Nutrition (HEN) Patients Seen by the Dietetic Department 2022-2024

Hickey Y, Lee R, Kinsella C, Madden A, McHugh A

Background

Home enteral feeding (HEF) provides essential nutritional support for patients unable to meet their needs orally due to medical or surgical conditions. St Vincent's University Hospital (SVUH) Dietetic department conducts regular audits of HEF activity to evaluate practices and service provision. An initial audit was conducted for the 2019-2021 patient group.

Research Design

A retrospective descriptive audit was undertaken of HEF patients managed by dietetics at SVUH from 2022-2024. Data were collected using a purpose-built Excel database from the dietetic statistics package (DMF), dietetic correspondence, and medical/surgical records on TPRO. Data were entered by five dietitians. Cystic fibrosis patients and those with tubes inserted elsewhere were excluded.

Results

Sixty-six patients were included; aged 31-95 years, 57% were male. ENT managed the largest proportion (35%, n=23). Most insertions were unplanned (86%), with balloon gastrostomy the most common tube (61%). Interventional radiology inserted 65% of tubes. Bolus feeding was used in 59% (n=39), and two patients were not using their tube at discharge. Half of patients were discharged to their home with enteral feeding. Dietetic follow-up was arranged with SVUH (36%) or community services (24%). Ten percent died prior to discharge, and 7% were discharged to hospice. This cohort had very similar characteristics to the previous audit of 2019-2021.

Conclusions

ENT remains the primary discharging team of HEN patients in SVUH, though numbers have decreased since the previous audit. Unplanned insertions have increased. Fewer patients were discharged home, with more requiring hospice or nursing home care.

Assessing patient satisfaction with dietetic service to the dialysis population at Beaumont Hospital

Kearney O, O'Shaughnessy L, Carew J, Egan H

Background

International guidelines recommend that patients undergoing dialysis treatment are seen by a dietitian every six months or more depending on clinical indications.

The recommendation is currently not met at Beaumont hospital. This audit aims to discern acceptable methods of delivering nutritional care to those undergoing dialysis treatment in Beaumont Hospital and help shape our future service.

Aims

To determine patient satisfaction with the dietitians within the dialysis population.

To identify barriers and enablers to engaging with dietetic services

Research Design

Data was collected through individual survey, delivered face-to-face. The data collected was then recorded and anonymised using Excel.

Results

Most haemodialysis patients were happy with the care provided by the dietetic team.

Positive results were found when patients were asked if they understood the advice given by the dietitian and if they were provided with enough information including written information.

It should be noted that while only 3% disagreed with the statement 'I was provided with the right amount of information', approximately 10% answered 'disagree' or 'strongly disagree' for the same statement relating to written information.

Approximately 18% of respondents stated that they did not see the dietitian as often as they would like.

Conclusions

These findings show that most dialysis patients are satisfied with the care provided by the renal dietitians in Beaumont Hospital. However, a consistent minority reported dissatisfaction across multiple questions. This suggests that while the service provided by the renal dietitians is effective, there may be variability in care or patient experience.

An audit of the Hospital's compliance to the Acute Pancreatitis Feeding Protocol

Keenan M, Gallagher J

Background

The TUH Nutrition Support Algorithm for Acute Pancreatitis (AP) was devised to allow clinicians to assess the need for feeding effectively and efficiently. As this was first created in 2015 an audit of the compliance to the current protocol is required.

Research Design

Data was collected from 29 patients highlighted from the surgical teams as presenting with AP over a 6 month period. Information was collected based on the hospital protocol including: CRP > 150, number of days NPO and if NJ feeding was initiated as per the protocol.

Results

Overall compliance with commencing NJ feeding as per the protocol was 54% of those that met the criteria. This highlights that there is a high number of patients possibly being inappropriately managed. NG feeding was not considered for any patients and PN was commenced in some situations. It is clear from the research that NGs can be considered as a possible feeding route for the majority of AP patients.

Conclusions

Further education and promotion of the protocol and the recent audit results are essential to ensure increased compliance is achieved. A review of the protocol is required to ensure compliance with recent evidence and possible expansion to include NG feeding may ensure higher compliance.

Prospective audit of enterally fed Neurosurgical and Neurology patients in the Neurocent Directorate to determine feed volumes prescribed vs received; Nutrition and Dietetics and Neurosurgical Directorate, Beaumont Hospital

Lennon R, Duignan E, O Connor P, Moreau C, McMahon S, Abouhajar S

Background

Adequate nutrition provision including enteral feeding is crucial for optimising the recovery process for patients with a neurological condition or patients undergoing neurosurgery. In practice, Dietitians had noticed regular missed feeds at ward level.

Aims

To compare the actual feed volumes patients received using the data from the Nutricia Infinity III pump and feed volume documented in fluid balance charts against the feed volume prescribed by the dietitian.

Research Design

This prospective audit took place in June 2025 on neurosurgical wards in Beaumont hospital. All tube fed patients were included except those on comfort measures /refeeding risk/ immediate post ICU transfer/ bolus fed. The audit tool captured data on: Name of the feed/volume of feed prescribed/volume of feed documented received/volume of feed delivered/reason for missed feed.

Results

Sample size n=160.

Patients were documented as having received an average of 89% of the total feed volume prescribed, yet actually only received 81% as per Nutricia pump data. 64% of episodes were recorded on the fluid balance as having received $\pm$ 90% their prescribed volume of feed when only 43% did as per the pump data. 16% were recorded on the fluid balance as having received <70% of prescribed volume of feed, when 25% actually did as per the pump data.

Of the 91 episodes where <90% of feed targets were received, 80% had no reason for missing feeds. The nutritional impact of the above results includes a daily average deficit of 388kcal, and a weekly average deficit of 2716kcal.

Conclusions

Feed volumes documented in fluid balance charts fall below that recommended in the feed prescription, with significant discrepancies in feed volumes documented vs received. Results impact patient care provision along with increased use of clinical time, tests and procedures result, which presents a financial impact.

The Appropriate Usage of Out Hours PN in an Acute Hospital

Mahon M, Hickey Y, Bates N, Barnes L

Background

St Vincent's University Hospital (SVUH) has an out of hours (OOH) Parenteral Nutrition (PN) procedure for when a dietitian is unavailable. Guidance is attached to each bag outlining rate of PN infusion, requirement to check allergies and prescribing IV vitamins and minerals. The usage of OOH PN has not been reviewed before.

Aims

This audit aimed to review the number of patients commenced on OOH PN and compliance with prescribing procedures, which has not been explored before.

Research Design

Data was retrospectively collected from healthcare records of patients commenced on OOH PN over a 3 month period (July - September 2025). ICU patients were excluded.

Results

During the three month period four patients commenced on OOH PN. Three patients were commenced during weekends. All patients had PN delivered centrally. All patients were reviewed on the next working day by a dietitian, and it was deemed appropriate commencement of PN with patients remaining on PN for > 5 days. Three patients had IV vitamin and minerals correctly prescribed. One patient had incorrect rate prescribed and no additions charted. All patients' had allergies checked on drug kardex.

Conclusions

This is the first time examining OOH PN usage. PN delivery is dependent on central access which is not routinely done OOH, this may account for low number of OOH PN. These low numbers may results in unfamiliarity of the OOH PN and increased risk of errors. It may be required to reflect on the risk versus benefit of OOH PN within SVUH.

Audit Evaluating Compliance with Nutritional Screening (MUST) Among Patients Undergoing a Lower Limb Amputation and Development of an Online Screening Tool

McCausland E, Kinsella C, Barnes L

Background

Malnutrition affects up to 35% of hospitalised surgical patients and is associated with poorer clinical outcomes, particularly following limb amputation. Clinical guidelines recommend timely and repeated nutritional screening using validated tools such as the Malnutrition Universal Screening Tool (MUST).

Aims

To assess compliance with nutritional screening standards and the accuracy of MUST assessments among patients undergoing lower limb (LL) amputation. To identify perceived barriers among nursing staff, and to develop a targeted screening intervention.

Research Design

A retrospective audit was conducted of thirteen inpatients who underwent LL amputation. Demographic, surgical, and MUST assessment data were collected and analysed using descriptive statistics. A survey was conducted among ten nursing staff identifying perceived barriers to accurate and timely MUST assessments. Online resources, including artificial intelligence (AI), were used to develop an online MUST assessment tool tailored to patients with amputations.

Results

Admission weight was documented within 24 hours for 69% of patients. Post-amputation weight assessment occurred in 85% of cases, though 46% were delayed beyond one week. Only 23% had an accurate MUST assessment one-week post amputation. Adjusted body weight was not documented in any case. Main barriers to MUST screening reported by nursing staff were lack of time and difficulty obtaining weight measurements. Mean confidence in calculating adjusted body weight post amputation was 2.9/10.

Conclusions

Significant deficiencies were identified in the timeliness and accuracy of nutritional screening following LL amputation. An online MUST screening tool was developed to address identified barriers and will be trialed on the in-patient wards.

Gastric Residual Volume's - How do we measure up?

McHugh C

Background

Gastric residual volume (GRV), defined as the volume of gastric contents aspirated via a feeding tube, has traditionally been used to assess tolerance to enteral nutrition (EN). However, a 2021 systematic review reported uncertainty regarding the association between GRV monitoring and clinical outcomes, including mortality, pneumonia, vomiting, and hospital length of stay. In response, international guidelines and Irish hospitals have begun reassessing existing GRV protocols.

Aims

The objective was to evaluate compliance with the units GRV protocol (last updated in 2020) and inform future revisions in line with current evidence-based guidance.

Research Design

This audit was conducted in the Intensive Care Unit (ICU) at Regional Hospital Mullingar between September 2024 and January 2025. Ten mechanically ventilated patients receiving EN for more than 72 hours were included.

Results

Seventy percent of patients commenced EN at rates aligned with dietitian recommendations or established out-of-hours protocols. A total of 129 GRV assessments were recorded within the first 72 hours (mean 4.6 per day), lower than the protocols recommended eight checks, though consistent with guidance for established feeding. Documentation accuracy for aspirate management was high (94%), although inconsistent abbreviations and undocumented protocol deviations were identified. Forty percent of patients experienced deviations from prescribed EN rates, frequently due to elevated but clinically acceptable GRVs without other intolerance indicators. Prokinetics were administered appropriately, though first-line agents were used in only half of cases. Variability in nasogastric tube size and fasting practices also reduced EN delivery.

Conclusions

The findings highlight the need for improved documentation, strengthened protocol adherence, multidisciplinary collaboration, and review of monitoring tools, tube selection, and fasting practices.

Indirect Calorimetry - Planning, Procurement and Implementation.

Mitchell AM

Background

Research highlights estimated energy requirements for intensive care unit (ICU) patients are reported to be only approximately 60% accurate, increasing the risk of both underfeeding and overfeeding ¹. International guidelines recommend personalised energy prescription guided by indirect calorimetry (IC). However, procurement and implementation of IC technology within acute hospital settings can be complex and resource-intensive.

Aims

To outline the structured process undertaken to procure, implement and integrate IC into routine ICU dietetic practice, and to identify key challenges and facilitators.

Research Design

A service development project was undertaken. A process flowchart guided implementation: company engagement and quotation retrieval; development of a multi-source business case; agreement of funding streams; equipment delivery; installation and consumables procurement; staff training; development and governance approval of policies, procedures, protocols and guideline (PPPG); and phased clinical roll-out.

Results

Funding was secured from multiple sources: hospital charity, dietetic budget and hospital services. Equipment delivery occurred in multiple components over several weeks. Dietetic staff received calibration training by the company engineer. Limited availability of company-led training required supplementary use of online resources and collaboration with experienced centres, including attendance at a study day. A PPPG outlining inclusion and exclusion criteria was developed and approved prior to implementation.

Conclusions

Successful acquisition and implementation of indirect calorimetry enhanced personalised nutritional assessment in ICU, strengthened multidisciplinary collaboration, and expanded the clinical scope of dietetic practice.

An audit to review Total Parenteral Nutrition (TPN) use in surgical patients in critical care in University Hospital Waterford

Murphy N, Drea K

Background

TPN is used widely in critical care settings nationally. A wide variation in practice exists regarding the use of peripheral lines versus central lines only, and if out of hours policies are in place across centers. Parenteral nutrition was noticed to be commenced for shorter periods of time than recommended by guidelines and often not for standard indications. ESPEN 2025 guidelines recommend commencing TPN if NPO for 5 days or expected to be NPO for >7 days.

Aims

1. Identify foods considered correct as part of a light and low-fibre diet.
2. Identify foods not given to patients on light and low fibre diet and opinion around this.
3. Use knowledge gained for QIP to create menu card and re-assess knowledge in 6-12 months.

Research Design

3 questionnaires were developed for staff to assess knowledge and identify barriers.

- Light diet for nursing staff.
- Light diet for catering staff.
- Low fibre diet for catering & nursing staff.

Results

Variances in what staff identified as a light diet, with limited understanding of the diets' role. Jelly & ice cream and yoghurt were successfully identified as being allowed, however higher fibre options e.g., beans on toast and shepherd's pie were also ticked by 25% of participants.

Low fibre diet was better understood with 39% identifying Weetabix and brown bread as inappropriate. However, salads were ticked as appropriate by 25% of participants. Barriers were short notice and poor communication. A set menu was requested by 100% of participants.

Conclusions

Limited understanding of a light diet and low fibre diet among catering and nursing staff. A set menu would reduce confusion and improve patient experience.

East to West - Comparing nutritional outcomes of Human Papilloma Virus (HPV+) Head and Neck patients treated in Dublin and Galway radiotherapy centres.

Nolan A, Coughlan N

Background

Dietitians play a vital role in supporting HPV+ oropharyngeal SCC (OPX) patients through their treatment. Toxicities such as odynophagia and dysphagia contribute greatly to weight loss and malnutrition, increasing the incidence of enteral feeding and impacting outcomes.

Aims

Comparing and contrasting outcomes with other centres allows greater understanding of dietetic challenges and insight into potential areas of improvement.

Research Design

A retrospective audit of all HPV+OPX patients receiving radical chemoradiation treatment in both St. Luke's Rathgar and Galway University Hospital in 2022 was completed. Excel was used to gather and analyse and compare: disease staging, anthropometry pre/on-treatment, completion rates, enteral feeding, and rate of replan and response. Those without complete nutritional data for analysis were excluded.

Results

In comparing Dublin : Galway, close correlations were observed in age (58years:60years), tumour site (Tonsil 69%: Tonsil 69%) and pre-treatment BMI (27.8kg/m² :28.7kg/m²). Chemotherapy completion differed (62%:52%). There was similar median weight gains pre RT (+0.4kg:+0.3kg) and similar weight loss during RT (-10%:-10.8%). Rates of NG feeding were similar (28%:30%) however Galway introduced feeding earlier (31/35#:27/35#) and had no gastrostomies. Interestingly replan rates correlated well (12.7%:12.9%) but overall response/cure rates were markedly different (81%:100%)

Conclusions

These results demonstrate close correlation between the centres. There is however a marked difference in treatment response which would warrant more extensive review of the disease staging of this cohort. Further evaluation of the progress patients make in recovery would be useful to compare dietetic success rates into survival.

Audit of Micronutrient Supplementation Practices on Continuous Renal Replacement Therapy (CRRT) in the Intensive Care Unit (ICU) at St. James Hospital (SJH), Dublin

O'Donnell R, McCormack D, O'Sullivan E, Hayden M, Finn S, Brady S

Background

CRRT can lead to alterations in nutritional status and micronutrient losses. In 2018, it was agreed by Anaesthetics that all patients on CRRT receive routine supplementation of water-soluble vitamins (Pabrinex_ and Folinic acid) due to loss through the CRRT filter. There are no definite guidelines published but we compared with best practice guidelines. CRRT is associated with risk of depletion/ deficiency of water soluble vitamins & folate deficiency, ESPEN Micronutrient Guideline 2022.

Aims

1. Look at the number of patients on CRRT referred to Clinical Nutrition (CN) for 5 month time period.
2. Identify type of nutritional support patients received on CRRT eg Parenteral Nutrition (PN), Enteral Nutrition (EN), Oral Nutrition.
3. Establish if micronutrient levels were checked.
4. Determine if micronutrient supplementation was received.

Research Design

25 patients admitted to ICU on CRRT required CN input. Retrospective data was obtained and analysed.

Results

The number of days spent on dialysate ranged 1-34 days.

16% of patients received PN (n=4), 60% patients received EN (n=15), 9% patients received oral (n=1), 19% patients were on oral & EN (n=4), 9% patients were on EN & PN (n=1).

No patient had micronutrient levels checked.

At time of receiving CRRT 44% patients were receiving Pabrinex_ and Folinic acid (n=11), 28% patients were receiving Pabrinex_(n=7), 28% patients did not receive any micronutrient supplementation (n=7).

Conclusions

1. All patients on CRRT in ICU are not in receipt of routine supplementation of water-soluble vitamins. This is not in keeping with best practice & ESPEN Micronutrient Guideline 2022.
2. Next step to develop a micronutrient supplementation policy for patients on CRRT in ICU.

An Exploration of the Nutritional Management of Critically Ill Patients receiving Non-Invasive forms of Respiratory Support

O'Donovan L, Bernardo M, Conrick-Martin I

Background

Guidelines for the nutritional management of patients on Non-Invasive Ventilation (NIV) and High-Flow Nasal Cannula (HFNC) are limited, with evidence showing inadequate intake, mainly through oral feeding.

Aims

This service evaluation examined the nutrition practices of patients receiving NIV/HFNC in ICU and HDU, compared to those on Invasive Mechanical Ventilation (IMV), and assessed the prevalence of malnutrition in patients on non-invasive respiratory support.

Research Design

Retrospective data was collected from adult patients admitted to critical care between 2022 and 2024, including 100 on NIV/HFNC and 100 on IMV, all requiring ≥ 7 days of respiratory support.

Results

NIV/HFNC patients are older, predominantly male and under medical specialities. These patients tend to receive more oral nutrition and less NG feeding than IMV patients. NG feeding was less common in NIV/HFNC patients who did not previously require IMV.

Overall, nutrition delivery is poorer in the NIV/HFNC cohort, likely related to oral intake being one of the main routes of nutrition. While oral diet is preferred over artificial nutrition support in critically ill patients who are able to eat, research has shown the majority of critical care patients do not consume sufficient nutrition via the oral route alone. IMV patients commence artificial nutrition support earlier than NIV/HFNC patients leading to overall better nutrition delivery.

Malnutrition increased in NIV/HFNC patients from admission to discharge from critical care, though the malnutrition status was unknown for many patients.

Conclusions

Nutritional intake and malnutrition evaluation need improvement in NIV/HFNC patients.

Assessment of Intern Doctor knowledge regarding Nasogastric Tube Insertions and an Educational Session to Improve Knowledge.

O'Ferrall T, Butler A

Background

Only 27% of participants had received a formal education session on NGT placement prior to starting work as a doctor.

Aims

To assess knowledge of newly qualified medical doctors (interns) regarding placement of nasogastric tubes (NGTs) and to examine if this knowledge can be improved with the aid of a 1 hour educational session.

Research Design

A 1 hour education session was organised within the first month (July) of the doctors starting working in the hospital. A second teaching session was carried out in December.

The surveys were carried out before each teaching session. The surveys contained the same questions regarding previous experience of NGT placement and questions around knowledge of how to place NGTs.

Results

Only 27% of participants had received a formal education session on NGT placement prior to starting work as a doctor.

In the first survey 18% (2/11) felt confident of attempting a NGT placement versus 100% (4/4) at the second survey. In the first survey 0% (0/10) of participants were definitely familiar with the NEX measurement for measuring NGT insertion length but this increased to 100% (4/4) by the second survey while only 27% (3/11) were confident to aspirate a NGT and 10% confident to attach a drainage bag to a NGT in the first survey which increased to 75% confidence (3/4) by survey 2.

Conclusions

Intern doctors do not routinely receive training regarding NGTs during their degree programme. This may lead to a lack of practical and theoretical knowledge when starting working. A practical 1 hour teaching session with Interns proved successful in improving knowledge and confidence surrounding NGT placements.

Real world indications for PN: a five year experience in a Dublin Acute Teaching Hospital.

O'Hanlon C

Background

Parenteral nutrition (PN) is the intravenous aseptic delivery of nutrients via a dedicated central venous line, where sufficient nutrition via the alimentary tract is not possible.

Aims

To evaluate the indications for PN, considering duration, in Beaumont Hospital over a five year period: January 2018 to December 2023, excluding 2020.

Research Design

A quantitative retrospective audit of all patients who were commenced on PN in Beaumont Hospital during this study period was undertaken, using a bespoke computerised PN audit system.

Results

Total number of PN episodes: n=1323.

Range: 220-331 episodes per year with highest incidence in 2021.

Indication 'outside usual criteria' (Dietetic opinion): average of 7.9% over 5 years.

Duration of PN over the 5 years: average 11 days.

Number of patients on PN for ≤ 4 days: average of 22%.

Real world indications over 5 year period (top 6):

- Suspected ileus: 20%

- Major GI Surgery with anastomosis: 16%

- Bowel obstruction: 14%

- GI perforation: 8%

- Failed enteral feeding: 8%.

Conclusions

1. Suspected ileus, major GI surgery with anastomosis and bowel obstruction were the three most common indications for PN.
2. The year emerging from the COVID pandemic (2021) showed the highest use of PN, possibly reflecting a sicker cohort of patients.
3. Indications 'outside usual criteria' were consistently below 10%. However, this suggests that some PN episodes could have been avoided.
4. More effective use of enteral feeding may reduce the need for PN in some cases.

Indirect Calorimetry in Intensive Care - One year on!

O'Hanlon C, Clyne R, McMahon S, Moreau C

Background

Indirect calorimetry (IC) helps Critical Care Dietitians to tailor nutrition support to individual patient requirements. IC was introduced to Beaumont Hospital for mechanically ventilated ICU patients in April 2024.

Aims

To evaluate the use of IC across Beaumont Hospital's ICUs over the first year of its application.

Research Design

An anonymized excel database was maintained of all IC measurements across ICUs during the first year of use. Patient characteristics, measured energy expenditure (MEE) and estimated energy expenditure (EEE) for each patient were recorded. MEE was compared to EEE (using Penn State equations and 25kcal/kg).

Results

Total number of measurements: n=178.

Patient characteristics:

- Average age 53 years (18 to 80 years).
- 68% male.
- Average weight 79kg (41-159kg).
- Top 6 diagnoses: haemorrhagic stroke (43%), TBI (30%), bowel surgery (11%), respiratory failure (8%), brain tumour 3%, cardiac arrest 3%.
- BMI class: 10% low, 31% normal, 39% overweight, 20% obese.

MEE and EEE results:

- Average MEE: 1698kcal (range 649-3279kcal).
 - EEE using Penn State equations: 1842kcal (971-2991kcal).
 - EEE using 25kcal/kg: 1876kcal (range 1450-2750kcal).
- MEE versus EEE:
- Average deviation between MEE and EEE using Penn State: 145kcal (range: -579 to +1186kcal).
 - Average deviation between MEE and EEE using kcal/kg: 169kcal (range: -857 to +1190kcal).

Conclusions

In our critical care population, although average estimated energy expenditure results are comparable with average measured results, for individual patients the deviation is highly significant. MEE is, therefore, vastly superior to EEE.

Measuring the completion and accuracy of the 'MUST' Malnutrition Universal Screening tool by ward staff on a respiratory ward

O'Reilly H, Stenson T

Background

Malnutrition affects 1 in 3 respiratory patients and is associated with adverse clinical outcomes. Nutrition screening is the first step in identifying patients at risk of malnutrition who may benefit from appropriate dietetic intervention.

Aims

Assess ward staff's application of 'MUST', and determine if it is completed accurately to facilitate appropriate dietetic referral.

Research Design

An audit was conducted on 30 charts on Elm respiratory ward to assess if 'MUST' was completed on admission, if each step was completed accurately, if the overall MUST score was correct, and if the correct management plan was initiated.

Results

A MUST screening chart was in place for 100% of charts, 100% had a weight recorded, 93% had a height recorded, and 90% had a BMI recorded.

For step 1 of the tool, 93% of charts had the correct BMI score recorded. 20% of charts had a previous weight recorded. Thus for step 2, only 60% of charts had a correct weight loss score.

For step 3 of the tool, 80% of charts had the correct acute disease effect score recorded. 50% of charts had a correct overall risk of malnutrition score. 53% had the appropriate action plan initiated as per the screening tool.

Of the patients identified as 'high risk of malnutrition' (overall MUST score ≥ 2), 60% had a dietetic referral sent.

Conclusions

Malnutrition results in worse outcomes in respiratory disease. Training for ward staff on the accurate completion of MUST is crucial for early dietetic intervention and improved clinical outcomes.

Dietitian led group education in CKD: A feasible way forward?

O'Shaughnessy L

Background

International guidelines recommend all patients with CKD stage 3-5 should have access to MNT

Research Design

An anonymous paper survey was provided to participants who attended between October and December 2024.

Results

Nineteen patients attended the group education session with the dietitian between October and December 2024.

Nine (47%) patients reported seeing a dietitian before.

All patients agreed they received useful information to help me to make changes to their diet and all by one patient felt they gained practical information on how to make changes to their diet.

Conclusions

This group education session provided a pragmatic and accessible way to deliver MNT. While further research is needed on the optimal method to deliver MNT to CKD patients this survey demonstrated that useful and practical information on diet in CKD can be provided in a group setting.

It highlights the limited access to MNT from a registered dietitian and the high levels of patients receiving education from other health care professionals.

Review of the Dietetic Service within the Medical Short Stay Unit

O'Shea C, Wilson R, Higgins K

Background

Due to the fast-paced environment in MSSU it is important that MUST screening and dietetic referrals are timely so that adequate dietetic care can be delivered.

Aims

To review the effectiveness of the dietetic service within the MSSU by assessing: 1) How long after admission dietetic referrals were sent, 2) The length of time taken by the Dietitian to open the referral and 3) The source of referrals & completion of MUST on the EPR.

Research Design

Data was collected from all patients referred to dietetics on the MSSU over a three-week period. Additionally, to evaluate the completion of MUST, data from all patients admitted on the ward during a three-day period was analysed and a focus group was conducted to gather feedback from 14 nurses.

Results

29 referrals were received during the three weeks. 97% were seen within 48 hours. Common referrals were for weight loss (n=8) and a high MUST score (n=8). Of the 8 referred for weight loss, 6 had a MUST of 0 with no weight loss recorded. The MUST audit showed that 82% of patients admitted to the MSSU were screened within 24 hours. However 93% did not have the past weight section completed, so the MUST was not completed in full.

Conclusions

The dietetic service on the MSSU is meeting targets based on the department prioritization codes and providing an efficient service. However a high number of these referrals are based off a MUST score that is often not correctly completed.

Correlation of enteral feeding regimens on transition from the Intensive Care Unit (ICU) to the ward

O'Sullivan E, O'Callaghan B, Zilahi G, O'Connor E, McCormack D, Finn S, Hayden M, Brady S

Background

Transitions of care are recognised as potential risk areas. Transition from ICU to the ward requires charting of enteral feeding regimens in the context of two different electronic patient systems. The discharging ICU medical team is responsible for charting the enteral feeding regimen onto Electronic Patient Record (EPR), as charted by the dietitian on IntelliSpace Critical Care and Anesthesia (ICCA).

Aims

The aim of this audit is to establish if the dietitian recommended enteral feeding regimens are charted appropriately onto EPR when a patient transitions from ICU to the ward.

Research Design

Retrospective data was collected from ICCA and EPR on patients discharged on enteral feeds over a 2-month period (1.12.24-2.2.2025) and analysed using Microsoft Excel. Feed type, rate, volume, route of administration (via nasogastric, jejunostomy or radiologically inserted gastrostomy tube) and section in which feed is charted was recorded.

Results

42 patients had enteral feeding regimens charted on transition to the ward by the ICU medical team. Data indicates that 16% of patients did not have the correct enteral feed charted, 40% had an incorrect rate/volume charted, and 19% did not have the correct administration route charted. 64% of regimens were charted in the incorrect section on EPR; this will flag as a missed medication on the EPR drug chart and will not auto populate onto fluid balance charts.

Conclusions

Findings were presented at the ICU quality and audit meeting. In collaboration with the Intensivists, a quick reference guide was developed for ICU medical staff on charting enteral feeds on EPR.

A Review of Nasogastric Tube and Nasogastric Tube Retention Device (Nasal Bridle) Insertions by a Healthcare Professional in an Acute Hospital over a 2-year period

OFerrall T

Background

A Review of Nasogastric Tube and Nasogastric Tube Retention Device (Nasal Bridle) Insertions by a Healthcare Professional in an Acute Hospital over a 2-year period

Aims

The aim of this audit was to examine the use of nasogastric tubes (NGTs), and a retention device (also known as nasal bridles) to keep them in place, by a healthcare professional in an acute hospital.

Research Design

Data was collected from the first of January 2022 to the first of January 2024 on all patients in which one healthcare professional inserted a NGT or retention device. Prospective data was collected at time of insertion. Further retrospective data was collected afterwards.

Results

Less nasal retention devices (38) than NGTs (70) were placed in the two years. Of the NGTs placed, 62.8% had their placement successfully confirmed with pH aspirate and without need for CXR. Of the 23 that had a CXR, 14 were confirmed in place while 5 had no comment regarding the NGT on the report. 3 required further advancement down the stomach as they were too proximal. Only 1 patient's tube was reported to be in the lung.

Conclusions

Over 60% of NGTs can be confirmed in place without the need for a CXR. However, 26% of reports had no comment made regarding the NGT placement. This highlights some of the pitfalls regarding using CXR to confirm NGT position even after the position could not be confirmed with pH aspirate. NGT placement is more common than retention device placement but perhaps retention devices could be utilised more as it was found that many patients required multiple CXRs due to tube displacement.

A Trial of Combined use of Corgrip and AMT Nasogastric Tube Retention Devices (Nasal Bridle) to increase number of successful Nasal Bridle placements.

OFerrall T

Aims

To increase the number of successful Nasogastric Tube Retention Device (Nasal Bridle) placements in the hospital through use of two different brands of Nasal Bridles. There was a secondary aim of reducing costs associated with Nasal Bridle and Nasogastric Tube placements.

Research Design

The study started from the first nasal bridle required after a supply of the AMT Nasal Bridle devices were obtained and finished once the last AMT device was used. Corgrip was attempted as first line insertion, followed by AMT if required. Results of insertions from all staff that reported the insertion were included in the study. The study took place from 14.10.23 and 14.02.24.

Results

27 Insertions were attempted over 4 months. Both the Corgrip and AMT failed on the 27th insertion so this was when the study/audit finished. 22 insertions were done with the Corgrip, 4 were done with the AMT. Without the AMT, there would have been a 15% failure (4/26) in nasal bridle insertions.

Conclusions

Having availability of the AMT and Corgrip nasal bridles increases number of successful nasal bridle insertions as in certain cases the AMT nasal bridle can be inserted where the Corgrip fails to be inserted. However, it is not cost effective to just use the AMT nasal bridle. In a cost comparison, it was found to be cheaper to try Corgrip insertion followed by AMT if needed (€714 per 26 insertions or approx. €2000/year).

Gastrointestinal symptoms after radiotherapy for gynaecological cancer: an evaluation of a specialist dietetic service in an Irish radiation oncology centre

Roulston F, Gildea C

Background

Gastrointestinal (GI) side effects of pelvic radiation therapy can occur during or after treatment. Symptom prevalence varies, with 43% of gynaecological cancer patients at SLRON experiencing late GI symptoms after completion of pelvic radiotherapy. In 2023 a new service was established to provide patient access to dietetic support and management of complex GI side effects resulting from cancer treatment.

Aims

This study aims to describe the clinical characteristics, GI symptoms, interventions and outcomes of gynaecological cancer patients in an Irish radiation oncology setting.

Research Design

A retrospective observational audit was conducted on electronic records of 57 patients who attended a dietetics post treatment clinic between July 2023 and February 2025. Data collected included oncological diagnosis and treatment, gastrointestinal symptoms, investigations, management and outcomes. Data were analysed using Microsoft Excel (2013).

Results

Mean age was 54 years. 70% had a diagnosis of cervical cancer. All patients underwent radical treatment and 68% received concurrent chemotherapy. 10 individual GI symptoms were reported with a mean of 3.4 symptoms per patient. The median time from radiotherapy to symptom onset was 10 months (range 2-74).

79% underwent at least one GI investigation including bloods tests, colonoscopy and stool sample analysis.

Following dietetic intervention 86% of patients reported an improvement in GI symptoms at follow up appointments.

Conclusions

Gynaecological cancer patients report a complex mix of GI symptoms after radiation therapy. Specialist dietetic support in managing these symptoms improves outcomes. Further research is needed to aid service planning locally and nationally.

Ask before you fast: an audit of compliance with guidelines on fasting in ICU

Shanahan L, O'Shea C, Conrick-Martin I

Background

ICU nutrition is frequently interrupted for procedures, to avoid aspiration, leading to underfeeding. International guidance on fasting for intubated patients is lacking. Hence, the MMUH Critical Care has a fasting guideline. Due to variable compliance, this was updated & relaunched in 2024, including extensive stakeholder engagement and multimodal education.

Aims

We compared compliance with critical care fasting guidelines before and after guideline update.

Research Design

We retrospectively gathered pseudo-anonymised data from electronic records, on fasting in ICU prior to (Group A, 122 fasting incident, 51 patients) and after (Group B, 121 fasting incidents, 49 patients) guideline update. Data included fasting indication, incidence of nasogastric tube dislodge, presence of a protected airway and guideline compliance. Analysis was via MedCalc[™] Chi-squared & un-paired t-tests.

Results

Guideline compliance improved by 13% from 38.5% to 51.3% ($p=0.0499$). A greater improvement may have occurred had Group A and B been less heterogeneous. Group B had more Trauma patients ($p=0.005$) who require more fasting. Fasting for extubation, a key component of guideline update was less in Group B ($p=0.01$). Documentation of who ordered fasting was poor (14-20% of incidents), which has implications for education strategies.

Conclusions

Improvements in fasting were seen after guideline update. Risk of unnecessary fasting remains high. Ongoing, periodic education is required, as is exploration of automated solutions. Importantly, continued surveillance of feed interruptions to allow pre-emptive & reactive 'at the bedside' MDT discussions are essential. This is led by the critical care dietetic team and dependent on adequate resourcing.



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Community Dietetics & Outpatients Services

Unplanned Dietitian Contacts in a Home Enteral Nutrition (HEN) Service

Aherne M, Brett A, Clarke S, O'Reilly M, Ryan Y

Background

A 2024 audit of the HEN Service in the DSKWW Integrated Healthcare Areas found that patients received more Dietitian contacts than recommended by the HEN care pathway, both within the first year post-referral and subsequent years.

Aims

Further analysis was undertaken to quantify the proportion of contacts that were unplanned and to identify the reasons for these interactions.

Research Design

Between March 2024 and May 2025, three HEN Dietitians incorporated additional data collection into their routine service reporting. For each patient interaction, they recorded whether the contact was planned (aligned with the care pathway) or unplanned, and documented reasons for unplanned contacts. Unplanned contacts were defined as telephone or in-person interactions lasting more than 15 minutes and occurring outside of scheduled reviews. Data were analysed using Microsoft Excel.

Results

Across 14 months, 568 patient contacts were recorded. Of these, 129 (23%) were unplanned, with individual Dietitian rates ranging from 16% to 29%. The most common reasons were equipment-related queries (30%), feed availability issues (24%), and feed tolerance concerns (15%). Other reasons included requests to update Recommendations to Dispense (7%), stoma site issues (5%), follow-up after hospital admission (4%), accidental tube dislodgement (3%), and other causes (12%).

Conclusions

Almost one-quarter of contacts were unplanned, reflecting patient complexity and clinical instability. National enteral feed shortages also contributed, requiring temporary alternative regimens. These findings have implications for HEN Dietitian caseload capacity and highlight the need to review the HEN care pathway and re-define levels of Dietitian contact required to adequately support this patient group.

Compare Adherence To ESPEN Recommendations For Oncology Patients Attending The Oncology Day Unit Cavan Monaghan Hospital (CMH)

Brady M, Mallon B, Holland D, Gilmartin M

Background

ESPEN recommend routine screening and rescreening for malnutrition and referral to dietetics as appropriate. Along with malnutrition screening, ESPEN also suggest nutritional requirements for oncology patients.

Aims

Audit compliance to current ESPEN recommendations at CMH.

Research Design

30 patients were selected (August 2024- December 2024) who had commenced chemotherapy at the oncology day ward, CMH. Data was collected by the senior oncology dietitian in January 2025. Data was then analysed.

Results

90% of those who were starting chemotherapy had MUST completed, with 80% of these completed accurately. 0% of this cohort had MUST repeated. Of those who had malnutrition screening completed 43% were referred to dietetics. When compared to local policy it was evident that at least 60% of patients should have been referred. At the initial assessment by the dietitian 21% were meeting >75% of their estimated caloric and protein requirements estimated using ESPEN criteria and clinical judgement. At the follow up dietetic assessment 86% were meeting >75% of their estimated calorie and protein requirements.

Conclusions

Limited rescreening for malnutrition is being carried out. The need to rescreen patients is essential to monitor the need for dietitian input as this may vary throughout the course of treatment. When comparing a standardised tool such as MUST against locally agreed referral criteria it is clear that some referrals are likely to not be picked up suggesting that a more comprehensive tool is needed for oncology patients. Analysis of patients meeting estimated calorie and protein requirements at initial dietetic assessment versus follow up clearly demonstrates the impact dietetic intervention has on meeting ESPEN recommendations.

A Quality Improvement Initiative regarding the Dietetic Management of Obesity in the Community Setting

Byrne M, Hehir K, Bermingham K

Background

The Community Nutrition and Dietetic Service of Cork and Kerry provides dietetic care for adults and children diagnosed with obesity, across primary care, chronic disease hubs, and settings for older people. The understanding and treatment of obesity has undergone a paradigm shift in recent years. Irish Clinical Practice Guidelines (CPGs) and a Model of Care (MOC) have been published however were not integrated into our service.

Aims

To improve the quality of the service provided to those with obesity. Specified objectives were to incorporate CPGs and MOC into the care plan, train dietitians, and update patient support resources.

Research Design

A literature review was conducted, informing the development of the care plan and patient support resources. Relevant stakeholders were consulted including patients, clinical specialist and other dietitians, the Association for the Study of Obesity in Ireland, and the Programme Lead for the National Clinical Care Plan for Obesity.

Results

A team of three dietitians was established to integrate the CPGs into our careplan, however staffing constraints limited our ability to fully integrate the CPGs. New and updated patient resources and dietitian training sessions were produced. Peer support meetings provided ongoing support.

Conclusions

We expect our work to contribute to improved patient outcomes, and support dietetic CPD requirements. Audit will be required to evaluate our progress. Dietitians have a central, evolving role in the management of obesity, and more resources are required to meet the needs of the Irish population as defined by the MOC.

Implementing Standardised Dietetic Care Plans for Irritable Bowel Syndrome. A Regional Service Evaluation.

Campbell D, Mc Clafferty E, Doherty SJ, Rose D, Doherty K, Soffe A

Background

Dietary triggers are common with Irritable Bowel Syndrome (IBS), with up to nine out of ten individuals reporting that food generates symptoms. The Department of Nutrition and Dietetics Sligo, Leitrim and Donegal identified service delivery gaps for the management of IBS, including the use of varying approaches for symptom assessment and evaluation. As well as this, we identified costly approaches in outsourcing patient resources.

Aims

1. To develop regional Dietitian Care Plans for 1st Line IBS Treatment and 2nd Line IBS Treatment.
2. To routinely measure patient outcomes by standardising the use of Functional Gut Disorder (FGD) Symptom Evaluation Tool
3. To reduce department costs by developing internal Low FODMAP patient resources.

Research Design

We used a cross-functional approach to co-design and implement IBS care plans and patient resources. The use of Functional Gut Disorder (FGD) Symptom Evaluation Tool was standardised at initial and follow-up assessments. A pilot sample of patients attending Sligo Primary Care, who completed treatment Jan 2024- October 2025 were used to measure patient outcomes. (n=22)

Results

At Initial Dietitian Assessment, only 15% of patients reported satisfactory relief of gut symptoms. This increased to 83% following Low FODMAP Intervention. Developing patient resources reduced department costs, including delivery and purchase cost of Low FODMAP resources from UK.

Conclusions

Standardised care plans ensure safe, cost-effective, and high-quality service delivery with positive patient outcomes.

An Evaluation of the Impact of Dietetic Involvement in Cardiac Rehabilitation

Elshaafi T, Stenson T, Corrigan K

Background

Diet is a major modifiable risk factor for cardiovascular disease (CVD). Irish diets remain high in red meat, dairy, and convenience foods. This dietary pattern is concerning and supports the implementation of nutrition education in health promotion initiatives, including cardiac rehabilitation (CR).

A 2024 report by the National Heart Programme reported that dietetic involvement in CR is inconsistent due to staffing shortages.

Aims

To evaluate the impact of dietetic involvement on patients in cardiac rehabilitation.

Research Design

A nutritional assessment tool was developed for the CR programme in CHB to evaluate the impact of dietetic involvement. The questionnaire consisted of 19 questions and was based on the Irish healthy eating guidelines (5). Patients were scored out of 100.

All patients in the programme received a nutritional assessment with the dietitian and then a one-hour group nutrition education session within the first two weeks of the programme. At the end of the programme, a final assessment was completed.

Results

Of the 84 patients included, 68 completed both the pre- and post-programme nutritional assessments. The mean pre-assessment score was 60.0 ± 12.7 (range 26-87) and mean post-assessment score was 73.4 ± 12.2 (range 38-93). A paired t-test showed a significant improvement in scores ($t(67) = 10.89$, $p < 0.001$).

Conclusions

The significant improvement in patients' diet demonstrates the influence of nutrition education on diet quality and highlights the benefit of increased dietetic involvement in CR.

An Audit of Paediatric Restrictive Eaters seen by Primary Care Dietitians in Dublin North City and County

Forde N, Hayes M, O'Flaherty L, O'Reilly K

Background

Primary Care (PC) Dietitians in Dublin North County and City have seen an increased number of paediatric cases presenting with severe restrictive eating including suspected ARFID. The child presents with very limited dietary intake, significant risk of nutritional deficiency and a notable need for psychological support as well as other therapies. Recent research acknowledges the need for an MDT approach (Psychology, OT, SLT), in the assessment and treatment of this patient group - a service which is not available in PC.

Aims

To identify the number and complexity of Restrictive Eaters (RE) in our caseload, and also to highlight the need for a specialised MDT service for this patient group.

Research Design

A Google Forms Audit, comprising of 15 questions, was circulated to all PC Dietitians in DN and DNC, who work with Paediatrics. The Audit included all RE cases discharged in 2025.

Results

93 cases were submitted to the audit. Multiple nutritional concerns were identified, including limited range of foods consumed, sensory aversions, child and adult anxiety at meal times. Most children presented with multiple concerns. 70% of cases had little or no improvement to their dietary variety, despite PC dietetic intervention. In two thirds of the cases, a need for a specialised feeding clinic was identified.

Conclusions

This audit demonstrates the complexity of this patient group and demonstrates that their needs are outside of the scope of PC Dietetics. It highlights the need for a dedicated MDT service and supports our aim to establish one.

Addressing Weight Stigma at Scale: A Dietitian-Led Online Information Session for Parents

Guinan E, McNamara E

Background

Conversations about weight are challenging for parents due to concerns about causing harm. Negative parental language about food and weight can reinforce weight stigma and contribute to unhealthy behaviours in children; therefore it is essential that parents are supported to use appropriate language when discussing food and weight in the home.

Aims

The aim of this project was to create an online information session to provide parents with support around managing conversations around food and weight in the home. The project also aimed to encourage the adoption of evidence-based health habits that promote child health across the household.

Research Design

Health promotion dietitians partnered with paediatric dietitians to develop an online information session called 'How we talk about weight matters'. The session was operationalised by the health promotion dietitians and was offered six times in 2025. A live questions and answers section was included at the end of each session with the support of a paediatric dietitian from primary care.

Results

A total of 1680 individuals registered to attend a session, with 610 people attending live (36%). The majority of parents (84%) said that they were more confident about managing weight conversations following the session. Seventy seven percent said that they would change their behaviour as a result of attending the webinar.

Conclusions

Given the widespread prevalence of weight stigma and the large number of families affected, dietitian-led online information sessions offer a scalable, cost-effective public health approach to delivering evidence-based to parents at a population level.

Review of meal and snack provision on the medical short stay unit in TUH

O'Shea C, Wilson R, Boland J

Background

Dietitians play a crucial role in assessing patients' nutritional status and providing recommendations to enhance their nutritional intake. To meet patients' specific needs, dietitians may request special diets, extra snacks, and milk from the pantry staff.

Aims

to review meal and snack provision on the MSSU to determine whether they are being delivered in a timely manner.

Research Design

An observational audit was conducted by three dietitians on the MSSU over a two-week period

Results

A total of 172 patients were screened over five days across two weeks in November 2025. During this period, there were 21 meal interruptions. Milk was requested for 35 patients across all the observation days. 25 (71%) of these patients received the milk that was requested by the Dietitian. Regarding snacks, 39 patients had snack requests documented on the pantry whiteboard. Of these, 27 patients were offered a snack at 11am, 2 people received the correct snack as per their request.

Conclusions

Milk and snack provision appears to have improved on the MSSU when compared to a previous review completed in March 2025. This may be secondary to a change in practice following an education session on the importance of snack and milk provision which was provided to pantry staff by a MSSU dietitian in July 2025. However, limited snack options remain an issue on MSSU and many patients with snack requests are still not receiving the correct snack. Mealtime interruptions appear to have decreased since March 2025.

A Four-year journey in the development & delivery of a dietetic service in the Tallaght Chronic Disease Ambulatory Care Hub

Parke L, Power N, O'Shea F, Curley P, Sheane R, Hastings A, Murray M

Background

The Tallaght Chronic Disease Hub is one of approximately 30 hubs set up in Ireland to provide integrated care services as part of the National Framework for the Integrated Prevention & Management of Chronic Disease in Ireland. By early 2023, 7 dietetic posts were filled in the diabetes specialist service in Tallaght. From July 2022, all 3 programmes [Discover Diabetes (DD), Diabetes Prevention Programme (DPP) and Best Health Weight Management Programme (BH)] were rolled out with the training and support of the National Self-Management Education Office. Service development included the setup of clinics; securing site space for staff and group programmes; informing other services of what the hub provided as well as setting up a triage process to manage referrals and establishing data collection on service user contacts.

Aims

To review service delivery by analysing data collection on clinic and programme contacts and referral numbers. Data was available from the monthly records for ECC- ICPCD activity metrics.

Results

66 programmes (40: DD; 14: DPP; 12: BH) have been completed with 13 in progress (December 2025). Over 10,000 service user contacts in clinics and programmes have been recorded. On average, 1900 referrals have been received annually with a 70% acceptance rate.

Conclusions

The Tallaght Hub is well established and reflecting on what has been achieved to date has strengthened the dietitians' commitment to continue to provide equitable patient-centred care and address change with the evolving needs of this service.

Audit of Weight Management Intervention in Primary Care Services in Dublin South and Wicklow (DSWW)

Power M

Background

In 2023 a package of care was developed for patients in DSWW IHA who do not meet the Criteria for 'Best Health' Weight Management Service and fall under the remit of Primary Care. This package of care included a pre-appointment information leaflet, an initial assessment and the offer of five follow up reviews.

Aims

The aim of this audit was to assess the efficacy of this package of care. This included both quantitative and qualitative analysis.

Research Design

Data was gathered on total number of patients seen and total number of appointments attended. It detailed if their information leaflet was received and read prior to their initial assessment, if non-weight related goals were set at the first appointment and if goals were met at end of intervention.

Results

Total Numbers Seen = 51, total number analysed = 48. 11 (23%) patients completed all six appointments. N= 23 (47%) either cancelled or did not attend after one or two appointments. N=14 (30%) discontinued for another reason. 96% set goals at first appointment, and of these 83.5% had met some or all goals by time of completion. Average time to completion was 10 months.

Conclusions

Having a defined package of care was useful for both staff and patients. Despite only 23% completing the full six appointments, 83.5% of those who attended more than one appointment felt that they met some or all of their goals. Further research into the high levels of cancellations and non-attenders would be of benefit.

Review of Caritas Dietetic out-patient service in St. Vincent's University Hospital

Ryan C, McCausland E, Barnes L, Nunes F

Background

In July 2024, the Dietetic Department introduced a dedicated outpatient clinic within Caritas Day Hospital to better address the nutritional needs of service users. Prior to its establishment, dietetic input was primarily delivered through same-day referrals, limiting continuity and structured follow-up. The new clinic, led fortnightly by a Staff Grade Dietitian, provides comprehensive nutritional assessments and planned interventions.

Aims

This audit aimed to evaluate clinic productivity and assess the effectiveness of dietetic interventions through comparison of pre- and post-intervention anthropometric measures.

Research Design

Administrative data on referrals and attendance were reviewed, and the DMF Stats system was used to analyse dietitian hours allocated to the clinic. Patient information was collected retrospectively from healthcare records and nursing assessments, including the CGA Tool. Data were compiled and analysed using Microsoft Excel.

Results

Referrals increased by 13.3% in 2025 compared to 2024 (n=43). Following introduction of the structured outpatient clinic, referrals rose by 17.9% (n=27), with a further 56% increase (n=83) after implementation of a letter-based referral system. Service uptake remained stable (18.8% in 2024; 19.3% in 2025). Dietitian hours dedicated to the clinic increased by 20.8% in 2025. Among 18 patients reviewed (16 female, 2 male), 61% (n=11) maintained or gained weight, with an average change of +0.16 kg (range -10.6 kg to +4.5 kg).

Conclusions

The structured outpatient clinic was associated with increased referrals and positive patient weight outcomes. Further evaluation across a larger cohort, including cancellations and time allocation analysis, is recommended.

Highlighting the Importance of the Network Dietitian

Williams M, Aherne M

Background

The HSE and Department of Health's improvement plan (Slaintecare) is focused on improving community care by providing service users with a health service that is easily accessible, locating it in the area they live. This includes the presence of a full multidisciplinary team (MDT)- Physiotherapists, Occupational Therapists, Speech and Language Therapists, Psychologists, Social Workers and Dietitians.

The adult dietetics service in Kildare and West Wicklow had previously been working as a cross cover service, where the dietitian was not linked to one network. Given staff vacancies and staff burnout, it was recognised that this was not a sustainable method of service provision and services in networks without a dietitian connected to them were suspended until such a time as there was a dietitian to take up the vacancy.

Aims

The aim of this was to highlight the importance of having a dietitian in every community network.

Research Design

Following the suspension of services in networks 10, 11 and 12 in July 2024, it was recognised that there was now capacity for the dietitian in network 13 to focus on the development of the adult dietetic service in that network.

Results

Results showed that the presence of the Network 13 dietitian, working full time in the network had a significant impact on referral rates (reflected below). There was a 52% positive change in referral rates between July to December 2024, compared with the number that were referred between this period in 2023.



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Maternity & Infant Health

Feeding practices of premature infants during hospitalisation and post discharge: preliminary findings from the SPROUT Study

Alves Santos J, Doolan A, Dunlevy F, Kearney J, Kennedy A

Background

Preterm infants experience multiple feeding milestones during hospitalisation that extend beyond discharge. Sustaining breastfeeding and managing feeding difficulties remain significant challenges.

Aims

To describe milk feeding practices, complementary feeding, and feeding challenges in preterm infants during the first year of life.

Research Design

SPROUT is an observational cross_sectional study of infants <1500 g assessed at 6-12 months corrected age. Feeding practices and difficulties were collected via parent questionnaire and hospital discharge data. Ethical approval was obtained from The Coombe Hospital and TU Dublin.

Results

Twenty-five infants have been recruited, with a mean corrected age of 8.5 ± 1.9 months. All infants received human milk during hospitalisation; five received exclusive mother's own milk. Twenty-one infants were fed at the breast at least once in hospital. At discharge, 23 infants (92%) received some breast milk (BM), 11 (44%) were directly breastfed, and 10 (40%) received infant formula. Following discharge, 22 continued breast milk feeding; at assessment, eight remained on any BM. Among those who discontinued, mean corrected age at cessation was 5.7 ± 2.3 months. Solids were introduced at 5.1 ± 0.8 months corrected, with iron_rich foods at a median of 6.3 months (4.2-11.0). Six infants were receiving iron supplementation. Most commonly reported difficulties were poor latch, reflux, and progression of textures.

Conclusions

Although breast milk exposure in hospital and at discharge was high, continuation declined by late infancy. Timing of iron_rich food introduction may indicate challenges in meeting nutritional recommendations. These preliminary findings highlight the need for structured post discharge lactation and feeding support.

Healthcare Professional Bias Regarding Infant Feeding: A Secondary Analysis Exploring Maternal Perceptions of the Irish Healthcare System

Bacon A, O'Brien E, O'Sullivan E

Background

In Ireland, breastfeeding rates are low, and formula feeding is the predominant method of infant feeding, deeply embedded in Irish culture. Subsequently, formula is prevalent across Irish Maternity Services.

Aims

To explore maternal perceptions of bias from healthcare professionals (HCPs) regarding infant feeding within the Irish healthcare system.

Research Design

Data were pre-collected from a 2022 online survey. Eligible participants included women who had breastfed/considered breastfeeding children born in Ireland between 2019-2021. Relevant qualitative responses were analysed utilising Braun and Clarke's reflexive thematic analysis from an interpretivist viewpoint.

Results

Three themes were generated based on 23,893 responses from 4,695 women :

1. Double-Edged Sword: HCP Breastfeeding Advocacy

While reported examples of staff expressing bias towards breastfeeding, going above and beyond to support breastfeeding can benefit breastfeeding mothers, formula feeding mothers reported feeling guilt, pressure, and little support from HCPs who were overly positive towards breastfeeding.

2. Formula First Advice in HCP-Mother Interactions

Conversely, other mothers perceived staff as biased towards formula, assuming mothers were formula feeding as the 'easier' option. Staff were thus less likely to offer breastfeeding support. Mothers also reported staff being against breastfeeding and refusing support.

3. Systemic Undervaluing of Breastfeeding

Mothers reported bias being built into the healthcare system, such as formula being more accessible and cheaper than breastfeeding resources. Mothers also reported that HCPs lacked the resources, training, and time to support breastfeeding.

Conclusions

Findings indicate inconsistent HCP attitudes towards infant feeding. Biases, whether for/against breastfeeding/formula, are prevalent and can negatively impact mothers' breastfeeding journeys.

Determinants of Maternal Iron Status During Pregnancy: A Prospective Population-Based Cohort Study in Southwestern Sweden

Brett H, Connolly C, Brebring L, Forsby M, Augustin H

Background

The World Health Organization estimates that 35.5% of pregnant women globally are affected by anaemia. Anaemia, defined by low haemoglobin (Hb) concentration does not distinguish iron deficiency from other causes of anaemia. However, serum ferritin reflects iron stores. Although the prevalence of anaemia in Northern Europe is below the global average, it remains important to investigate the maternal determinants of anaemia and low iron status in this population.

Aims

To investigate maternal determinants of iron status and anaemia during pregnancy in a Swedish cohort, and to explore associations with infant birthweight.

Research Design

This analysis utilises data from the GraviD cohort, a prospective population-based cohort study conducted in Vstra Gtaland, Sweden. Women (n=2125) were recruited at antenatal registration (<16 weeks gestation) in 2013-2014. Maternal characteristics including age, BMI, parity, and country of birth and infant birthweight were collected via questionnaire and medical records. Repeated Hb concentrations were available for the full cohort, with ferritin measured in first trimester in a subset (n=1637) of participants. Iron status will be assessed using established Hb and ferritin thresholds. Descriptive statistics and multivariable regression analyses will be performed using IBM SPSS Statistics (version 31).

Results

Mean age was 31.4 ± 4.9 years, mean BMI 24.5 ± 4.3 kg/m and 42.6% were nulliparous. 75.5% of the cohort were from Northern Europe. Further analyses will report the prevalence and determinants of anaemia and low ferritin concentrations.

Conclusions

This study will provide important evidence on maternal determinants of iron status in a Swedish pregnancy cohort to address the need of targeted strategies for risk groups.

Feeding, nutrition and growth among infants with Hypoxic Ischaemic Encephalopathy treated with Therapeutic Hypothermia at The National Maternity Hospital: A Retrospective Cohort Study

Dunne CE, Power CJ, McCarthy RA

Background

Hypoxic-ischaemic-encephalopathy (HIE) occurs in 1-6/1000 live-births and is associated with significant mortality and morbidity, including neurological impairment. Therapeutic-hypothermia (TH) is used to protect the brain with outcome data showing decreased likelihood of severe disability and death, however there is limited data on nutrition.

Aims

This study aims to explore nutritional outcomes among infants with HIE treated with TH at NMH.

Research Design

Data on infants with HIE treated with TH at our level 3 neonatal-unit from 2020-2024 were collected; this included demographics, feeding, growth, and dietitian input up to 6 months. Case-controls without HIE or TH exposure were included for comparison with the inborn sub-group.

Results

66 infants with HIE and treated with TH were included. 34 (52%) were inborn; and 59% were male. Mean birthweight was 3.43 kg and length of hospital-stay was 11 days. 77% received maternal-milk while 62% breastfed. Growth-faltering (from birth to discharge) occurred in 13%. 2% transferred to a specialist hospital and 21% died. 20% were reviewed by a dietitian. Feeding issues post-discharge were documented in 13 infants (20%), of which 38% were reviewed by dietetics.

By comparison, among controls (n=34), 65% were male; mean birthweight was 3.51 kg and length of stay was 2 days. A similar proportion (76%) received maternal-milk while more (73%) breastfed. No infant transferred to a specialist hospital and 3% died. No growth-faltering or feeding issues were reported.

Conclusions

Infants with HIE experienced less favourable nutritional outcomes with limited dietetic involvement, highlighting potential opportunities for service improvement and support.

Feeding and growth among infants born at different stages of prematurity

Harrington A, Browne S, Smith J, Winn V, O'Connor L, Power C, McCarthy R

Background

Feeding and growth are important for infants born preterm. Efforts to support maternal-milk (MM), breastfeeding and growth typically focus on infants born very-preterm (VP), with apparent less attention on infants born moderate-preterm (MP) and late-preterm (LP), despite representing the majority of preterm births.

Aims

To examine feeding and growth among infants across the range of prematurity and explore potential differences.

Research Design

A retrospective analysis comparing infants born VP (<31+6 weeks), MP (32-33+6 weeks) and LP (34-36+6 weeks) gestational-age, admitted our level 3 neonatal-unit. Data were collected from patient-charts for infants born VP January-December 2023, and MP and LP July-December 2023. Growth was considered in relation to rate of growth-faltering (GF), categorised according to weight z-score change from birth to discharge home as follows: mild (0.8-1.2), moderate (>1.2- $\leq$ 2), severe (>2).

Results

101 VP, 38 MP and 165 LP had data analysed. 99% VP, 97% MP and 82% LP received MM. 66% VP, 47% MP and 13% LP received MM exclusively. 73% VP, 71% MP and 79% LP breastfed. 43% VP, 42% MP and 22% LP demonstrated GF, with 24% VP, 15% MP and 3% LP demonstrating moderate-severe GF.

Conclusions

Despite increasing maturity, MP and LP have lower MM and BF rates generally compared with VP. MP consistently showed the lowest BF rates; and had high rates of GF that more closely match VP than LP. Findings suggest a positive impact of the support provided to VP and highlights potential for increased input for MP and LP.

Examining implementation of the Bump2Baby and Me randomised control trial using RE-AIM

Horgan A, Zwierzchowska A, Tunney G, Greene E, Davies A, O'Toole L, McAuliffe F, Teede H, Harrison C, Burden C, Campoy C, Laws R, Feyissa T, Versace V, Skinner T, O'Reilly S

Background

Implementation science supports the more rapid translation of evidence-based interventions into usual care. The pregnancy and postpartum periods remain a particularly under-researched area in this field.

Aims

To evaluate an mHealth lifestyle intervention for women at-risk of developing gestational diabetes using the Reach, Effectiveness, Adoption, Implementation and Maintenance (RE-AIM) framework.

Research Design

The Bump2Baby and Me mobile health (mHealth) behaviour change randomised controlled trial was conducted across four sites (Dublin, Bristol, Granada and Melbourne). Participant data were collected via the mHealth app, blood sampling, self-report questionnaires and exit interviews. Stakeholders and health coaches provided interview and focus group data. Quantitative data were analysed using SPSS (version 29) and qualitative data using NVivo 15.

Results

Of 4,386 women screened, 865 were randomised to control (n=428) or intervention (n=437) groups, with 295 and 282 completing the study respectively (Reach). The intervention group demonstrated lower gestational diabetes incidence, higher breastfeeding rates and improved metabolic biomarkers (Effectiveness). Healthcare staff engagement was associated with positive attitudes towards gestational diabetes screening, whilst participant engagement was driven by personalised feedback and health coach relationship (Adoption). Greater app fidelity was associated with improved outcomes (Implementation). Modifiable and non-modifiable factors (including overcrowding, staffing challenges and COVID-19 pandemic) affected sustainability (Maintenance).

Conclusions

Health behaviour change interventions the potential to reduce gestational diabetes incidence in women at-risk. Strengthening health system infrastructure and mitigating external disruptions are key to optimising implementation and long-term sustainability in routine maternity care.

Infant and Young Child Feeding in Emergencies: Preparedness and Policy in Ireland

Lawless L, O'Sullivan EJ, Kennedy A

Background

Infants are particularly vulnerable during emergencies due to immunological immaturity and dependence on consistent nutritional support. Breastfeeding provides optimal protection, yet structured Infant and Young Child Feeding in Emergencies (IYCF-E) preparedness remains limited in Ireland.

Aims

To explore healthcare and policy professionals' perspectives on Ireland's readiness for IYCF-E and to identify gaps in legislation, policy and regulation of Commercial Milk Formula (CMF).

Research Design

A cross sectional mixed methods survey study was conducted using an anonymous online questionnaire distributed to stakeholders across the Republic of Ireland and Northern Ireland. Quantitative data were analysed descriptively. Qualitative responses were examined using reflexive thematic analysis.

Results

A total of 125 responses were received, predominantly from healthcare and community professionals. Findings indicated limited awareness, coordination and preparedness for IYCF-E. Responsibility was most frequently attributed to government bodies including the Department of Health and the Health Service Executive. Participants highlighted concerns regarding unregulated CMF distribution and marketing during crises, inadequate legislative protections, limited access to lactation support and lack of clarity regarding governance structures. These issues were identified as key barriers to effective preparedness planning.

Conclusions

Ireland currently lacks a coordinated IYCF-E framework. Development of a national government led preparedness plan incorporating defined leadership, workforce training, regulatory oversight and cross sector coordination is urgently required to safeguard infant nutrition during emergencies.

Transforming Care: Adapting the Diabetes Prevention Programme for women post gestational diabetes

McGowan C, Kirby L, Dunne P, Sheane R, Breen C, Humphreys M, O'Brien S

Background

The national Diabetes Prevention Programme (DPP) is the HSE accredited group self-management education (SME) programme for people with pre-diabetes.

Women who develop gestational diabetes (GDM) are 10 times more likely to develop type 2 diabetes compared to women who do not.

Aims

The SME office recognised the need to adapt the DPP to support this cohort of women to engage and participate in the programme.

Research Design

Curriculum adaptation was informed by engagement with academic, health care professional and women post-GDM partners.

Women post-GDM attended the group intervention online for 12 months (6 weekly sessions, 8 monthly sessions) and they contributed feedback throughout the process at the following time points: informally at the end of each session 'in conversation'; formally through self-administered online questionnaire at 2 time points (end of 6 weeks and end of intervention); and online interviews mid-way and end of programme.

Results

1. Delivered an adapted curriculum with tailored evidence-based messages on physical activity, mental health, family nutrition.
2. Developed a training module for dietitian educators to support them to deliver the adapted DPP Post-GDM

Conclusions

Engaging with women post GDM as early and as often as possible when adapting the programme had many benefits:

1. Gave SME team confidence that the adapted programme is acceptable to this cohort of women and is meeting their needs.
2. The women valued the opportunity to engage in an evidence based, dietitian led intervention.

Adapting the programme ensured that the DPP is acceptable and met the needs of this unique cohort.

Healthcare Professionals' Perspectives on Infant and Young Child Feeding During Emergencies in Ireland

Merrigan P, Kennedy A, O'Sullivan E

Background

Infant and Young Child Feeding in Emergencies (IYCF-E) is critical for protecting infant health and survival during crises. Ireland is vulnerable due to low breastfeeding rates, heavy reliance on commercial milk formula and the absence of a national IYCF-E plan. Limited research has explored Irish healthcare professionals' (HCPs) perspectives on IYCF-E.

Aims

To explore HCPs' knowledge and perceptions of IYCF-E in Ireland to understand barriers, supports and levels of preparedness for IYCF-E.

Research Design

A qualitative analysis of 15 semi-structured interviews with HCPs working in the Republic of Ireland. Transcripts were obtained from a larger all-island research project and analysed following Braun and Clarke's six-step reflexive thematic analysis framework.

Results

Three themes were generated: (1) Infant feeding support in Ireland is fragmented and uneven, with inconsistent training, poor inter-service communication and policies not reflected in practice. (2) Ireland's reliance on commercial milk formula heightens risks during emergencies due to potential disruption of water, electricity, and supply chains, compounded by limited awareness of safe alternatives such as donor milk. Vulnerable families face additional barriers related to language, housing instability and financial constraints. (3) HCPs want coordinated leadership and planning for IYCF-E with COVID-19 exposing weaknesses and opportunities for improvement.

Conclusions

Infants in Ireland are at increased risk during emergencies due to fragmented support systems, formula dependence, and lack of coordinated IYCF-E planning. Strengthening breastfeeding support, improving HCP training, enhancing communication pathways and integrating IYCF-E into national emergency preparedness are critical to ensuring resilience in emergencies.

Dietitians Perspectives on the Nutritional Management of Infantile Colic and Constipation

O'Mahony C, Erraught C, O'Donovan CB

Background

Functional gastrointestinal disorders, colic and constipation, occur in ~50% of infants, with prevalence between 3-40% (colic) and 3-27% (constipation). Aetiology is multifactorial with nutritional and non-nutritional therapies existing. 'Comfort formula', foods for special medical purposes (FSMPs), are marketed for dietary management of colic and constipation.

Aims

Investigate knowledge, beliefs, and practices of dietitians in Ireland regarding dietary management of colic and constipation, its diagnostic criteria, and 'Comfort Formula' use.

Research Design

A rapid review examined 'Comfort Formula' use in practice. A survey of Irish dietitians assessed demographics, knowledge, clinical exposure, attitudes, and confidence. Data were analysed using descriptive statistics, Chi-square tests and Spearman's correlation (SPSS; $p < 0.05$).

Results

Diagnostic features that were widely identified were 'rule of threes' for colic (32/36, 88.9%) and infrequent or hard stools for constipation (33/36, 91.7%). There was disagreement that 'Comfort formula' is effective in managing colic (15/27, 55.6%) or constipation (16/27, 59.3%). Proportionality, 'Comfort formula' were 'infrequently' recommended for colic (21/29, 72.4%) or constipation (22/29, 75.9%), with non-nutritional management strategies favoured, such as parental reassurance/education for colic (27/28, 96.4%) and use of laxatives/fibre for constipation (21/28, 75.0%). Conversely, respondents reported encountering infants consuming FSMPs for colic (22/36, 61.2%) and constipation (20/36, 55.5%) without prior medical supervision.

Conclusions

Dietitians favoured non-nutritional management over recommendation of 'Comfort formula' revealing a divide between regulatory requirements requiring the use of FSMPs under medical supervision and carer initiation of FSMP consumption. Enhanced guidance, parental education, and further research is warranted to understand FSMP usage and to support evidence-based management.

Knowledge, Attitudes and Practices of Irish Dietitians on Nutritional Management Approaches for Infantile Regurgitation and Reflux

Oladehinde-Bello F, Erraught C, O'Donovan C

Background

Infantile regurgitation and reflux are common, self-limiting conditions in infancy, frequently prompting caregiver concern and healthcare-seeking behaviour. Although Foods for Special Medical Purposes (FSMPs) are regulated for use under medical supervision, limited evidence exists on how dietitians support conservative management and FSMP use, particularly in relation to anti-reflux formulas (ARFs).

Aims

To examine Irish dietitians' knowledge, attitudes, and practices regarding the dietary management of infantile regurgitation and reflux, particularly ARF use.

Research Design

A 30-item cross-sectional online survey was distributed to registered dietitians practicing in Ireland to assess knowledge, attitudes, and practices related to infantile regurgitation and reflux. Data were analysed using descriptive statistics, Chi-square tests, and Spearman's correlation in SPSS (statistical significance: $p < 0.05$).

Results

Twenty-seven dietitians completed the survey. Conservative strategies were favoured in managing infantile regurgitation, particularly feeding-technique optimisation (96.4% reflux; 85.7% regurgitation) and parental reassurance (85% both). ARFs were infrequently recommended, where dietitians reported rarely or never recommending ARFs for reflux (62%) and regurgitation (79.3%). Unsupervised caregiver-initiation of ARFs occurred in reflux (33.3%) and regurgitation (27.8%). Confidence in dietary management of both conditions without use of ARFs was significantly associated with clinical exposure of regurgitation ($p < 0.001$) and reflux ($p = 0.012$).

Conclusions

This study identifies a disconnect between regulatory requirements mandating the use of ARFs under medical supervision, professional recommendations, and caregiver-initiated use of ARFs. Practical training for dietitians and clearer communication with caregivers is needed to ensure ARF is used safely and according to evidence.

Evaluating the use of nutritional screening tools among pregnant women with Hyperemesis Gravidarum

Shimmons G, Doherty J, Bennett M, Curran S, Murphy S, Sheehy L, McHale H, Killeen S, O'Brien E

Background

Hyperemesis gravidarum (HG) is a severe form of nausea and vomiting in pregnancy that can reduce nutritional intake and increase the risk of adverse perinatal outcomes. Nutritional screening tools support dietetic referral pathways by identifying and stratifying patients at risk of malnutrition. However, their suitability for women with HG is unclear.

Aims

To assess nutritional risk in women with HG using three established screening tools and evaluate their effectiveness in identifying those at greatest risk, including comparison with dietary intake data.

Research Design

A retrospective chart review was conducted in 198 pregnant women receiving care for HG. Nutritional risk was assessed using the Malnutrition Universal Screening Tool (MUST), pregnancy-adapted MUST (MUST-Pregnancy), and the Obstetric Nutritional Risk Screening (Obstetric-NRS) tool. MUST and MUST-Pregnancy were applied at presentation and discharge. A subgroup with 24-hour food and fluid diaries was used to compare estimated energy and protein intakes (percentage of requirements) with nutritional risk scores.

Results

Mean age was 32.4 years (SD 5.63). Mean BMI was 26.4 kg/m² at presentation and 27.6 kg/m² at discharge. Among parous women, 56.7% reported prior HG. At presentation, malnutrition risk was identified in 55.5% (MUST), 81.4% (MUST-Pregnancy), and 17.2% (Obstetric-NRS). At discharge, risk decreased with MUST (14.9%, $p=0.021$) and MUST-Pregnancy (45.8%, $p>0.05$). Energy and protein intakes were not associated with risk scores.

Conclusions

Established tools may not accurately identify nutritional risk in women with HG, limiting their usefulness for dietetic triage. A HG-specific screening tool may improve risk identification and enable timely nutritional care.



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A Culturally-Tailored Follow-up Maintenance Program for Adult African-American Women That Have Attended the National Diabetes Prevention Program (NDPP)

Alao-Sanni T

Background

African American women experience a disproportionate burden of Type 2 Diabetes Mellitus (T2DM), driven by structural inequities, cultural influences, and gaps in sustained lifestyle support following standard prevention programs. Innovative, culturally responsive nutrition strategies are needed to enhance long-term engagement and glycemic outcomes.

Aims

To evaluate the effectiveness of a culturally tailored, community-based nutrition intervention in improving diabetes knowledge, behavior change, and glycemic control among African American women at risk of T2DM.

Research Design

This pilot study included 24 African American women aged 18-80 years with prediabetes or elevated T2DM risk who had previously completed the National Diabetes Prevention Program (NDPP). The intervention integrated culturally relevant nutrition education, peer-led discussion, and community-centered behavior-change strategies guided by the Health Belief Model and informed by participant-centered qualitative insights. Pre- and post-intervention assessments measured knowledge, lifestyle behaviors, engagement, and HbA1c levels.

Results

At four weeks, 80% of participants demonstrated improved knowledge of nutrition and physical activity guidelines, and 100% implemented at least one sustained lifestyle modification. At three months, 88% achieved improved glycemic control (HbA1c <5.6%). Participants reported improved confidence, cultural relevance of materials, and stronger peer accountability.

Conclusions

These findings demonstrate that culturally tailored nutrition interventions can produce measurable improvements in glycemic outcomes and sustained behavior change beyond standard prevention programs. This model offers an innovative, scalable approach to reducing diabetes disparities and advancing culturally responsive dietetic practice.

The prevalence of metabolic acidosis in dialysis patients in Beaumont Hospital

Brophy N, Magee C

Background

Metabolic Acidosis (MA) is common in the progression of chronic kidney disease (CKD) due to the kidneys inability to stabilise the acid-base balance of the blood. MA is associated with increased risk of frailty, bone demineralization and mortality among patients with CKD (Korus et al., 2025). As per local policy, patients are taken off oral sodium bicarbonate medication on commencement of RRT due to reliance on dialysis machines to replace patient's bicarbonate levels.

The KDIGO guidelines (2024), now recommend pharmacological treatment with or without dietary intervention in patients with bicarbonate levels $<18\text{mmol/L}$ rather than $<22\text{mmol/L}$ as per previous guidelines.

Within practice, multiple patients have been found to have mild to moderate and rarely severe cases of MA evidenced from pre-RRT bloods. Therefore, an audit was carried out to look at the prevalence of metabolic acidosis in RRT patients in Beaumont Hospital.

Aims

To review how many RRT-patients in Beaumont Hospital have bicarbonate levels $<18\text{mmol/L}$ which require intervention as per KDIGO 2024 guidelines & to investigate the prevalence of metabolic acidosis in RRT-patients in Beaumont Hospital.

Research Design

The national renal database was used (eMed) to create reports on the above patient group.

Results

31% of the RRT population had serum bicarbonate levels $<18\text{mmol/L}$ requiring intervention.

Conclusions

Findings show that ongoing MA in RRT patients' needs to be improved in order to prevent secondary hyperkalaemia, frailty, bone demineralisation and reduce mortality overall in this patient group.

Taste and Smell Changes among Ambulatory Cancer Patients receiving Systemic Treatment

Chonail ND, Sullivan ES, Power DG, Ryan AM

Background

Taste and smell alterations (TSAs) are common side-effects of anti-cancer treatment and can negatively affect food choices, food intake, nutritional status and quality of life (QoL).

Aims

This study aimed to assess the prevalence of TSAs and identify associated factors among an Irish oncology cohort.

Research Design

Patients receiving systemic anti-cancer treatment for solid tumours at two University Hospitals were enrolled into a prospective cohort study examining nutritional status and QoL. TSA information was collected on a subset of patients.

Results

TSA data was available for 292 patients (55% female), of which 50% reported taste changes and 21% reported smell changes. TSAs were significantly more likely to present within symptom clusters, including anorexia, constipation, nausea, dyspnoea and fatigue. 'Metallic'(35%) and 'bland'(25%) were the most commonly described changes in food taste. For smell, 'stronger' (29.8%) and 'sensitive' (23.4%) were the most frequent alterations noted. Of those with taste changes, 44.7% experienced weight loss in the 6 months preceding the survey, of which 23.9% had lost ≥5% body weight (cancer cachexia). The majority of patients (63.2%) who experienced taste changes did not enjoy taking prescribed oral nutritional supplements (ONS). On Multivariate analysis, taste changes were associated with lower QoL scores (OR: 0.979 [95%CI: 0.967-0.992]) and Paclitaxel-containing regimens OR:2.376 [95%CI: 1.168-4.834].

Conclusions

TSAs are common and associated with specific clinical and treatment-related factors. Identification of affected patients through increased screening for TSAs, particularly in at-risk groups, could guide more targeted nutritional interventions which may improve ONS acceptability, nutritional status and quality of life.

Long-Term Adherence and Clinical Outcomes Following a Mediterranean Diet Intervention in Metabolic Associated Steatotic Liver Disease (MASLD)

Daly M, Mulligan S, Tierney A

Background

Diet is key to the management of Metabolic dysfunction-associated steatotic liver disease (MASLD) with both the Mediterranean Diet (MedDiet) and low-fat diet (LFD) proving effective in the short-term. However, the evidence for long-term sustained effects remains limited.

Aims

To assess the sustained effects of a MedDiet and LFD intervention on anthropometry, inflammatory markers, and long-term adherence in participants of the MEDINA randomised controlled trial (RCT).

Research Design

This study reports 6- and 12-month follow-up data from the MEDINA RCT conducted in Melbourne, Australia. Participants were randomised to a MedDiet (n=13) or LFD (n=14). Dietary adherence was assessed using validated PREDIMED checklists, alongside anthropometric and inflammatory measures collected from baseline to 12-months post-intervention. Analyses included repeated-measures ANOVA and independent t-tests to assess within- and between-group differences over time, with significance set at $p < 0.05$.

Results

Dietary adherence remained above baseline for both groups at 12 months. However, in the MedDiet group, significant improvements were observed from baseline to end of intervention but declined thereafter, whereas no significant within-group changes occurred in the LFD group. No significant differences were found in anthropometric measures between groups or levels of adherence. Inflammatory markers showed no significant changes in the LFD group, while only IL-6 increased significantly in the MedDiet group.

Conclusions

Neither diet produced sustained anthropometric or inflammatory changes at 12 months. However, clinically meaningful improvements in cardiometabolic markers were evident. These findings suggest ongoing behavioural and dietetic support is likely required to maintain long-term adherence and optimise clinical outcomes.

An Audit of Patients living with Obesity Attending a Dietetic Chronic Kidney Disease (CKD) Clinic

Geraghty L

Background

Obesity is a significant risk factor in CKD and can be a barrier to kidney transplantation. It is important to determine the prevalence of obesity and the number of patients on pharmacotherapy being referred to the CKD clinic to inform practice, identify education needs and shape further service development in dietetics.

Aims

Identify the number of patients living with obesity (PLWO) attending the clinic and the number of patient on pharmacological treatments for their obesity.

Research Design

A retrospective audit was conducted using patient records from the Dietetic CKD clinic from November 2024-April 2025. The inclusion criteria was all patients who attended the clinic during this period with information regarding the anthropometry and clinical records available. Data was collected using eMED electronic record system and previous dietitian notes. Descriptive analysis was performed on Excel to determine the prevalence of PLWO (BMI >30kg/m²) attending the clinic and the proportion of them using pharmacological treatments for weight management.

Results

47% of patients attending the clinic were PLWO.

14.7% of patients were prescribed a GLP 1.

60% of the patients were prescribed a GLP 1 for greater than 6 months before being referred to a dietitian.

Conclusions

The audit highlights the prevalence (47%) of PLWO and CKD attending the dietetic clinic. Referrals to the clinic are at the discretion of clinicians which leads to a variances in the referral process for PLOW and CKD commencing pharmacotherapy, this needs to be streamlined to provide adequate support for this cohort.

Improving Nutritional Outcomes in CF: The Power of Precise PERT and Insulin Dosing

Landers C, Hatton S

Background

A case study of a 48-year-old male with CF (Delta F508/Delta F508) on Kaftrio/Kalydeco, pancreatic insufficiency, CF-related diabetes (24 years), constipation with previous DIOS, hypertension and hypercholesterolaemia.

In January 2025, he reported 10% unintentional weight loss. Contributing factors included underdosing pancreatic enzymes (1/4 capsule of creon 10,000 with meals), laxatives self-discontinuation of laxatives since starting Kaftrio/Kaldyeco, and inconsistent basal bolus insulin use (4u Levemir; Fiasp 1:10g carbohydrate).

Research Design

Phase one focused on gastrointestinal optimisation. PERT was gradually increased to 1 capsule Creon 10,000 per 5 g fat, supported by the Carbs & Cals app to improve fat estimation. Laxatives were titrated to a maintenance dose of two sachets of Movicol daily.

Phase 2 addressed glycaemic control. Intensive education on carbohydrate counting and insulin adjustment was provided, followed by initiation of the Medtronic 780G hybrid closed-loop insulin pump (off licence in CFRD).

Results

Glycaemic control improved without increased hypoglycaemia, alongside increased energy levels and reduced treatment burden. Over 12 months, BMI increased from 21kg/m² to 23kg/m². Steatorrhoea, faecal urgency and bloating resolved, and early satiety greatly improved. Time in range increased from 41% to 79%, estimated HbA1c decreased from 68mmol/mol to 51mmol/mol. Hyperglycaemia reduced from 55% to 21%, and co-efficient variant reduced from 34.2 to 29.4.

Conclusions

1. Accurate, individualised laxative and PERT dosing according to dietary fat intake improves nutritional and gastrointestinal outcomes in CF
2. Although currently off licensed, hybrid closed-loop therapy, under MDT supervision, optimised glycaemic control. Ongoing education and specialist input were essential to sustain meaningful clinical improvements.

Enhancing Patient Engagement in Type 2 Diabetes Self-Management by optimising Patient Communication

Loftus P, Russell E, King E, Harrington K

Background

DISCOVER DIABETES - Type 2 (DDT2) is a HSE Self-Management Education and Support programme. It is an empowerment-based clinical programme delivered by specialist HSE Diabetes Dietitians, offering both in-person and online options. The in-person course consists of four weekly 2.5-hour sessions, with follow-ups at six and twelve months. According to the WHO, poorly written letters can negatively affect patient responses and healthcare attendance.

Aims

This study aimed to improve communication with people living with type 2 diabetes by applying HSE Communicating Clearly Guidelines and WHO recommendations to increase uptake in the DDT2 Self-Management Education and Support programme.

Research Design

The original DDT2 invitation letter and flyer used in the Louth Chronic Disease Management Hub were reviewed and revised using these WHO Considerations for Better Letters:

- (i) ensure a clear call to action,
- (ii) attract readers' attention,
- (iii) engage with intended recipients.

Updated materials were sent to people on the waiting list for two courses in July 2025. Focus group feedback was collected in Session 4 of both courses on participants' understanding, clarity, readability, emotional response, and preferences for email versus postal communication.

Results

Full registration was achieved for both courses (n=23), with 100% attending at least one session. All attendees who participated in Session 4 (n=18) reported clear understanding of communication, course details, and booking procedures. Additional insights on emotional reactions and communication preferences will be shared.

Conclusions

Applying HSE and WHO guidelines to DDT2 communication improved clarity and engagement, supporting high attendance and positive participant responses.

Patients experience with therapeutic diet and dietary intervention after gastrointestinal surgery at Beaumont Hospital

Martinez Yanes I, White C, Moore L, Kelly R

Background

International guidelines recommend integration of nutrition into clinical pathways to improve clinical outcomes after surgery. A patient centred approach to food and nutritional care and should be supported by all healthcare staff.

Aims

The aim of this study was to evaluate patient's experience with therapeutic diets after major GI surgery.

Research Design

A 16 question survey was designed. Data was collected over 8 months from two surgical wards in 2023. Patients had undergone colorectal or upper GI surgery; had progressed to regular diet and were preparing for discharge. Consent was obtained and responses anonymous. Data was analysed using excel.

Results

28 individuals completed the survey, 18 (64%) male. 14 (50%) had colorectal surgery and 14 (50%) upper GI surgery. The average age was 59, (range 28-91years). Average length of stay was 14.3days (range 5-60days).

Post Colorectal Surgery (N=14)

Post UGI Surgery (N=14)

Total (N=28)

Satisfied with level of choice on menu 57% (8)

93% (13) 75% (21)

Preference for additional snacks 43% (6)

14% (2) 29% (8)

Dietary Progression:

Provided Light menu for:

1-3 days

3-5 days

>5 days

31% (4/13)

31% (4/13)

39% (5/13)

7% (1/14)

57% (8/14)

36% (5/14)

19% (5)

44% (12)

37% (10)

Seen by a dietitian in hospital 71% (10) 93% (13)

82% (23) Level of satisfaction with dietetic advice

90% (9) very satisfied/ satisfied

10% (1) neither satisfied nor dissatisfied 100% (13) very

satisfied 96% (22) very satisfied /satisfied

Advised on diet by another HCP 29% (4) by Nursing staff

64% (9) by medical /nursing staff 46% (13)

Provided with written dietary information 29% (4)

71% (10) 50% (14)

Clear on dietary recommendations for home 63%

(5/8) responses 93% (13/14) responses 82% (18)

Conclusions

The majority of patients (75%) were satisfied with the level of choice on the menu, although the colorectal surgical group would have preferred more snacks to be offered.

82% of participants were advised by a dietitian. This may have introduced some bias, as patients may have been more informed on their dietary requirements and more likely to be on the appropriate diet after dietetic consult. Nursing and medical professionals were cited as a source of dietary information by 46%. Only 29% patients post colorectal surgery were provided with written information for home and only 63% clear on dietary recommendations for home. The importance of ongoing nutrition education of health care professionals and preparation for discharge is an area for future focus.

Food For Thought: A Practical Cookery Programme for Individuals Living with Early-Onset Dementia

McGuinness A, Siggins S

Background

People living with early-onset dementia experience functional nutrition-related challenges that extend beyond malnutrition risk. Executive function deficits affecting planning, sequencing, attention, and time awareness significantly impair everyday food-related tasks such as shopping, meal preparation, and organising meals. These difficulties contribute to reduced independence, frustration, and withdrawal from meaningful food activities. Practical, socially supportive interventions targeting these functional barriers remain underdeveloped in dementia care.

Aims

To evaluate the impact of a structured 4-week social cooking programme on food-related confidence, practical skills, and engagement among individuals with young-onset dementia.

Research Design

A 4-week group cooking intervention was delivered at the Alzheimer Society of Ireland lodge in Enniscorthy with 12 participants living with young-onset dementia. Weekly sessions combined hands-on preparation of simple Mediterranean-style meals with practical strategies addressing forgetfulness, meal timing, and food visibility. Each session concluded with shared dining to reinforce learning, autonomy, and social connection.

Results

All participants completed the programme. Improvements were observed in cooking confidence, meal timing ability, and willingness to try new foods. Participants reported increased water intake and longer sleep duration. Engagement remained high throughout, with consistent participation and sustained social interaction.

Conclusions

This pilot demonstrates that a structured, group-based cooking programme can enhance functional food skills, confidence, and health-related behaviours in young-onset dementia. The intervention is low-cost, scalable, and directly targets function-related barriers, offering a practical model for community-based dementia care in Ireland.

Connecting Care: Insights from GPs and Practice Nurses on Diabetes Community Specialist Team Referrals in Kildare and West Wicklow

O'Neill U, Mulcahy R, Creighton T, Begley J, Foley K

Background

Effective referral pathways between General Practitioner (GP) practices and Naas Diabetes Community Specialist Team (NDCST) services are essential to optimise patient outcomes. Understanding GP practices' knowledge, confidence, and perceived referral barriers can inform service improvement.

Aims

To assess knowledge, confidence, referral practices, and barriers associated with the NDCST referral pathway among GP practices.

Research Design

A cross-sectional survey was conducted. The questionnaire was distributed electronically to 32 GP practices. The survey addressed six domains: background characteristics, knowledge of referral pathways, referral practices, barriers and facilitators, communication and follow-up, and patient outcomes or impact. Quantitative data were analysed descriptively, while open-ended responses were thematically summarised.

Results

There was a 31% response rate. Seventy percent reported being very familiar with the referral pathway, and 60% expressed high confidence in using Healthlink to refer. 80% had referred patients within the previous 3 months.

Key barriers identified included time constraints (44%), limited awareness of the referral pathway (33%), and unclear referral criteria (22%). Facilitators comprised clearer referral guidelines (56%), regular feedback from the NDCST (56%), and regular updates (44%).

Seventy percent of respondents reported satisfaction or high satisfaction with post-referral communication. Ninety per cent of respondents indicated that NDCST referrals had a positive impact on patient outcomes.

Conclusions

Primary care clinicians demonstrated high levels of familiarity and confidence with the NDCST referral pathway. However, time pressures to refer and communication gaps remain barriers. Practical interventions such as streamlined referral guidance and structured feedback may enhance continuity of care and service utilisation.

Prevalence of Malnutrition among patients attending the Interstitial Lung Disease Outpatient Clinic at Tallaght University Hospital

Wilson R, Keane C, Cawley S, Collins S, Feehan S, Donnelly S

Background

At present, the Interstitial Lung Disease (ILD) outpatient clinic in this Irish hospital does not have access to a dietitian. Patients with ILD who are malnourished experience more adverse outcomes during hospitalisation, including higher mortality, longer hospital stays and increased risk of complications.

Aims

To identify:

1. % of patients attending the new and review ILD clinic who meet GLIM criteria for moderate/severe malnutrition.
2. % of patients attending these clinics who have been seen by inpatient dietetics services within the past year.

Research Design

This study was conducted from October 2024 to March 2025 among patients attending the ILD outpatient clinics. Data was collected on demographics, anthropometrics, patient's perception of their appetite, and dietetic input as an inpatient. This data was analysed to diagnose and grade the severity of malnutrition by using the Global Leadership Initiative on Malnutrition (GLIM) criteria.

Results

Approximately 1 in 4 people (n=24/105, 23%) met the GLIM criteria for moderate/severe malnutrition. 21 patients (31.8%) attending the review clinic met the GLIM criteria for diagnosis of malnutrition. Malnutrition rates were highest within the Exposure-related ILD subgroup (100%), followed by Idiopathic ILD subgroup (35%) and the Other subgroup (31%). 38% of those who met the GLIM criteria for malnutrition were known to inpatient dietetics services within the past year.

Conclusions

Malnutrition is prevalent among patients attending this ILD clinic and appears to be more common with disease progression. There is a need for a dietitian as part of the ILD multidisciplinary team to address nutritional concerns among this cohort.



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Older Adults

The facilitators and barriers to oral nutritional supplement adherence in older adults with home care and sarcopenia risk within the POWER randomised control trial.

Beattie R, McCormack A, Corish C, Fallon C

Background

Older adults receiving home care are at increased risk of malnutrition and sarcopenia. Oral nutritional supplements (ONS) are recommended when dietary intake is insufficient to meet nutrient requirements.

Aims

This study assessed adherence to, and acceptability of, 2 x 200 mL/day whey-protein ONS enriched with leucine and vitamin D within a 12-week RCT investigating the effects of ONS plus online resistance training (ONS + RT), compared to RT alone on physical function, nutritional status and health-related outcomes.

Research Design

Adherence was assessed by counting returned used and unused ONS. Adhering participants consumed $\geq 71\%$ of the prescribed ONS. Acceptability was assessed using a study bespoke questionnaire which included 5- and 9-point hedonic scales for sensory attributes and purchase intent, and space for feedback. Quantitative data were analysed using SPSS and qualitative data analysed using thematic analysis.

Results

Median adherence to the ONS was 77% (25th-75th centile: 45-93) among 19 participants. Eleven participants drank $\geq 71\%$ while eight participants consumed $< 71\%$. Three participants consumed 100% of ONS advised. Acceptability was highly rated on both the 5- and 9-point hedonic scales. Over 60% indicated that they would buy the ONS. Themes supporting adherence included consistent texture, flavour/taste and integrating ONS into daily routine. Barriers included lumpy texture and taste fatigue. Following intervention, adherent participants demonstrated significantly increased BMI (kg/m²), energy (kcal/d), protein (g/day), percentage energy from protein, leucine (g/d) and vitamin D (μ g/d) intakes.

Conclusions

Good adherence and acceptability of the ONS was observed. Adherent participants demonstrated improved dietary intakes of key nutrients.

Closing the gap: an audit of chronic wounds and nutrition support.

Bento C, Reis F, Johnston D, Staveley R

Background

Chronic wounds account for approximately 5% of public health expenditure in Ireland. Although malnutrition is a recognised risk factor for delayed wound healing and screening tools may identify at-risk patients, limited dietetic services mean nutrition support is not always accessible, particularly for those at lower risk.

Aims

To examine the association between chronic wounds and malnutrition, compare the Malnutrition Universal Screening Tool (MUST) with Global Leadership Initiative on Malnutrition (GLIM) criteria, and identify gaps in nutrition care to inform local practice.

Research Design

A cross-sectional audit was conducted in June 2025 at the Royal Hospital Donnybrook. Nineteen patients (53% male, 47% female), aged 56-96 years (mean 78 years), with 28 active chronic wounds (pressure ulcers, diabetic foot ulcers, surgical wounds) were included. Nutritional risk was assessed using MUST, and degree of malnutrition determined using GLIM criteria. Dietary interventions and supplementation were reviewed against best practice guidelines for wound management.

Results

MUST identified 21% of patients as high risk and 37% as medium risk. GLIM criteria diagnosed malnutrition in 73% (47% moderate; 26% severe). Among those classified as low risk by MUST, 53% met GLIM criteria. Key gaps included 53% not receiving an energy dense diet, 95% not receiving a therapeutic dose of arginine, and 80% not prescribed a multivitamin.

Conclusions

Malnutrition is highly prevalent among older adults with chronic wounds. A local pathway has been proposed to encourage nurse-led support for at-risk patients awaiting dietitian review, including milk, snacks, fortified meals, and pured supplements.

Outreach after emergency department attendance-pilot of a dietitian led tele-clinic in a FITT team (Frailty Intervention Team)

Brady D, Farrelly A, McCabe A, Mullen E, Kelly L, Feehan S

Background

Our FITT team address healthcare needs of older persons in the Emergency Department (ED). FITT Dietetics reviewed a convenience sample of 50 patients >75 years referred to dietetics but discharged before seen (DBS) from the ED. 66% had presented on one or more occasions during the 12 months prior to ED presentation audited. 84% were either malnourished or at risk of malnutrition on MNA-SF.

Aims

Responding to initial audit, we implemented a pilot tele-clinic for patients > 75 who were either DBS for FITT dietetics or referred outside dietetic hours and proposed to evaluate pilot over a 6 month period to establish effectiveness of intervention.

Research Design

Data was collated including; age, sex, initial presentation, nutritional profile, time to assessment, intervention.

Results

94 patients were assessed representing 164 assessments with 36% 'silver trauma' presentations. 43% had MNA 8-11 or MNA 0-7, together with sarcopenia and frailty risk combined. 26% had wounds (some grade 2-4), 63% reported weight loss. 38% reported significant constipation, affecting their QOL, appetite, dietary intake and cognition. 37% required either commencement or increase of supplementation.

Conclusions

The dietetic telehealth clinic was found to be an effective intervention post ED attendance for older persons. With patients assessed with 4.7 days post clinic triage, prompt dietetic intervention with vulnerable patients was enabled. Using 'making each contact count' approach it facilitated follow up of FITT linked recommendations or safety netting with onward referral when concerns were identified to our ANP/consultant lead clinic FITT clinic, GP and community.

A Review of the Malnutrition Risk Screening Process and Dietitian Referral in a Community Specialist Team for Older Adults

Digan E, Kingkumar L

Background

Malnutrition remains a significant clinical concern among older adults in Ireland, with 36% of community-dwelling individuals reported as malnourished on hospital admission in 2023. Malnutrition, frailty and sarcopenia are interrelated syndromes associated with ageing and adverse outcomes. Risk is heightened among recently hospitalised individuals and those requiring home support, particularly in the presence of cognitive impairment, reduced mobility and social isolation.

Aims

To review the malnutrition risk screening process and dietitian referral practices within a specialist community team for older adults. Objectives were to evaluate current screening practices and referral pathways against established nutritional guidelines and best practice standards.

Research Design

A service evaluation was conducted within a community specialist older persons team. A literature review informed best practice standards. Local screening processes and referral practices were reviewed and compared with validated malnutrition screening guidelines. Documentation practices and referral patterns were examined to identify gaps in implementation.

Results

Inconsistent use of validated malnutrition screening tools was identified, alongside modifications to established tools that may impact reliability. Referral rates to dietetic services were suboptimal. Limited integration of nutritional screening into routine multidisciplinary assessment and absence of a standardised referral pathway were key barriers.

Conclusions

Standardised malnutrition screening and clear referral pathways are required to support early identification and timely dietetic intervention. Embedding nutritional assessment within frailty-focused community care may improve outcomes and strengthen multidisciplinary management of older adults.

Is age just a number? Geriatric assessment, nutritional outcomes and survival rates in older adults with head and neck cancer

Fee M, Nolan A, Roulston F, Sheridan C

Background

There is a high prevalence of malnutrition in people with head and neck cancer (HNC). Older adults with cancer are more at risk of malnutrition which is associated with poor treatment tolerance, quality of life and reduced survival. In Ireland, 60% of cancer patients are ≥ 65 yrs old. The G8 geriatric screening tool identifies frailty in older adults with cancer.

Aims

Determine frailty risk, review nutritional outcomes and survival rates in older adults with HNC attending St Luke's Radiation Oncology Network.

Research Design

Retrospective review of an existing dietetic database of patients who received radical treatment (radiotherapy +/- chemotherapy) in 2019 (n= 74).

Medical records were reviewed to establish survival rates and using the G8 screening tool to assess frailty. Patients were categorised into older adults (≥ 65 yrs old). Microsoft Excel supported data analysis.

Results

Total number of patients ≥ 65 yrs=31 (42%)

- P16+ve status: 26%
- Chemotherapy: 65%
- Average BMI at treatment planning: 25.8kg/m²
- Average BMI at final treatment: 23.8kg/m²
- Average weight loss during treatment: 7.5%
- Enteral feeding: 29%
- Survival rate at 5 years: 55%
- Average G8 score: 12
- 68% scored G8 ≥ 14 indicating the need for comprehensive geriatric assessment

Conclusions

Older adults undergoing radical treatment for HNC are at increased risk of frailty and significant weight loss, highlighting the importance of nutritional intervention. Further research is required to; account for other variables, co-morbidities and review ongoing nutritional side-effects, physical function and quality of life.

Animal versus Plant Protein: Impact of a Plant Protein and Fibre Supplement on Dietary Protein Intake and Source in Older Adults: A Secondary Analysis of the APPETITE Study

Fitzgerald C, Corish C, Horner K, Quinn A

Background

Ageing is often associated with reduced appetite, lower dietary intake, and an increased risk of undernutrition. Current guidelines highlight the need for adequate protein intake in older adults to help prevent muscle mass loss. Protein supplementation offers a convenient strategy to optimise intake.

Aims

To examine the effect of a plant protein fibre (PPF) supplement, delivered within a personalised diet (PD) or personalised diet plus physical activity (PD + PA) intervention, on total protein intake and protein sources in older adults, including subgroup analysis of Irish participants.

Research Design

This secondary analysis of the APPETITE randomised controlled trial included older adults across three European centres. Dietary intake was assessed using repeated 24-hour dietary recalls and three-day food diaries at baseline, and weeks 4, 8 and 12. Outcomes included total energy intake, total, animal and plant protein intake, and the contribution of the PPF supplement to daily intake. Within-subject changes from baseline to week 12 were analysed.

Results

Total protein intake increased significantly in both groups, in absolute terms and relative to bodyweight. Plant protein intake increased significantly, largely driven by the PPF supplement, while dietary plant protein (excluding the supplement) showed no significant change. Energy intake increased significantly only in the PD + PA group. Irish participants demonstrated early and sustained improvement, associated with supplement adherence.

Conclusions

PPF supplementation effectively increased total and plant protein intake in older adults, supporting its potential as a feasible strategy to increase protein consumption from plant-based sources in older adults.

Assessing the Prevalence of Malnutrition and Sarcopenia and the Impact of Dietetic Intervention in Patients at Tymon North Age Related Healthcare Unit

Fleming G, Tobin B, Feehan S, McGivney Y, Karpinski S, McDonough A

Background

Malnutrition and sarcopenia are two interrelated, reversible conditions that significantly affect older adults. Hence, early identification and intervention are essential to improve patient outcomes.

Aims

To assess the prevalence of malnutrition and sarcopenia among patients referred to dietetics in Tymon North using Bioelectrical Impedance Analysis, Handgrip Strength, BMI, weight loss, and calf circumference. A secondary aim was to evaluate the impact of dietetic intervention after 4-6 weeks on these diagnostic parameters.

Research Design

All patients referred to dietetics over an 11-week period were included. Demographic data, medical history, and anthropometric measurements were collected within one week of initial assessment. Malnutrition and sarcopenia were diagnosed using GLIM and EWGSOP criteria. Repeat anthropometric data were collected after 4-6 weeks, and diagnoses were reassessed. Data were analysed using Microsoft Excel.

Results

61 patients were referred, most commonly due to unintentional weight loss. Malnutrition was diagnosed in 56% of patients; 91.4% had probable sarcopenia, 13.8% of which were confirmed sarcopenia.

54.7% of patients with probable/confirmed sarcopenia also had a malnutrition diagnosis. Of these patients, 79.3% were considered severely malnourished and 20.7% moderately malnourished.

In the 22 patients re-assessed at 4-6 weeks, improvements in anthropometric data and malnutrition staging were observed.

Conclusions

Malnutrition and sarcopenia are highly prevalent in this cohort. Findings show the benefits of dietetic interventions and the importance of collecting anthropometric to demonstrate the same. It will be standard practice to continue to collect this data on patients referred to dietetics at Tymon North to ensure timely identification and management.

Oral Nutritional Supplement prescribing practices for older adults admitted to a level 4 teaching hospital

Hession K, Mangan C, Pender C

Background

Malnutrition is prevalent among older adults (> 33% of those presenting to Emergency Department) and is associated with increased morbidity, prolonged hospital stay and increased health care costs. A significant proportion of community dwelling older adults use oral nutritional supplements (ONS) to treat malnutrition, often initiated and managed in primary care. In the acute hospital setting, continuation of appropriate ONS is frequently delayed pending dietetic assessment, contributing to inefficiencies and disruption of nutritional care.

Aims

to evaluate ONS prescribing practices for older adults admitted to a level 4 teaching hospital and develop a streamlined process enabling safe continuation of community-prescribed ONS without disruption to established nutritional care plans.

Research Design

Data collected from ED medication kardexs was used to quantify the number of patients admitted on ONS not routinely available. Hospital formulary supplements were compared against most frequently prescribed community ONS. Nutritional composition information was used to inform the development of an ONS swap sheet along with collaboration from key stakeholders.

Results

An estimated 1-2 patients per day (30-60 per month) were admitted on ONS not routinely stocked. A practical swap sheet was developed to guide prescribing of formulary alternatives aligned with patient's community ONS regimens.

Conclusions

Implementation of this pathway is expected to prevent interruptions to established community care plans and unnecessary dietetic referrals for patients stable on ONS regimens. The intervention is anticipated to improve efficiency of dietetic assessment and reduce delays in patient care.

Texture-modified diets in long-term care facilities: assessing adherence to nutrition standards

Deasy E, Sheehy H, O'Hara C, Walsh N, Dunne P, McKenna M, Hannon M, Gleeson-Cary M, Kent G

Background

Texture-modified diets (TMDs) are commonly required for older adults but are associated with inherent nutritional risks. The nutritional quality of TMDs provided in long-term care (LTC) facilities in Ireland is understudied.

Aims

To evaluate the nutritional quality of TMDs by assessing adherence to international menu standards and dietary reference values.

Research Design

A cross-sectional nutritional analysis of TMDs (International Dysphagia Diet Standardisation Initiative Levels 3-6) was conducted over two non-consecutive days in a residential LTC facility in Ireland. All foods, drinks and recipes were quantified and analysed using Nutritics (v6) and R (v4.3.3). Mean (SD) daily and per-meal energy and protein provision were compared with standards from the British Dietetic Association (BDA) Nutrition and Hydration Digest, the BDA Care Home Digest, and Canadian Menu Planning in LTC guidance. Other macro- and micronutrients were assessed relative to dietary reference values.

Results

Mean daily energy and protein provision were below recommended standards for all TMDs, except for energy at Level 3. Per-meal provision was also suboptimal for most meals, except protein at Level 3 for lunch. All TMDs exceeded recommended total and saturated fat ranges and failed to meet dietary fibre targets, while sodium met guidelines. All TMD Levels were below recommendations for vitamin D (except for Level 3), vitamin C, potassium, magnesium, iron and zinc.

Conclusions

Routine TMD provision did not meet key nutrient standards, highlighting nutritional vulnerability among LTC residents. Improved menu planning, enrichment strategies, staff training, and clearer guidance are required.

Older Persons Service User Information Sessions 'What Matters to You'

McEvoy S

Background

The population of over 65s in HSE South Dublin and Wicklow is 68,502 (CSO, 2022). This area has an extra 1.5% of adults over 65 compared to national figures. There is currently a gap in provision of evidenced based nutrition information to the public. Nutrition information was identified as a priority item when the patient engagement officer meet with. They wanted evidenced based information on eating well for healthy aging and falls prevention.

Aims

Provide information on eating well for healthy aging to groups of older adults in a community setting

Accommodate the experience, needs and wants of older adults.

Maximise a limited resource

Research Design

Review of established older adults community groups within HSE Dublin South and Wicklow. Inclusion criteria, own venue, over 65, desire to have the information. Deliver interactive presentation, evaluate presentations. Organise 2 focus groups, 1 in Dublin South and 1 in Wicklow. Feedback from evaluation forms and focus group was analysed and improvements implemented.

Results

Information sessions provided to 22 groups, 789 older adults reached. 525 evaluations collected. The value was high and feedback positive.

Conclusions

Project was led by the older persons experience, needs and wants. Large attendance at each group enable efficient presenter time. Large number of attendees over 80, therefore important to ensure information presented encompasses specific needs of adults over 80. Peer leading in the future not recommended as an abundance of clinical questions after each presentation.

Enhancing nutritional quality through standardised menus in community nursing units: a collaborative menu improvement project

McKenna M, O'Reilly L, McSweeney I

Background

This year long project was developed to address nutritional deficits and enhance the mealtime experience for older adults living in community nursing units.

Aims

Standardisation and nutritional improvement of menus across seven HSE community nursing units (CNU's).

Full nutritional analysis of a 3-week menu cycle

Alignment with dietary guidelines, portion sizes & residents preferences

Support and improve residents choice and dining experience

Research Design

A new three-week menu cycle was developed in alignment with dietary guidelines and residents food preferences. All recipes were entered into a nutritional software package and the menu cycle was nutritional analysed for macro and micro nutrients and adjusted to meet nutritional requirements. These changes were co-produced with catering staff, residents and the dietitian to ensure practicality, acceptance & sustainability.

Results

- A 3-week menu cycle was designed and implemented across seven CNU's
- Nutritional analysis of the standardised menu, covering both macro- and micronutrients, identified need for changes
- Resident satisfaction surveys show positive outcomes and mealtime audit results show improved mealtimes.
- Picture menus designed to support residents choice at meal/snack times
- Staff training enhanced knowledge, improved quality, and ensured safety.
- Catering cost reductions by streamlining ordering and reduction of food waste

Conclusions

This pioneering HSE project standardised menus across seven CNU's with full nutritional analysis. It demonstrates the need for a National Food, Nutrition & Hydration policy in residential care. It showcases how inclusive stakeholder involvement, multidisciplinary collaboration, and evidence-based practice can drive person-centred improvements and enhance excellent quality of care for residents

Evaluation of Malnutrition Risk and use of Oral Nutritional Supplements in Residential Care

Osman F, Clarke S

Background

Malnutrition is prevalent among older adults and is associated with increased complication rates, morbidity, mortality, and hospital readmissions. Oral nutritional supplements (ONS) are often prescribed to support nutritional intake, however inappropriate use has clinical and financial implications. This clinical audit aimed to evaluate the prevalence of malnutrition, ONS prescribing practises, and associated costs in an older person's residential setting.

Research Design

In October 2025, a retrospective clinical audit was conducted across three residential units in Cherry Orchard Hospital. Data collection included all residents (n=45). Information on MUST score, ONS prescription, and cost was recorded and analysed descriptively.

Results

We found that 27% of patients were at risk of malnutrition (MUST ≥ 1), while 53% were receiving ONS. Notably, 39% of residents receiving ONS had a low risk of malnutrition (MUST 0). The cost of ONS for patients with low risk of malnutrition is €38.59 per day making up 45.6% of overall cost. Seven residents (29% of our cohort) were on more than 2 bottles of ONS per day.

Conclusions

This clinical audit shows that there is a high prevalence of ONS prescribing in residential care despite the majority of residents being classified at low risk of malnutrition. With appropriate dietetic assessment and diagnosis of malnutrition there is the potential to reduce ONS costs by approximately €14,085 annually. These findings highlight the importance of dietetic assessment and treatment to ensure that ONS use is clinically justified, appropriately dosed, and delivered alongside tailored dietary advice.

Prevalence of Diagnosed Malnutrition and Associated Frailty Markers in Frail Older Adults

Pender C, Magner S, Carey S, Byrne C, Riches R, Boyle O, Laguna R, Caheny C, Mitchell M, Callally L, Purcell R

Background

Frailty is a nutrition related condition which is reversible if modifiable risk factors including malnutrition are identified at an early stage. Over _ of older adults presenting to the Emergency Department(ED) are malnourished or at risk of malnutrition[1].

Aims

This study evaluates the prevalence and severity of malnutrition, diagnosed through dietetic assessment, and associated frailty markers.

Research Design

A retrospective study of frail patients >65 years old, presenting to a level 4 ED, assessed by a Dietitian in March 2024 was completed. Each patient had a Comprehensive Geriatric Assessment performed. A referral to Dietetics was indicated by: Malnutrition Screening Tool(MST) score $\geq$ 2, enteral feeding, dysphagia, grade $\geq$ 2 pressure ulcer or prescribed oral nutritional supplements. Malnutrition was diagnosed by the Dietitian using the GLIM and/or ASPEN criteria[2]. Excel was used to collate MST score, malnutrition diagnosis, Clinical Frailty Score, diagnosed dementia, falls history and dysphagia.

Results

31 frail patients were assessed by the Dietitian. 61% were female. The median age was 81 years. The median CFS was 6.

- 61%(n=19) MST $\geq$ 2
- 45%(n=14) were diagnosed with malnutrition
- 29%(n=9) moderate malnutrition
- 16%(n=5) severe malnutrition

Of those with diagnosed malnutrition(n=14):

- 21%(n=3) had dysphagia
- 50%(n=7) had a fall in the past 1 year
- 14%(n=2) had dementia

Conclusions

Early identification of malnutrition with responsive dietetic intervention in ED can counteract negative health outcomes for older adults. Frail older adults with a falls history should be highlighted for dietetic assessment. Anthropometric equipment has been acquired to further increase the identification of malnutrition and sarcopenia in this cohort.

Beyond Prescription: An Audit of Oral Nutritional Supplement Use in Older Adult

Sadeghi F, Devitt A, Connolly W, Collins M

Background

Oral Nutritional Supplements (ONS) are frequently prescribed for malnutrition management in older adults when dietary intake is insufficient to meet nutritional requirements. However, their clinical effectiveness depends on adequate patient adherence, which underscore the importance of regular monitoring of adherence.

Aims

This study aimed to evaluate adherence to prescribed ONS among older adults referred to the Integrated Care Programme for Older Persons (ICPOP), and to identify barriers to compliance.

Research Design

A retrospective clinical audit was conducted on service users who were prescribed ONS prior to ICPPOP intervention and were not under active dietetic care. Nutritional assessment records from 2025 were reviewed to evaluate weight loss prevalence, adherence to ONS, barriers to compliance, and the indication for ONS adjustment.

Results

Data from initial nutritional assessments for 46 service users were included in the analysis. The mean age was 84.6 years. Recent significant weight loss was reported in 60.8% of older adults assessed. Partial or complete nonadherence to ONS was identified in 52% of service users. Barriers to compliance were multifactorial, including cognitive impairment, gastrointestinal symptoms, poor appetite, sensory dislike of supplements, lack of awareness that ONS had been prescribed, insufficient understanding of clinical benefit, and concerns regarding glycaemic control. ONS regimen modification was required in 50% of service users to improve adherence and ensure nutritional adequacy.

Conclusions

The findings highlight a potential gap between ONS provision and therapeutic effectiveness. Structured dietetic monitoring, patient education, and personalised nutritional support are essential to improve adherence and clinical outcomes.

Comparing GLIM, GLIMMS and MNAFF for malnutrition identification in older adults: Secondary analysis of the POWER Randomised Controlled Trial (RCT)

Slyne H, Fallon C, Corish C

Background

The Global Leadership Initiative for Malnutrition (GLIM) requires one phenotypic and one etiologic criterion to diagnose malnutrition. However, applying GLIM in older adults can be challenging, as it requires weight history to calculate percentage weight loss, BMI <22 kg/m² or measures of muscle mass (e.g., BIA, calf circumference) that may be influenced by inflammation or oedema. Low muscle strength has been proposed as a proxy for low muscle mass (GLIMMS). The Mini Nutritional Assessment-Full Form (MNAFF) is widely used to assess malnutrition (risk) in older adults. Comparing these tools shows how different assessments influence malnutrition identification.

Aims

To report malnutrition rates among older adults using GLIM, GLIMMS, and the MNAFF.

Research Design

Older adults (≥70 years) at risk of sarcopenia (SARCF ≥1) were recruited to the POWER RCT. Baseline homevisit assessments included MNAFF, body composition, dietary intake (24-hour recall), and muscle strength (handgrip strength and 5-STST). These measures were matched to GLIM and GLIMMS criteria.

Results

The number of participants classified as malnourished was 10 using GLIM, 38 using GLIMMS, and 1 using the MNAFF. Protein intake (g/kg BW/day; $p = 0.008$) and energy intake (kcal/kg BW/day; $p = 0.015$) were significantly higher in participants classified as malnourished by GLIM. No significant differences were observed between malnourished and nonmalnourished participants when using GLIMMS.

Conclusions

Comparing GLIM, GLIMMS and the MNAFF highlights how assessment choice influences malnutrition rates. The tools use different combinations of phenotypic, aetiological and functional indicators, leading to differences in malnutrition case identification.

The Impact of Physical Activity on Fibre Supplement Compliance, Dietary Fibre Intake, and Adverse Effects in Older Adults: A Secondary Analysis of the APPETITE Randomised Controlled Trial (RCT)

Staunton S, Corish C, Horner K, Quinn A

Background

Inadequate dietary fibre (DF) intake is documented in older adults (ref) and may contribute to constipation, gastrointestinal (GI) discomfort and other chronic conditions (ref). Physical activity (PA) can improve GI function (ref) but evidence for PA ameliorating the short-term GI effects of high fibre diets is limited.

Aims

This study explored whether PA i) improves DF intake among older adults enrolled in the APPETITE RCT and ii) enhances compliance and tolerance to a high-fibre supplement.

Research Design

This secondary analysis included 83 community-dwelling adults aged ≥ 65 years from Ireland, Germany and Italy, randomised to a plant-protein fibre (PPF) supplement within a personalised diet (PD) alone or within a PD combined with PA (PD + PA) over 12 weeks. DF intake was assessed using 3-day food-diaries and 24-hour dietary recalls. Compliance with the PPF and adverse effects (AE) were monitored fortnightly.

Results

Participants in the PD+PA group achieved significantly higher DF intake post-intervention (30.3 ± 9.8 g/day) compared to the PD group (23.4 ± 7.4 g/day) and were more likely to meet national/international DF recommendations. PA participants reported fewer early GI-related AEs, suggesting improved tolerance. Compliance with PPF supplementation was high across both groups ($>85\%$), with no significant differences.

Conclusions

Combining PA with DF supplementation increases DF intake and reduces early GI effects in older adults. These findings support the integration of PA into dietary strategies to meet DF recommendations in older adults.



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Paediatrics

Implementing a Telehealth Parent Drop In Clinic in Pediatric Primary Care setting

Aherne M, Duggan E

Background

For children and families in Kildare West Wicklow access to Paediatric Primary Care Dietetics is limited a referral pathway initiated by referral form completed by a Health Professional. This referral process is designed to allow for appropriate access to a Primary Care Dietetic services and includes an acceptance criteria and triage processes to support clinical decision-making regarding which presentations or dietetic needs are best met in PC setting and how they are scheduled for assessment. Designed for managing clinical risk, this model relies on nutrition concerns being identified by other health professionals.

Aims

The aims of this new service are to increase child health supports available in PC, optimise resource allocation, promote interdisciplinary working across PC.

Research Design

A Dietetic Drop-in Clinic using a telehealth platform was developed, modelled on services offered across disciplines in PC. This poster outlines the process of implementing of a new service in PC and presents qualitative and quantitative outcomes from the first of service provision.

Results

An audit of data from Piste an interdisciplinary team (IDT) within a Paediatric Primary Care identified a significant gap: dietetic needs were not previously identified in 80% of children attending the IDT. This suggests that nutrition-related concerns are under-recognised in the Primary Care setting.

Conclusions

For parents, the service provides access to timely, convenient, evidenced based nutrition information without meeting the threshold for a clinical referral. For primary care staff it provides an opportunity to explore how best to support the families, and fosters the concept of interdisciplinary working.

Current Practice and Barriers in Milk Ladder Use for Paediatric IgE-Mediated Cow's Milk Protein Allergy: A National Survey of Irish Dietitians

Lordan C, Maris I, Trujillo J, Meyer M, Velasco R, Griffin D

Background

Cow's milk protein allergy is a common childhood food allergy, affecting approximately 1% of Irish infants. While the structured milk ladder is standard for non-IgE-mediated CMPA, its use is increasingly explored for IgE-mediated CMPA despite international safety concerns. Irish allergists have been pioneers in this advanced approach.

Aims

This study aimed to determine the prevalence, methods, and barriers associated with milk ladder use by Irish dietitians key reintroduction practitioners in managing children with IgE-mediated CMPA.

Research Design

An anonymous, national, online mixed-methods survey was developed and distributed to dietitians in Ireland via professional groups.

Results

Of 97 valid responses, management of non-IgE-mediated CMPA was more common (97.9%) than IgE-mediated (61.9%). The ladder was recommended more often for non-IgE-mediated (94.7%) than IgE-mediated CMPA (61.7%).

For IgE-mediated cases, 93.3% incorporated the ladder; the 12-step the Irish Food Allergy Network (IFAN) protocol was most common (75%). However, 82.1% initiated use only following another HCP's recommendation. Recommendations for home-based introduction were significantly more frequent in secondary care (66.7%) compared with primary (31.3%) and tertiary care (25.0%, $p = 0.017$).

Median confidence in managing IgE-mediated CMPA was 7.0/10. Key barriers included a lack of updated national guidelines, high dietitian fear/anxiety, and self-reported inadequate training.

Conclusions

This first national study highlights a significant recommendation gap in the advanced management of paediatric IgE-mediated CMPA in Ireland. The low recommendation rate and reported barriers underscore an urgent need for standardised national guidelines and structured professional training to safely and effectively implement the milk ladder approach.

Evaluation of online multi-disciplinary fussy eating workshop

Moloney F, Mallon G, Bird N, Aherne M

Background

Fussy eating accounts for approximately one third of referrals to the Primary Care Dietetics service in North Kildare. Evidence shows that fussy eating is linked to heightened parental anxiety and negatively affects family mealtime dynamics. Due to low attendance at in person workshops, an online format was introduced in 2023 to better support parents concerned about the limited variety in their child's diet.

Aims

To evaluate the effectiveness of an online multidisciplinary workshop delivered to parents in North Kildare in 2024 and 2025.

Research Design

Parents of eligible referred children were invited to attend two online workshops co facilitated by Dietetics and Psychology (total duration: 5 hours). Participants were asked to complete an evaluation following attendance.

Results

A total of 43 evaluations were completed. Almost all participants (97%) reported learning new information. Key learning areas included: understanding fussy eating/problem feeding (80%), reducing stress around eating (74%), steps involved in eating (62%), assessing diets for nutritional gaps (60%), introducing new foods (57%), choosing appropriate vitamin and mineral supplements (55%), and setting realistic goals (52%). Parents reported a 39% reduction in concern and a 53% increase in confidence in supporting their child's eating. Three quarters (75%) preferred the online delivery format.

Conclusions

Online multidisciplinary workshops effectively reduce parental anxiety and increase confidence in managing fussy eating. This approach offers an accessible, acceptable, and impactful method of supporting families facing this common childhood challenge.

Perceived Barriers and Enablers to Accessing and Engaging with Paediatric Obesity Management Services in Ireland: Preliminary Service-User Perspectives

Naigaga D, Ferdous F, Chander N, Sofiany M, Arthurs N, Almulla M, Keenan B, Schubert S, Walsh A, O'Brien S, O'Malley G

Background

Childhood and adolescence are crucial stages for delivering obesity treatment aiding the prevention of health complications and improving quality of life. With one-in-five children in Ireland living with overweight or obesity(1), the demand for child and adolescent obesity (CAO) treatment services is growing though limited across healthcare services. Understanding service-user perspectives is crucial for implementing Ireland's obesity care model(2). Family support is key to CAO treatment, yet user experiences are understudied.

Aims

The LANDSCAPE Project aimed to explore family perspectives on access and engagement of CAO treatment services in Ireland by interviewing Parents of and children/adolescents living with CAO.

Research Design

Ethical approval was granted through RCSI and CHI. Researchers, public and patient involvement representatives co-developed interview guides, SOPs and a distress protocol. Parents of and children/adolescents living with CAO were recruited via public and social media campaigns. 30 interviews (parents=20, adolescents=10) qualitative interviews were conducted via Microsoft Teams, transcribed verbatim and analysed using thematic analysis (NVivo).

Results

Seven themes were identified, depicting system-and individual-level barriers: 1)accessibility and availability of CAO treatment opportunities; 2)absence of strategically designed lifestyle-focused CAO facilities at community level; 3)fragmented CAO services; 4)lack of clear pathway of CAO care; 5)emotional spectrum of navigating CAO treatment-struggles; 6)financial constraints; 7)child and family involvement during clinical consultations. Suggested enablers for improvement included: defined and structured pathways; integration of CAO services with primary healthcare services; obesity training for all paediatric healthcare professionals; adoption of family-centric approaches; establishment of community-level support systems; technology use; prioritised funding towards CAO treatment.

Conclusions

Results should be considered and integrated into implementation efforts for improving CAO treatment across Ireland.



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Population Health

The Kids Food Revolution; a Dietitian- Led Movement to Improve the Food Environment

Byrne M

Background

The increasing prevalence of obesity and intractable nature of the disease highlight the requirement to urgently address the etiology, which is unequivocally linked to food environments.

Aims

The aim of the project is to improve the food environment for children, thereby contributing to improved health outcomes, and concurrently promote the local food system. The objective is to reduce the amount of nutrient-poor foods gifted to children by community stakeholders, in a team effort drawing on social identity.

Research Design

The Kids Food Revolution (KFR) was founded within the community in Clonakilty, West Cork, through unstructured interview with multiple stakeholders across community and other settings, conducted by Registered Dietitian Melissa Byrne and Chef Gillian Hegarty. A review of literature relating to whole systems approaches and other measures to combat obesity was conducted.

Results

17 schools (combined enrolment of approximately 2000 children), 10 preschools, 17 sports clubs and 33 other organisations engaged with the project and removed nutrient poor foods from their gifts or rewards to children. Elements of the project have been adopted by dietitians in 3 other communities.

Conclusions

The KFR has directly improved the local food environment. The strong community buy-in has shown that there is widespread interest and public support for food environment reform. Despite the success of the project, overwhelming evidence suggests that a whole systems approach supported by regulation of unhealthy foods is needed to impact obesity rates.

Ultra-Processed Foods in School Lunches: European Policy Standards & Evidence from Irish Hot School Lunch Providers

Curley L, Flynn JR, Tierney A

Background

Ireland's rapidly expanding Hot School Meals Programme aims to improve child nutrition and equity, yet national standards are food-based and nutrient-targeted. These standards fail to regulate food processing, despite concern about high UPFs in school meals.

Aims

This study examines how Irish school meal policy addresses processing and how this is reflected in menu level UPF provision, compared with international policies.

Research Design

A mixed_methods study combining policy analysis with cross_sectional menu investigation of school meal policies from Ireland, the UK, Denmark, Sweden, France and Brazil. Publicly available menus from three major Irish Hot School Meals providers (Carambola, The Lunch Bag, Glanmore Foods; ↓ 40.6% of participating schools) were sampled (5 main hot meals per provider; n=15), ingredient_disaggregated, classified using NOVA (groups 1-4) and nutrient profiled against the Caroline Walker Trust (CWT) School Lunch Standards for primary school children aged 5-11 years.

Results

Only Brazil explicitly embeds NOVA in legislation, mandating high fresh/minimally processed procurement and limiting UPFs, while France and Sweden indirectly constrain processing through, sustainability, from fresh, cooking requirements. Ireland and the UK apply nutrient/ HFSS High Fat Sugar Salt)_based standards without, fresh_food quotas or processing level monitoring. Across the sampled Irish menus, most items were NOVA 3-4, with ultra_processed components defining the majority of dishes, and several meals approached or exceeded nutrient recommendations from CWT, specifically fibre and sodium.

Conclusions

Ireland's food-based standards and outsourced delivery permit, UPF reliance in hot meals. Aligning with emerging best practices will likely require explicit processing standards,

Development of the Ireland and UK Athlete Dietary Index (IreUK-ADI) Through a Qualitative Consensus Approach

McEnery H, Mulryan T, Cremona A, Capling L, O'Conner A

Background

The Athlete Diet Index (ADI) is an electronic diet quality screening tool developed for Australian athletes. Previous evaluation of a modified ADI (m-ADI) in Irish athletes identified potential contextual limitations related to cultural relevance and alignment with national food-based dietary guidelines.

Aims

This study aimed to adapt the m-ADI for Irish and UK sporting contexts through stakeholder-informed consensus.

Research Design

A qualitative, consensus-based design was employed. Twenty registered sports nutritionists and dietitians working with Irish and UK athletes participated in semi-structured interviews. Data was analysed using reflexive thematic analysis in NVivo 15. Proposed adaptations were evaluated through a two-round e-Delphi process (n=15) conducted in Qualtrics. Consensus was defined a priori as ≥80% agreement (rating items as 4 or 5 on a 5-point Likert scale). Items that did not meet this threshold, along with free-text feedback, informed revisions between rounds.

Results

Four themes were identified: contextual relevance, design, validity and reliability, and functionality. Cultural relevance adaptations included modifications to food group classifications, terminology, portion size conventions, and sport structures. Design-related adaptations included adding visual aids, clarifying language, reordering questions, expanding response options, and incorporating branching logic. Performance-related nutrition behaviours were expanded to provide additional contextual information to support interpreting diet quality. In Round 1, 98/100 proposed adaptations reached consensus; in Round 2, 17/22 reached consensus. Modifications meeting the predefined threshold were incorporated into the Irish and UK Athlete Diet Index (IreUK-ADI), comprising 98 items across three sections.

Conclusions

The IreUK-ADI reflects stakeholder-perceived usability and content relevance within Irish and UK sport settings.

Investigating Associations between Energy Availability and Appetite Related Biomarkers (Ghrelin, Leptin, PYY and GLP-1) in Student Athletes.

Mooney A, Corish CA, Horner K

Background

Inadequate energy consumption can result in low energy availability (LEA), documented to disrupt endocrine function. The relationship between EA and appetite-related hormones remains unclear.

Aims

The aim of this study was to investigate associations between EA and appetite-related biomarkers in highly trained student athletes.G140

Research Design

Fifty-nine student athletes (n=33 males, n=26 females; age 21.2 ± 1.8 years) participated. At two laboratory visits, energy intake was estimated using a 7-day weighed food diary and activity energy expenditure was assessed using an Actiheart activity monitor, individually calibrated with VO₂max test data. Resting metabolic rate (indirect calorimetry) and body composition (air displacement plethysmography) were measured, and a fasting venous blood sample was taken for analysis of ghrelin, leptin, PYY and GLP-1. EA was calculated from energy intake, activity energy expenditure, and fat-free mass.

Results

EA did not influence ghrelin, leptin, PYY, or GLP-1. No differences were observed between athletes with LEA ($<30 \text{ kcal} \cdot \text{kg}^{-1} \cdot \text{FFM} \cdot \text{day}^{-1}$, n=36) and those with moderate/optimal EA ($> 30 \cdot \text{kg}^{-1} \cdot \text{FFM} \cdot \text{day}^{-1}$, n=23) (all $p > .05$). Body weight and composition emerged as key determinants of appetite-related hormones: higher weight predicted lower ghrelin ($\beta = -.392$, $p = .002$), while higher percentage fat mass predicted higher leptin ($\beta = .716$, $p < .001$). Sex-specific analyses showed trends toward higher leptin ($\beta = .280$, $p = .055$) and lower PYY ($\beta = -.354$, $p = .084$) in females with moderate/optimal EA.

Conclusions

EA was not associated with altered appetite-related hormones. Body weight/composition appeared to determine fasting leptin and ghrelin.

Do Sociodemographic, health-related behaviours and attitudinal factors influence maternal feeding styles in pre-school aged children in Ireland?

Tulkubra K, McDonnell Gillic A, Kearney J

Background

Mothers play a central role in establishing healthy habits from early childhood. Feeding styles can influence children's dietary behaviours and may be shaped by a range of factors.

Aims

To investigate the extent to which internal and external factors, such as sociodemographic, health-related behaviours and attitudes, are associated with feeding styles among mothers of preschool-aged children.

Research Design

Quantitative secondary analysis of NPNS I database was conducted on 457 mother-child dyads. The four parenting feeding styles (Authoritative, Authoritarian, Indulgent and Uninvolved) were derived using the Caregivers Feeding Style Questionnaire (CFSQ). Sociodemographic, health-related behavioural and attitudinal variables were analysed against the feeding styles using binary logistic regression models to determine statistical significance.

Results

Maternal BMI, perceived barriers to healthy eating (convenience and child preferences), level of interest in providing a healthy diet, breastfeeding and screentime were significantly associated with feeding styles ($p < 0.05$). Obese mothers were less likely to be authoritative, while indulgent mothers had twice the odds. Indulgent mothers were six times more likely to allow 1-1.5 hours of screentime than authoritarian mothers and more likely to perceive barriers to healthy eating. There was a strong positive association between breastfeeding and authoritarian feeding. Uninvolved mothers showed 80% less interest in providing a healthy diet than authoritative and authoritarian. Social class, maternal age and child's age were not significant.

Conclusions

In this study, Maternal feeding styles were driven more by internal modifiable factors than sociodemographic factors, indicating the importance of maternal attitudes and behaviours in prompting healthier feeding environments.



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Service Provision & Quality Improvement

From Activity to Outcomes: Introducing Specialty-Led KPIs in an Acute Dietetic Service

Byrne F

Background

Key Performance Indicators (KPIs) are widely used to monitor healthcare performance; however, dietetic services are often measured using activity-based metrics that do not fully capture quality or patient outcomes. Within a large acute teaching hospital dietetics department, existing indicators were identified as insufficient to demonstrate service impact, highlighting a need for clinically meaningful, outcome-focused measures aligned with healthcare quality and value-based care priorities.

Aims

To implement and evaluate a change initiative aimed at developing specialty-specific KPIs within dietetic services, improving quality measurement, increasing staff engagement with performance monitoring, and supporting a transition toward outcome-focused practice.

Research Design

A service improvement and change management approach was undertaken using the HSE Change Guide framework. The intervention included staff education, structured engagement processes, and co-design of one KPI per clinical specialty. Indicators were developed using a structure-process-outcome framework and integrated into routine clinical workflows. Staff perceptions and uptake were monitored during implementation.

Results

Fourteen specialties introduced one KPI believed to best demonstrate service quality. Staff perception of KPI value increased from 3.9/5 to 4.5/5, while staff rating of understanding increased from 2.6/5 to 3.7/5. The process demonstrated feasibility especially when data collection was embedded into routine practice and highlighted risks such as unintended consequences of target-driven measurement.

Conclusions

A collaborative change initiative can successfully introduce clinically meaningful KPIs in dietetic services. Embedding outcome-focused indicators into routine care supports quality improvement and strengthens demonstration of service value. Ongoing leadership support, digital infrastructure, and staff engagement are critical for sustainability.

A Quality Improvement Initiative regarding the Dietetic Management of Coeliac Disease in the Community Setting

Byrne M, Cregan C, Harnedy E

Background

The Community Nutrition and Dietetic Service of Cork and Kerry provides dietetic care for adults and children diagnosed with coeliac disease.

Aims

We aimed to improve the quality of the service provided to people with coeliac disease. Specified objectives were to complete a Quality Improvement Initiative comprising a review of current practice, an update of the care plan, training for dietitians, and an update of patient support resources.

Research Design

A cross sectional audit of current files was conducted in April 2024. An audit tool was created on Xcel, in line with HSE guidelines. A literature review was conducted which informed the development of the new care plan and patient support resources. Relevant stakeholders were consulted including patients, dietitians, the Coeliac Society of Ireland, and the GP author of the Irish Clinical Guidelines.

Results

Forty-five community dietitians participated, creating a pool of 225 patient files for review. Areas of practice identified as requiring improvement included confirmation of initial diagnosis, and bone and haematological health parameters. The results were shared and discussed via team meetings across the region, and informed the development of a suite of resources to meet identified gaps. A team of three dietitians was then established to work on new resources. These were launched along with a training update.

Conclusions

Strengths and gaps in dietetic management of coeliac disease were identified and addressed with this QIP, which contributes to improved patient outcomes, and supports dietetic CPD requirements.

Insight to Impact: A Study of Patient Feedback

Callaghan A, Fox R, Quinn N, Donovan C

Background

Healthcare service users must be encouraged to share their views on the services they receive (HIQA, 2024). Gathering mealtime feedback provides an opportunity to identify strengths and areas for improvement within the hospital food service.

Aims

The aim of this survey was to evaluate patient feedback on the meals provided at Mayo University Hospital. The objectives were to assess patient satisfaction with meal choice, evaluate perceptions of meal temperature, and meal description accuracy.

Research Design

A 20-question survey, consisting of open- and closed-ended questions was administered via Microsoft forms by catering staff. This is a rolling survey. Patients provided responses verbally, and catering staff recorded these using a tablet. Responses collected between 21/11/2025 to 03/02/2026 were used for the present work. All responses were anonymised.

Results

1506 responses were collected during the study period. The average rating for meal choice was 9/10. The temperature of hot food was rated 'very good' by 84.86% of respondents, though tea and toast temperatures were noted as the main concerns. Meal description accuracy received 83.59% 'very good' ratings, with comments to support high accuracy, and only 0.33% reported a response of 'poor'.

Conclusions

Overall, patient satisfaction was considered positive. Minor issues regarding tea and toast temperature were identified, and remedial actions were implemented immediately. This rolling survey will continue to serve as a key aspect of the catering service, with patient feedback ensuring continued compliance with HIQA standards.

Access to a Dietitian Would Have Been Welcome. It Would Still Be Welcome'. Nutrition Impact Symptoms and Access to Dietetic Care among Patients with Cancer: Insights from a National Service Evaluation of Nutrition and Dietetic Supports in Cancer Care Services.

Chonail DN, Sullivan ES, McSharry V, Rice N, Feighan J, Ryan AM

Background

Inadequate availability/access to dietetic care is a barrier to patients receiving supports to manage nutritional concerns, including nutrition-impact symptoms(NIS).

Aims

This national service-evaluation aimed to characterise the prevalence of NIS and the access to dietetic supports within Irish Cancer Services to inform the dietitians' submission to the next National Cancer Strategy.

Research Design

Adult patients undergoing cancer treatment completed an anonymous survey at 14 clinical sites across inpatients, ambulatory day-wards, radiation-oncology, surgical-oncology and outpatient clinics. The survey included questions relating to nutritional status, nutrition-impact symptoms(PG-SGA-SF screening tool) and dietetic supports received throughout their cancer journey.

Results

1,742 patients participated (51% male, mean age 62.6yrs, 34% metastatic disease, Gastrointestinal(28%); Haematological(21%); Breast(16%); Lung(9%); Genitourinary(9%); Gynaecological(4%) and Other(13%)). NIS were very common, with low appetite(19%), fatigue(17%), nausea(15%) and taste changes(12%) experienced in the previous two weeks. Nutrition was rated as 'very'/'extremely' important in cancer care by 90%. Diet and nutrition-related problems were reported by 36%, however, 43% either 'rarely'/'never' had access to a dietitian when they needed one. Of those who had to access dietetic care, 93% found it helpful. Of those with reported dysphagia (7%), 27% had not received dietetic care in the previous 6 months and 19% never received dietetic advice.

Conclusions

NIS are highly prevalent however patients have unmet nutritional needs and difficulty accessing dietetic supports through cancer services at these clinical sites. These findings will be submitted to the consultation for the upcoming National Cancer Strategy to advocate for improved dietetic supports for patients accessing these cancer care services.

Malnutrition and Self-Reported Weight and Muscle Loss among Patients with Cancer: Insights from a National Service Evaluation of Nutrition and Dietetic Supports in Cancer Care Services.

Chonail DN, Sullivan ES, McSharry V, Rice N, Feighan J, Ryan AM

Background

Malnutrition is highly prevalent in oncology, with significant clinical impacts.

Aims

This national service-evaluation aimed to characterise the dietetic supports available within Irish Cancer Services to inform the dietitians' submission to the next National Cancer Strategy.

Research Design

Adult patients undergoing cancer treatment completed an anonymous survey at 14 clinical sites across inpatients, ambulatory day-wards, radiation-oncology, surgical-oncology and outpatient clinics. The survey included malnutrition screening and questions relating to nutritional status and dietetic supports received.

Results

1,742 patients participated (51% male, mean age 62.6yrs, 34% metastatic disease). According to BMI, 35% were overweight, 23% were obese, and 4% were underweight. Malnutrition screening with MUST showed 12% at 'medium' and 15% at 'high' malnutrition risk. On the PG-SGA-SF, 25% were at 'medium' and 19% at 'high' risk of malnutrition. Involuntary weight loss (over past 6 months) was common, with 28% reporting $\geq 5\%$ and 14% reporting $>10\%$ loss. Overall, 25% were worried about their weight. Reduction in muscle mass and strength were reported in 62% and 71%, respectively. Oral nutritional supplements were prescribed for 34%. Overall, 37% wanted more support regarding diet/eating problems, yet 33% were 'rarely'/'never' asked about these during healthcare visits.

Conclusions

This national service-evaluation identified high prevalence of malnutrition risk, significant weight loss, and loss of muscle mass and strength in patients receiving cancer treatment, with insufficient access to corresponding dietetic supports. These findings will be submitted to the consultation for the upcoming National Cancer Strategy to advocate for improved dietetic supports for patients accessing these cancer care services.

Nutrition Screening in a Head and Neck Cancer Population - A trial of the Patient-Generated Subjective Global Assessment Short Form Screening Tool

Clarke E, Madden A, Barnes L, Mc Donald A, Moran T, O'Duffy F

Background

Malnutrition is common among patients with head and neck cancer (HNC) due to tumour location, treatment side effects, and lifestyle factors. Poor nutritional status increases the risk of treatment interruptions, complications, and reduced survival. Early identification using validated screening tools is recommended, yet routine implementation in outpatient settings is inconsistent.

Aims

To evaluate the feasibility of implementing the Patient-Generated Subjective Global Assessment Short Form (PG-SGA SF) in HNC clinics and describe nutritional risk profile of screened patients.

Research Design

A prospective screening trial was conducted across 12 HNC outpatient clinics from March-May 2024. Patients received a paper PG-SGA SF at check-in to complete before consultation. Forms were collected and analysed by the dietitian. Of 364 patients, 89 returned the screening (24% response rate). After exclusions for non-cancer diagnoses or incomplete data, 31 patients were analysed.

Results

Most patients had oropharyngeal cancer (42%), followed by thyroid (16%), hypopharynx (10%), and parotid (10%). Eating difficulties were reported by 52%, with common nutrition impact symptoms of dry mouth (37%), dysphagia (31%), pain (31%), and fatigue (31%). In the previous two weeks, 19% reported weight loss and 26% reduced oral intake. Over six months, 32% reported weight loss (mean 7.4%), with 10% losing >10% body weight. Sixteen percent relied on enteral feeding or oral supplements.

Conclusions

Substantial nutritional risk exists among HNC patients. While PG-SGA SF is valuable, implementation was challenging, reflected by a low response rate. Alternative administration strategies are needed to improve feasibility and support timely dietetic intervention.

PIVET - Pump infusion versus enteral targets Re-Audit

Clarke E, Shkrabalyuk L

Background

In 2024, an audit in our hospital identified an 8% discrepancy between infused and documented enteral volumes, with patients receiving 72% of prescribed feed. Suboptimal delivery increases malnutrition risk and length of stay. Subsequently, fluid balance education was added to nursing induction and dietitians were encouraged to use the 'pump history' function on Nutricia feeding pumps routinely during assessment.

Aims

To: (1) compare prescribed, pump-infused, and fluid balance-recorded enteral volumes; (2) assess documentation accuracy following additional training; and (3) evaluate dietitians' compliance with pump history use.

Research Design

A prospective audit (May-July 2025) included 23 enterally fed inpatients. Dietitians reviewed 72-hour pump histories and compared these against documented fluid balance data and prescribed volumes. Documentation of pump history within dietetic notes was examined. An anonymous survey (n=14) explored benefits and barriers to implementation.

Results

Pump history indicated a mean 84% of prescribed feed volume infused, compared with 93% documented in fluid balance charts (9% discrepancy). Documentation referenced pump history in 61% of dietetic notes. Survey findings indicated 93% awareness of the pump history function, with 57% routinely using it in assessment. Perceived improvements in time efficiency (75%), assessment accuracy (100%), and troubleshooting (75%) were reported. Barriers included pump availability, ward transfers, and uncertainty regarding timing of data reset.

Conclusions

Enteral delivery improved from 72% to 84% in this reaudit. However, discrepancies persist with significant cumulative deficits. Routine pump history use and ongoing multidisciplinary training are recommended to optimise feed delivery.

Feeling empowered and more in control, it's been a game changer - Outcomes of a Dietitian Led Diet-Hypnotherapy Programme for Irritable Bowel Syndrome in Routine Clinical Practice

Cooney L, O'Donovan DG, Doyle SL

Background

Irritable bowel syndrome (IBS) is a chronic disorder of gut brain interaction associated with significant symptom burden and impaired quality of life. While dietary and behavioural interventions can each be effective, there is growing interest in integrated models of care. Evidence for dietitian-led integrated approaches in real-world clinical settings remains limited.

Aims

To evaluate changes in gastrointestinal symptoms, bowel habit and patient-reported satisfactory relief following a dietitian-led Diet-Hypnotherapy Programme (DHP), a personalised seven-session intervention combining dietary therapy and gut-directed hypnotherapy for the management of IBS.

Research Design

This retrospective real-world clinical evaluation examined pre- and post-DHP outcomes in adults with IBS. Gastrointestinal symptoms were assessed using a GSRS-derived clinical symptom scale, stool form using the Bristol Stool Form Scale, and patient-reported satisfactory relief (yes/no). Data was analysed using SPSS.

Results

A total of 51 participants undertook the programme. Significant improvements in overall gastrointestinal symptom severity and across all individual symptom domains were observed from baseline to programme completion ($p=0.001$). Normal stool form (Bristol Stool Form Scale types 3-5) was achieved by 88.2% of participants ($n=45$) post programme. Patient-reported satisfactory relief of symptoms was reported by 84.3% ($n=43$) of participants.

Conclusions

This novel, dietitian-led, DHP was associated with clinically meaningful improvements in gastrointestinal symptoms, bowel habit and patient-reported benefit. These outcomes support the value of integrating dietary and behavioural strategies within a single therapeutic pathway, particularly for individuals with long-standing complex IBS symptoms, and highlights the role dietitians can play in delivering integrated IBS care.

Clinical audit of glycaemic management during enteral feeding for people with diabetes in St James's hospital.

Duffy G, O'Rafferty H

Background

Currently there is no specific policy or baseline data for the glycaemic management of enterally fed patients in St James's Hospital (SJH).

Aims

The purpose of this audit is to establish if current enteral feeding and glycaemic management practices at SJH meet the standards set by the Joint British Diabetes Societies for Inpatient Care group, April 2024.

Research Design

Patients were identified from EPR and also identified by dietetic colleagues. Data was collected from EPR and analysed using Microsoft Excel.

Results

Out of n=15 patient, 67% had type 2 diabetes, 20% type 1 diabetes and 13% stress induced hyperglycaemia. Audit standards were achieved for use of polymeric feeds, treatment of hypoglycaemia, monitoring of BGLs prior to EN feeding in patients on variable rate insulin infusion, documentation of carbohydrate content of enteral feed and start/stop time of enteral feeding.

Audit standards were not achieved for blood glucose monitoring at 4hrly intervals when rapid acting insulin was prescribed. Optimal blood glucose target range prior to and during feeding of 6-12mmol/l was not achieved, with blood glucose reading found to be above target. Documentation of Total Daily Dose (TDD) insulin in clinical nutrition progress notes was not routinely observed.

Conclusions

It is recommended that a collaborative ward-based education module be developed. It is also recommended that a SJH specific policy for glycaemic management during enteral nutrition be developed with Endocrinology and nursing colleagues. A collaboration with the Enteral Feeding Committee regarding diabetes specific inclusions in policy updates is recommended. Repeat audit in 12 months.

2 year review of dietetic 'prescribing' of food for special medical purposes (FSMPs) in St Luke's Radiation Oncology Network

Fee M, Archard M, Courtenay P, Donnelly Y, Marrinan G, Nolan A, Roulston F, Sheridan C

Background

In 2023, CORU registered dietitians were given the rights to recommend Food for Special Medical Purposes (FSMPs) to be dispensed by community pharmacies (1). As dietitians are not registered prescribers, the term 'recommend' is used rather than 'prescribe'. FSMPs include; oral nutritional supplements (ONS), enteral feeds, milk substitutes and thickening agents. Many patients attending St Luke's Radiation Oncology Network (SLRON) require FSMPs.

Aims

Evaluate the time and cost saving since introduction of FSMPs guidelines in SLRON.

Research Design

A policy was developed for dietitians to request community pharmacies to dispense FSMPs(2). This included; design of electronic documentation to be emailed to pharmacies, and paper triplicate books. All dietitians in SLRON kept a log of FSMP requests completed. These logs were analysed from implementation on 1st October 2023 to 1st October 2025. Each request completed by a dietitian rather than a doctor, was estimated to save doctors a minimum of 5 minutes of work time. Cost savings were estimated based on salary range from lowest grade SHO to highest grade registrar.

Results

Time period = 1/10/23-01/10/25 = 2 years
Total number of dietitian FSMP requests = 1400
Estimated doctors time saved = 116.7 hrs
Estimated doctors cost saving = €3339- €5926
Estimated extra dietetic time = 0

Conclusions

This review highlights the total number of FSMP requests that dietitians at SLRON have completed since the introduction of the guidelines. It demonstrates the estimated time and cost saving for doctors, decreasing their workload to prescribe FSMPs.

Evaluating Students Perceptions of engaging in inter-professional simulation experience: a mixed methods study

Fox E, Barry Walsh C, Shanahan C, Lynch M, Bowles M, Tierney A

Background

Evolving healthcare systems require graduates prepared to practise in diverse settings, collaborate within interprofessional teams, and manage increasingly complex patient needs. Simulation-based learning provides a safe, structured environment where learners develop clinical and teamwork skills before real-world practice.

Aims

To explore the attitudes and experiences of allied health students participating in a two-day interprofessional simulation.

Research Design

A mixed-methods study examined allied health students' experiences during a two-day interprofessional simulation embedded in clinical placement. Participants were students from Occupational Therapy (OT), Physiotherapy (PT), and Human Nutrition and Dietetics (HND) programmes at the University of Limerick. Quantitative data were collected using the Satisfaction with Simulation Experience (SSE) Scale and SPICE-R2 questionnaire pre- and post-simulation. SSE data were analysed using descriptive statistics, and paired sample t-tests were conducted for SPICE-R2 scores. Qualitative focus group data were analysed using thematic analysis. Ethical approval was obtained from the University of Limerick EHS REC (2025_05_15_EHS).

Results

Twenty-eight students participated (PT = 12, OT = 8, HND = 8), with 27 completing both surveys. Statistically significant improvements were found in total and subscale SPICE-R2 scores post-simulation ($p \leq .001$). Students reported high satisfaction on the SSE scale (mean = 82.78, SD = 5.75). Qualitative findings aligned with quantitative results, highlighting enhanced clinical and communication skills, improved understanding of professional roles, increased confidence in teamwork, and valuable peer learning transferable to practice. Participants recommended including additional disciplines and greater curricular integration.

Conclusions

A brief, structured interprofessional simulation can significantly enhance allied health students' attitudes toward teamwork, role clarity, and collaborative practice. Findings support broader integration of interprofessional simulation within allied health education to strengthen readiness for team-based healthcare delivery.

Initiation of Oral Intake after Upper GI Surgery in TUH

Gallagher J, Hickey M, Feehan S, Healy S, McIntyre T, Ridgway P

Background

Enhanced Recovery After Surgery (ERAS) protocols are evidence based perioperative pathways developed to improve recovery and outcomes for patients undergoing major surgery. Nutritional interventions are an integral part of ERAS protocols and prompt initiation of oral intake post-operatively is associated with improved patient outcomes, e.g., fewer post-operative complications, reduced length of stay and improved quality of life.

Aims

The aim of this project was to capture the current process in TUH for reintroducing oral fluids and diet after Upper GI surgery, compare findings against ERAS guidelines and identify potential quality improvement initiatives that could be introduced within TUH to align us with ERAS guidelines.

Research Design

Length of time for oral fluids and diet to be commenced after Upper GI Surgery was captured. An 'As Is' Process Map was created to capture the current process within TUH. A Fishbone Analysis identified the root causes of delays in initiating oral intake after Upper GI Surgery.

Results

TUH Upper GI Surgical patients, without post-operative complications, on average, progress to oral fluids and diet on Post Op Day 3 and 4, respectively. An ERAS protocol was developed to promote timelier reintroduction of oral fluids and diet after Gastrojejunostomy Surgery in TUH.

Conclusions

This pathway has been implemented within TUH but remains in its piloting stage. This is the first ERAS aligned pathway for initiating oral intake post operatively within TUH. Effectiveness of this pathway will be audited.

Digital transformation of Parenteral Nutrition

Gilligan U

Background

There is no digital system currently available to trace Parenteral Nutrition to a patient. In SVPH the Dietetics department is responsible for PN ordering, stock management, tendering and contracts. This process consumes valuable clinical time and carries inherent risks for patient safety.

Aims

1. To become the first Irish hospital to achieve full PN traceability to the patient
2. Reduce impact on clinical time.
3. Improve stock management workflows.
4. Prevent incidents such as incorrect/ expired bags.
5. lower wastage and associated costs.

Research Design

Cross-departmental collaboration with ICT, supply chain, pharmacy, nursing, and external partners B. Braun, Genesis and GS1 to introduce GTIN codes on PN products which allow for scanning using Genesis software.

Results

There were eight recorded incidents in 2025 (0.3% of PN used) where an incorrect bag was retrieved for a patient. Seven were intercepted during nursing checks but bags had to be discarded due to temperatur exposure, resulting in €700 in avoidable waste. More concerning was one case (0.05%) where a patient with a known shellfish allergy received an incorrect bag containing fish oil traces. Since the implementation of this project, 283 bags have been scanned to patients. No incorrect bag has been retrieved and all can be traced. Repeat TIM studies will compare to pre-implementation data. Feedback so far has been very positive.

Conclusions

The initiative has achieved full PN traceability, reduced workloads and strengthened patient safety protocols. This project addresses a critical gap in PN governance & establishes SVPH as a leader in digital traceability and patient centered innovation.

Factors leading to hospital re-admissions in patients on Home Parenteral Nutrition

Higgins K

Background

National guidelines (IrSPEN, 2013) recommend reporting of outcome data for patients on Home Parenteral Nutrition (HPN), including number and type of complications and readmissions to hospital and their cause.

Aims

To examine hospital re-admission rates and incidence of complications in patients on HPN in Tallaght University Hospital (TUH) over a 4 year period, from 2022-2025.

Research Design

Data were collected prospectively and included reason for re-admission, length of stay (LOS) and prevalence of admissions due to HPN related complications including Catheter Related Bloodstream Infection (CRBSI).

Results

89 hospital re-admissions occurred in 30 HPN patients over 4 years accounting for a total of 1277 inpatient bed days.

There were on average 1.4 hospital admissions per patient annually and 20 bed days per patient per year. The median length of stay (LOS) was 11 days (range 1 - 72 days). 73% (n=65) of admissions were unplanned.

The majority of re-admissions (69%, n=61) were due to issues relating to a patient's underlying diagnosis or co-morbidities and 31% were deemed to be HPN related.

CRBSI accounted for 21% (n=19) of total re-admissions. The CRBSI rate was 1.1 per 1000 catheter days. Re-admissions due to nutrition or hydration issues were rare (4%, n=4).

Conclusions

The risk of complications and need for hospital admissions remains a burden for HPN patients. The HPN Clinical Specialist Dietitian plays a pivotal role in identifying risks and issues at the earliest opportunity in order to reduce the likelihood of hospital re-admission.

A Review of the Home Parenteral Nutrition Service in Tallaght University Hospital

Higgins K

Background

National guidelines (IrSPEN, 2013) recommend obtaining reliable data on incidence and practice in relation to Home Parenteral Support (HPS) to allow monitoring of trends and outcomes.

Aims

To describe the characteristics and outcomes of patients requiring HPS in Tallaght University Hospital (TUH)

Research Design

This is a retrospective analysis of all patients on HPS from 2008 - 2025. Patient demographics, underlying diagnoses, mechanism of intestinal failure, duration on HPS and outcomes were recorded.

Results

58 patients were discharged during the review period; 53 on HPN & 5 on home IV fluids +/- electrolyte infusions. 67% were female and the average age at commencement was 55 years (range 29 -78 years). 69% (n=40) of patients had Intestinal Failure (IF) due to benign aetiologies such as surgical complications (n=15), motility disorders (n=9) and mesenteric ischaemia (n=8). 31% (n=18) had an active malignancy. Overall, short bowel syndrome was the most prevalent pathophysiologic mechanism of IF in 43% of the cohort. 52% (n=30) required short term HPS i.e. <6 months. 10 patients (17%) required HPS for greater than 5 years. At the time of data analysis, 28% (n= 16) of patients remain on HPS. 31% (n= 18) transitioned to oral or enteral nutrition; 9 patients discontinued HPS post surgery to restore continuity of the gastrointestinal tract.

Conclusions

Observations from our study are in line with international trends showing advancing age in the HPS population, a higher proportion of patients with an oncological diagnosis and increasing use of short term HPS.

The role of the dietitian in Mental Health Services: A Scoping Review

Holmes M

Background

Mental health dietetics is an evolving area, inadequately developed and resourced with poor recognition and understanding of the dietitian's role.

Aims

Review, collate and examine the literature regarding dietitian's role in mental health services. Objectives: To identify and describe nature of dietitian's role in mental health services; To identify and examine models of care or modes of service delivery involving dietitians in mental health services; To identify and examine references to dietitian staffing levels or staff ratios in mental health services.

Research Design

Johanna Briggs Institute guidance informed the scoping review search strategy and results presentation (synthesised and narratively described).

Results

90 articles Included (50 studies i.e. 5 scoping reviews, 16 reviews, 29 research articles) from 6 databases and grey literature searches - relevant data extracted.

Literature gaps: Scarcity of Irish evidence; lack of robust evidence regarding dietitian's role/ interventions in eating disorders and treatment programmes; scarcity of dietetic staffing recommendations.

Identified roles in community, with in- and out-patients, adults, children; screening and treating malnutrition, refeeding syndrome, nutritional deficiencies, eating disorders, disordered eating, and chronic disease in severe mental illnesses.

Activities: health promotion; prevention; screening; identification/diagnosis; assessment; treatment; behaviour change; developing resources; education; training; leadership, management, governance; research, audit; quality, safety, risk management; catering, food services.

Conclusions

Scoping review mapped available evidence on dietetic role in mental health services and identified further research needed. Outcomes could inform Irish role statements and workforce planning.

Evaluating nutrition-related risk factors and access to dietetics for stroke secondary prevention

Howley T, Omar F, Murphy S, Marnane M, McKiernan M

Background

The National Stroke Guideline recommends all patients with stroke or transient ischaemic attack (TIA) receive nutrition advice on secondary prevention, and modifiable risk factors of hypertension, dyslipidaemia, dysglycaemia, and dietary patterns. Access to dietitian-led secondary prevention education in Ireland is currently limited and inconsistent.

Aims

This clinical audit aimed to evaluate nutrition-related modifiable risk factors of an inpatient cohort under the stroke team.

Research Design

Prospective data collection was completed over six weeks. Medical records were reviewed for demographic, diagnostic, anthropometric, and biochemical data. The dietitian completed the Mediterranean Diet Score tool (MDS) for appropriate patients.

Results

Data were collected on 39 patients with a median age of 68 years. 59% were male. Pre-existing hypertension and diabetes were noted in 47% and 11% of patients respectively. During admission, 44% of all patients were referred to dietetics. No referrals were received for secondary prevention or diabetes education. The MDS was completed with 64% of patients. Scores ranged between 2-10; 8% scored 10 (good alignment with MDS), 56% scored 6-9 (moderate-fair alignment) and 36% scored ≤5 (weak alignment). LDL-cholesterol, total cholesterol, HDL-cholesterol, and HbA1c were out of range in 66%, 61%, 24%, and 22% of patients, respectively. Two or three risk factors were out of range in 72% of patients.

Conclusions

This audit demonstrates a high burden of modifiable risk factors among patients managed by the stroke service. This highlights a significant gap between access to dietetic-led secondary prevention interventions within stroke pathways and recommendations from national and international guidelines.

Introduction of a dietetic service to a lung cancer Rapid Access Clinic

Irwin H, Omar F

Background

Weight loss is one of the main presenting complaints at diagnosis, with 60% of lung cancer patients having reduced appetite and significant weight loss.(1) Patients with malnutrition are at increased risk of mortality and poor outcomes from surgery and chemotherapy.(2)

Aims

This review aims to evaluate the first six months of outpatient dietetic service provision to this cohort.

Research Design

Data collected prospectively on patients with suspected lung cancer attending the Rapid Access Clinic (RAC). Patients were screened using a Malnutrition Screening Tool, and referrals to dietetics generated for scores ≥ 2 were referred to a dietitian. All patients considered for surgical intervention were referred to dietetics. Dietetic assessments and interventions were completed virtually in a phone clinic due to appointment burden. Data collected included anthropometrics, % of estimated energy requirements, malnutrition diagnosis, nutritional intervention, treatment pathway and follow up plan.

Results

Referrals were received for 29 outpatients, 83% receiving treatment and 17% on a palliative pathway. The majority (86%) accessed a dietetic assessment within five working days. A total of 59% of patients were diagnosed with malnutrition. Post dietetic intervention, 83% of patients achieved weight maintenance or regain.

Conclusions

This service provided patients with early access to a dietitian to optimise nutritional status pre-treatment. Previously, patients could only access dietetics if referred as an inpatient and assessed pre-discharge, or on commencing chemotherapy. A limitation of the service included the scope of RAC service getting patient consent for a dietetic referral when they were also potentially facing a new lung cancer diagnosis.

Exploring the Nutritional Management of People with Pancreatic Cancer: A Survey Investigating the Practice, Experiences and Educational Priorities of Dietitians in the UK and Ireland.

Kelly E, Griffin O

Background

Pancreatic cancer is characterised by high mortality, in addition to high rates of malnutrition. Pancreatic exocrine insufficiency, cachexia, and pancreatic diabetes all contribute to malnutrition, which is associated with poorer treatment outcomes and lower overall survival. Dietitian involvement is associated with improved quality of life.

Aims

This study aims to examine nutritional management of pancreatic cancer patients in Ireland and the UK by assessing malnutrition screening practices, access to dietetic support, key nutritional problems, and dietitians' training and educational needs.

Research Design

A 21-question survey developed and distributed to dietitians managing patients with pancreatic cancer across the UK and Ireland through professional nutrition interest groups and social media. Responses were analysed and compared by region, specialty and post-registration training.

Results

Twenty-four dietitians from Ireland, England, and Northern Ireland completed the survey. Unintentional weight loss, malabsorption, and anorexia were identified by dietitians as the most common nutritional concerns. More than half of respondents had not received post-registration training in the nutritional management of pancreatic cancer, which was not usually associated with higher confidence. The highest ranked educational priorities were pancreatic exocrine insufficiency, type 3c diabetes, and cachexia.

Conclusions

Educational programmes should align with dietitians' identified priorities, particularly in high-prevalence areas and topics associated with lower confidence. Although research indicates that single, stand-alone educational sessions can improve knowledge and confidence in the short term, the long-term benefits remain unclear. Structured, long-term education may therefore better support dietitians involved in pancreatic cancer care.

Mic Jejunostomy Feeding Tubes: Audit of use in Beaumont Hospital

Landers GL, White CW

Background

Jejunostomy feeding is typically used post oesophagectomy or gastrectomy surgery in Beaumont to support early enteral nutrition delivery and promote early healing and recovery post op. A surgical jejunostomy tube (Freka/ Vygon) is usually inserted. The Mic jejunostomy feeding tube is a less commonly used tube, it may be used to replace the surgically placed tube if it falls out or it may be placed as a primary tube in some cases. Outcomes related to the use of the Mic jejunostomy feeding tube have not been previously examined in Beaumont.

Aims

To assess the common complications associated with MIC jejunostomy tubes

Research Design

Retrospective review of patient records, including all patients who had a MIC jejunostomy feeding tube inserted in Beaumont Hospital between Jan 2020 and Aug 2025.

Results

Category Details

Total patients 16

Primary Mic Tube inserted 7 patients

Replacement for Vygon/Freka 9 patients

Feeding Duration 19-2702 days mean : 505 days

Patients requiring tube replacements 8 patients

Replacement Frequency 4 patients : 1 replacement each

1 patient : 2 replacements

1 patient: 7 replacements

1 patient: 8 replacements

1 patient 11 replacements

A&E attendance with tube complications 6 patients (1-5 visits per patient)

Hospital admissions 8 patients - range of 1-4 admissions per patient,
length of stay 3 days - 3 months

Conclusions

Although the number of patients with Mic jejunostomy tubes included in this audit was relatively small, the majority experienced significant complications. The most frequently reported issues were related to tube dislodgement (50%), and leakage (37.5%). Unplanned hospital attendances were observed in 75% of cases, with significant associated costs. These complications also have a significant impact on patients quality of life, contributing to skin excoriation, anxiety around tube position, interruptions to vital nutritional support and ultimately patient outcomes.

A Quantitative Investigation of Knowledge, Attitudes, and Use of Simulation-Based Education Among Registered Dietitians in Ireland

Lee C, Power A, Shaw A, Corish C

Background

Simulation-based education (SBE) is widely used across health professions to support clinical skill development; however, its use in dietetics remains limited. Understanding registered dietitians' knowledge, attitudes and current use of SBE is important to inform its integration into pre-registration training in Ireland.

Aims

To explore registered dietitians' knowledge, attitudes and current use of SBE, and to identify perceived facilitators, barriers and predictors of use and interest in further training.

Research Design

A mixed-method design was used, with this study focusing on the quantitative findings. An anonymous online questionnaire was developed based on established Knowledge-Attitudes-Practice tools, piloted and distributed to CORU-registered dietitians across practice settings. Demographic data, familiarity, attitudes, and perceived barriers and facilitators to SBE were collected. Data were analysed using descriptive and inferential (chi-square analysis, correlations) statistical tests and logistic regression.

Results

One hundred and fourteen dietitians completed the survey. Most worked clinically and lacked formal SBE training. Familiarity with SBE was low-moderate. Only 14% reported current use. Role-play and case-based discussions were the most frequently used methods. Attitudes towards SBE were positive with higher positivity associated with greater familiarity and fewer concerns about cost and resources. More years of experience was the only predictor to current use. Barriers included limited knowledge, training and access to resources, alongside a need for greater institutional support.

Conclusions

Irish dietitians demonstrate positive attitudes towards SBE but inconsistent use. Findings highlight the need for dietetic specific national guidance, structured frameworks, training opportunities, and further research to support effective integration of SBE into pre-registration dietetics education.

A Multidisciplinary Approach to Reducing PN-Related Catheter-Related Bloodstream Infections in St. Vincent's University Hospital

Madden A, Joseph J, FitzGerald S, Barnes L

Background

Catheter-related bloodstream infections (CRBSI) are a serious complication of total parenteral nutrition (TPN). Infection rates per 1,000 TPN days provide a standardised quality metric. Since February 2023 the dietetic and infection prevention and control (IPC) departments have undertaken quality improvement initiatives to improve PN related CRBSI rates in SVUH.

Aims

To assess the effectiveness of an MDT approach in reducing PN related CRBSIs.

Research Design

PN activity data was collected monthly by the Dietetic Department and analysed by IPC. Data included patient numbers, total TPN days, CRBSI episodes, infection rates per 1,000 TPN days and causative organisms. Interventions implemented included: (1) introduction of a dedicated PN sterile bung; (2) provision of a patient information leaflet to improve awareness of line care and early symptom reporting; and (3) analysis of appropriateness of PN commencement. Data was compared between 2024 and 2025.

Results

In 2025, 355 patients received TPN compared with 384 in 2024, of which 1.7%(n=6) were deemed inappropriate commencement of TPN. Total TPN days decreased 21% from 5,275 to 4,162. CRBSI episodes fell 33% from 21 to 14, with the infection rate improving 27% from 3.90 to 2.85 per 1,000 TPN days. There was a peak in infection rates in July 2025 (9.6). Coagulase-negative staphylococci was the most common organism, with Kocuria and Candida species also identified.

Conclusions

A reduction of 27% in CRBSI rates in 2025 coincided with targeted multidisciplinary interventions. Ongoing surveillance and sustained collaboration are required to maintain improvement and address intermittent infection spikes.

Designing and implementing a quality assurance process for dietitians delivering accredited Self-Management Education Programmes for people living with chronic disease

McGowan C, Brady O, Ward A, Seery S, Kirby L, Harrington K, Humphreys M

Background

Seventy-five chronic disease management dietitians currently deliver 3 QISMET accredited Self-Management Education (SME) programmes: DISCOVER DIABETES - Type 2, the National Diabetes Prevention Programme, and the Best Health programme for people living with obesity.

Aims

A QA process was designed to enable these dietitians to achieve and maintain accreditation and ensure programme fidelity.

Research Design

The HSE's National SME Office team designed and developed a practical, achievable, and scalable QA process that ensures programme fidelity while supporting skills development.

The six-step QA process includes: reading; educator training; active shadowing; co-facilitation; leading delivery and session observation. Structured self-reflection was embedded to promote critical appraisal, self-awareness and continuous professional development.

Results

Outputs:

- a defined QA process for educators with QA documentation (Educator QA Guidance, a QA Log, reflection and feedback documents),
- a support process for educators and QA observers.

Outcomes:

- By the end of 2025, 25% of the dietitian educators had completed the QA process, with 50% projected to achieve QA accreditation by the end of 2026. Feedback from dietitians who have completed the QA process was consistently positive, highlighting increased confidence and competence, enhanced reflective practice, and the value of detailed, constructive feedback. The process was described as supportive, reassuring, and effective in confirming fidelity to programme standards while identifying opportunities for their own professional growth.

Conclusions

A standardised individual QA process for dietitians delivering accredited SME programmes has supported high quality patient care, programme fidelity, dietitian confidence and competence, while upholding accreditation standards. The process informs national implementation and quality improvement strategies and is transferable to other programmes and disciplines.

An evaluation of the implementation of a simulation framework and the integration of simulation in allied health care professionals' training programmes in the University of Limerick.

Miller Z, Ryan E, Tierney A, Bowles M

Background

Simulation-based education (SBE) is increasingly embedded within allied health curricula to enhance clinical skills development and prepare students for professional practice. The School of Allied Health (SAH) at the University of Limerick recently introduced a formal Simulation Framework to guide the design and delivery of simulation activities across programmes.

Aims

To evaluate how the SAH Simulation Framework is implemented across allied health programmes, with a focus on how simulation supports clinical skills teaching and how simulation-based education is integrated within academic modules.

Research Design

A mixed-methods design was adopted, incorporating online surveys alongside semi-structured interviews and focus groups with SAH staff and external simulation experts. Qualitative data was analysed using reflexive thematic analysis, while quantitative data was analysed descriptively.

Results

The findings revealed six central themes: Analysis of the themes suggests that simulation is utilised widely across programmes, despite inconsistent use of the formal framework. While SAH staff valued the structured debriefing elements of the framework and perceived that SBE enhance students' communication skills and readiness for clinical placement, its implementation was limited by the workload of simulation development, limited infrastructure, timetabling challenges and unclear allocation of simulation responsibilities.

Conclusions

While simulation is culturally accepted and pedagogically valued, more emphasis should be placed on utilising and building upon the resources available to ensure the sustainability and expand simulation practices within allied health disciplines. This in turn will contribute to higher quality education for students, enabling students to gain confidence in their clinical skills, knowledge and interprofessional practice.

Impact of a digital stock management system on delivery and patient receipt of oral nutritional supplements in an acute hospital: a re-audit

Montgomery G

Background

Oral nutritional supplements (ONS) are Foods for Special Medical Purposes used when nutritional requirements cannot be met through diet alone. In St Vincent's Private Hospital, the ward-based ONS stock system was enhanced in 2024 through implementation of the Genesis system to improve process efficiency.

Aims

To evaluate whether Genesis improved ONS delivery, documentation, patient receipt and ward workflow compared with the previous audit.

Research Design

A retrospective audit of medication records was conducted across seven inpatient wards. Data included ONS prescription, ward stock status, administration documentation, patient-reported receipt and reasons for non-receipt. Prescribing accuracy by profession was assessed. A staff questionnaire evaluated time spent sourcing supplements and supplement kitchen visits.

Results

Of 145 medication records, 34 patients were prescribed ONS. Signing compliance improved from 75% to 94% and 88% were ward stock. Full receipt declined from 81% to 50%. Refusal accounted for 29% of non-receipt in 2026; none were documented in 2024, likely reflecting improved data capture. Dietitian prescribing showed greater accuracy than medical prescribing (95% vs 60%). Staff reported markedly fewer supplement kitchen visits, releasing nursing time for direct patient care.

Conclusions

Genesis improved governance, workflow and nursing time for patient care. Improved recording clarified that limitations relate to patient acceptance of ONS rather than stock processes. This demonstrates a completed audit cycle and a new focus for improving nutritional support.

An evaluation of the nutritional adequacy of a tray service catering model in acute paediatric settings in Ireland

Moran A

Background

Childrens Health Ireland (CHI) plans to transition from a traditional tray-service catering model to a room-service system. Establishing baseline data on nutritional intake under the current model is essential to evaluate this change.

Aims

This study assessed the nutritional adequacy of meals consumed by paediatric inpatients in CHI by quantifying plated food and actual intake relative to dietary reference values.

Research Design

A quantitative observational study was conducted in two tertiary paediatric hospitals within CHI. Participants were aged ≥ 2 years, received hospital meals, and had a parent/guardian record breakfast/snacks over 24 hours. Lunch and dinner were weighed on the ward pre- and post-consumption using a standardised protocol, with intake calculated as plated food minus waste. Breakfast and snacks were recorded by a caregiver on a standardised template. Energy and protein intakes were compared with age-specific dietary reference values. Data was analysed descriptively using medians and interquartile ranges.

Results

Sixty-eight participants (2-18 years) were included. A median of 22% (n=15) met estimated energy requirements (range 18-43%), and 54% (n=37) met protein requirements (range 25-100%). Plate waste was highest at lunch and dinner, with children consuming a median of 25-50% of meals. Dinner intake ranged from 0% (2-3 years) to 69% (15-18 years). Trends were similar across the two study settings.

Conclusions

Many participants did not meet energy or protein needs under the tray-service model. Findings support optimising food provision via a room service model to enhance the nutritional care of children in acute paediatric settings

An audit to review current total parenteral nutrition (TPN) prescription practices including route, duration and indication in University Hospital Waterford (UHW) and compare against international best practice guidelines.

Murphy N

Background

Parenteral Nutrition (PN) provides nutritional support to patients experiencing acute or chronic intestinal failure (IF). Peripheral and Central PN, and out-of-hours peripheral PN is used in UHW. There are defined indications for initiation of PN (ESPEN, 2025; INDI 2022).

Aims

1. Identify was PN commenced only in IF and if PN could have been avoided.
2. Identify average duration of PN and compare against best practice guidelines.
3. Establish predominate access routes for PN.

Research Design

All patients commenced on PN from October 2024-October 2025 were included. An audit tool was developed for data collection. 8 dietitians collected data following randomised patient allocation. Patients were identified via dietetic statistics, dietetic notes and patient medical charts were used to collect information.

Results

Total of 134 patients included following exclusion criteria. 88% patients commenced on PN were concentrated on 7 surgical and oncology wards. 34% received only peripheral PN. Mean wait time for central line insertion was 3.3 days. 66% received PN via central line. 70% were nil per oral (NPO) prior to commencing PN, of which 47% were NPO for 0-2 days. 81% did not utilise out-of-hours PN. 55% commenced PN due to standardised indications of IF. 20% of PN was discontinued within 0-2 days, 31% within 3-5 days.

Conclusions

PN may be initiated prematurely when patients are NPO for <2 days, resulting in 51% being discontinued within 5 days. Education with key medical and surgical teams is required to ensure PN is only prescribed when clinically indicated.

A review to evaluate knowledge on light diet and low fibre diet on surgical wards for post-operative patients in UHW

Murphy N, Lynch Z, O'Doherty J

Background

University Hospital Waterford is a leading center nationally for colorectal surgery and cancer care. There was observed to be inappropriate meals offered to post-operative patients on light/low-fibre diets across 3 surgical wards which were often over-restrictive or contained unsuitable foods. This caused confusion among patients and staff, impacting patient experience.

Aims

1. Identify foods considered correct as part of a light and low-fibre diet.
2. Identify foods not given to patients on light and low fibre diet and opinion around this.
3. Use knowledge gained for QIP to create menu card and re-assess knowledge in 6-12 months.

Research Design

3 questionnaires were developed for staff to assess knowledge and identify barriers.

- Light diet for nursing staff.
- Light diet for catering staff.
- Low fibre diet for catering & nursing staff.

Results

Variances in what staff identified as a light diet, with limited understanding of the diets' role. Jelly & ice cream and yoghurt were successfully identified as being allowed, however higher fibre options e.g., beans on toast and shepherd's pie were also ticked by 25% of participants.

Low fibre diet was better understood with 39% identifying Weetabix and brown bread as inappropriate. However, salads were ticked as appropriate by 25% of participants.

Barriers were short notice and poor communication. A set menu was requested by 100% of participants.

Conclusions

Limited understanding of a light diet and low fibre diet among catering and nursing staff. A set menu would reduce confusion and improve patient experience.

Malnutrition Risk Assessment in an Ambulatory Day Oncology Service

O'Beirne N, O'Doherty D, Lynch A, Breathnach O

Background

Malnutrition is estimated to affect a third of people diagnosed with cancer and negatively impacts treatment outcomes. Nutrition screening is essential for all cancer patients at diagnosis and regularly throughout their cancer journey.

Aims

To evaluate malnutrition risk in patients attending the oncology day ward and assess whether such patients were referred to the dietetic service.

Research Design

The medical charts of patients attending the oncology day ward for IV treatment over the course of a 5 day period (n= 140) were reviewed and malnutrition risk was assessed using the Malnutrition Screening Tool (MST). Data were also collected on gender, age, diagnosis, weight, height and nutrition impact symptoms. BMI and percentage weight loss were calculated.

Results

A total of 140 patients were included as part of this audit. The highest prevalence of cancer types amongst the patient cohort were breast (22%), colorectal (18%) and upper gastrointestinal (14%) and lung cancer (11%). Approximately a third of patients (34%) were identified as being at risk of malnutrition (MST score ≥ 2). Of those at risk of malnutrition, 57% were classed as being overweight or obese. Of those patients identified at risk of malnutrition, 20% had been referred to the dietetic department via the Oncology Day Ward.

Conclusions

A validated screening tool should be used to assess for malnutrition rather than reliance on BMI, as the majority of patients identified as being at risk of malnutrition were overweight or obese. Regular education for oncology day ward staff is essential. A patient generated malnutrition screening tool using 'myPatientSpace' oncology application has been developed to assist with the early identification of malnutrition and to support patients in taking an active role in their nutrition care.

An Audit of the nutritional needs of children attending community disability network teams in Dublin north west and north inner city.

O'Riordan T

Background

An Audit of the nutritional needs of children attending community disability network teams in Dublin north west and north inner city. F31

Aims

A clinical audit undertaken to assess and identify the numbers of children with dietetic needs across two disability network teams. This was undertaken while developing a new dietetic service. The identified children were prioritized for the service based on clinical prioritization criteria, developed locally for the service.

Research Design

Audit of 100 randomly selected files open across two disability network teams. A detailed e-file review was undertaken. This audit was undertaken from April 2025 to July 2025. A standard audit record form was developed and completed manually. Each e-file was opened, reviewed, and screened to determine if the child at the time of review had a dietetic need. For the purpose of the audit if the file included information or reference to the child being overweight, underweight, having specific nutritional deficiencies or requiring oral nutrition supplements, enteral tube feeding these were recorded as having a specific clinical dietetic needs.

Results

In total 38 out of 100 files reviewed had indicated that there was some level of dietetic input required. These 38 files were prioritized based on dietetic need and the results concluded that 37% were priority one, 34% priority two and 29% as priority three for dietetic services.

Conclusions

This audit showed that from a small sample, nearly 40% of children and young person's attending the community disability service within North Dublin require clinical dietetic intervention. Over 70% of these children were very high priority for the service. These findings are similar to other countries where 47-53% of those living with a disability require dietetic services. This cohort often consume inadequate diets and are so restrictive that they present with significant nutrient deficiencies. Both under nutrition with specific nutrient deficiencies and over nutrition (obesity) were most commonly cited. It is important that people living with a disability have access to appropriate dietetic services to decrease their risk of ill health and risk of longterm nutritional harm. All children and young people should have access to appropriate dietetic services under the HSE Directive Progressing disability services.

An Exploration of the Development of Nutrition and Dietetic Key Performance Indicators in Model III Hospitals in Ireland.

O'Toole J

Background

KPIs are essential for high-quality nutrition and dietetic care. While dietetic practice remains rooted in science, limited exploratory research and national guidance exist for nutrition and dietetic KPI development.

Aims

This study explores nutrition and dietetic KPI development in Model III hospitals in Ireland, by examining relevant policies, frameworks, stakeholder engagement and local contextual influences.

Research Design

Applying an interpretive paradigm and grounded theory approach, qualitative data was gathered from six Dietitians in Model III hospitals, using semi-structured online interviews.

Results

Findings highlight that KPIs support service development, quality improvement, risk management, and are shaped by local initiative than national standardisation. While clinical guidelines and audits inform practice, a disconnect exists between practical application of international outcome frameworks. Without strategic integration with healthcare governance, KPI development relies on clinical judgement and internal consensus.

Stakeholder engagement varies from autonomous operations to multidisciplinary collaboration. Dietitian Managers are crucial, adapting KPI strategies to local service environments.

Demographic pressures, including ageing populations, emigration, geographic isolation, infrastructure constraints and funding sources influence KPI formulation. Smaller rural hospitals face isolation, limited staffing, and broad clinical demands, while larger hospitals navigate structural complexity and resource competition.

Conclusions

Under-resourced dietetic teams, health service reform, and dual clinical-leadership role of Dietitian Managers hinders KPI development in Model III hospitals. This research highlights the need for mandated acute nutrition and dietetic care, and national nutrition and dietetic KPIs that support interdisciplinary collaboration with governance structures ensuring alignment with national health priorities whilst accommodating local service needs.

Implementation of Malnutrition Screening Tool in Oncology Outpatients at the South Infirmary Victoria University Hospital (SIVUH)

OBrien L

Background

In 2023, IRSPEN launched the National Malnutrition Screening Survey advocating for expanded screening in clinical settings-specifically for oncology outpatients. Before this pilot, SIVUH oncology outpatients were not screened for malnutrition.

Aims

To evaluate the feasibility and effectiveness of the Malnutrition Screening Tool (MST) in oncology outpatients at SIVUH.

Research Design

From 18/11/25-04/02/26, this pilot trained ten nurses on the use of MST. A retrospective review of 11 patient charts assessed MST completion. Referrals were triaged appropriately and referral data was analysed in Microsoft Excel. Feasibility was measured via completion rates and staff/patient feedback.

Results

Of twenty-one referrals received, 43% related to unintentional weight gain, and 57% had high MST scores. Among high score cases, 42% were already under SIVUH dietetic care, 16% were under Cork University Hospital (CUH) dietetic care and 42% were not under any dietetic care. Of eleven charts reviewed, 91% had correctly completed MST. Staff found the tool easy to use while patients found it useful particularly for identifying unintentional weight loss.

Conclusions

This pilot demonstrated that the MST screening tool is feasible and well accepted by staff and patients. The unexpected volume of referrals related to unintentional weight gain highlights the need to address all forms of nutritional risk. A substantial proportion (42%) of referrals based on high MST scores were not previously under dietetic care, proving the value of routine screening in identifying patients who may otherwise remain unsupported. Longer term monitoring is recommended to evaluate its impact on clinical outcomes.

The nutritional management of chyle leak post oesophagectomy in a National Oesophageal and Gastric Centre

ONEILL A, FLANAGAN N, TANSEY C, MCANULTY J, BRADY S, DONOHOE C, RAVI N, ELLIOTT J

Background

Chyle leaks post oesophagectomy are recognised as a serious post operative complication which can lead to significant nutritional deficiencies. Our Enhanced Recovery After Surgery (ERAS) protocol for post oesophagectomy nutrition support entails polymeric enteral feeding through a jejunostomy tube. Due to the increasing incidence of chyle leaks in our centre, this has required deviation from our standard oesophagectomy nutrition pathway.

Aims

To retrospectively review the incidence of chyle leaks post oesophagectomy in St James's Hospital in 2024. To assess the frequency of patients receiving parenteral nutrition (PN) or semi-elemental feed secondary to chyle leaks.

Research Design

Data was collected retrospectively via the electronic patient record. Microsoft Excel was used for data storage and completion of descriptive statistics.

Results

22% (13/58) of patients post oesophagectomy developed a chyle leak in 2024 of which 38% (5/13) were robotic surgeries. On detection of a chyle leak 85% (11/13) of patients were changed to PN and 2/13 changed to MCT based feed.

Conclusions

One fifth of oesophagectomy patients in 2024 deviated from the ERAS nutrition pathway due to a chyle leak. The majority of patients received PN on detection of a chyle leak. We acknowledge the need for further research in collaboration with our surgical colleagues on the optimal nutritional management of chyle leaks post oesophagectomy.

Client satisfaction survey of an adult Home Enteral Nutrition Service in a North Dublin Area

O'Reilly K, Gerlitz H, MacDermott S, Bland J, Loughrey S

Background

Home Enteral Nutrition (HEN) supports adults following hospital discharge by enabling the delivery of tube feeding at home. Ongoing dietetic support plays a key role in nutritional management, tube, stoma care, and patient confidence. Evaluation of client experience is an important element of the service's development.

Research Design

A service evaluation was conducted among adults receiving the dietetic HEN Service in north Dublin. Clients living at home and active on the dietetic caseload were eligible to participate directly or via their carer. A questionnaire was administered primarily by telephone, with an option to complete the survey online therefore increasing accessibility in this patient cohort. Eligible participants were informed in advance by letter, and up to three contact attempts were made. Responses were anonymised and collated in Excel for descriptive analysis.

Results

Of 47 eligible participants, 40 (85%) responses were obtained. Thirteen responses (33%) were completed online, demonstrating the feasibility of incorporating digital methods into service evaluation. Most responses were provided directly by clients (60%), with carers accounting for 40%. Feedback indicated a positive experience of the service. High levels of satisfaction were reported about dietetic support and confidence in managing HEN at home. Opportunities for service development were also identified.

Conclusions

This evaluation demonstrates high engagement and positive client experience with the service. An online tool questionnaire enhanced participation and contributed to the high response rate. The predominance of direct client responses offers first-hand insight into the lived experience of individuals receiving HEN.

What Proportion of Hospital Meals are Consumed, and What are the Implications for Nutrition?

Peters P, O’Kane C, Haughey O, Gillick A

Background

Hospital meals are a critical component of patient recovery, providing essential energy and nutrients. Malnutrition and poor oral intake in hospital may inhibit optimal patient recovery in hospital settings.

Aims

To evaluate patient nutritional intake (energy and protein) in a hospital setting by measuring vegetarian and non-vegetarian meals and snacks provided, and then assess the necessity for food fortification.

Research Design

Meals were measured across breakfast, lunch and evening service. Food items were weighed using calibrated digital scales at three timepoints. Plate waste was additionally estimated visually to validate intake calculations. Energy (kcal) and protein (g) content were determined by analysing hospital recipes on Nutritics.

Results

Daily meals provided an average of 2,376kcal, aligning with the Food, Nutrition and Hydration Policy in Acute Hospitals. Non-vegetarian patients achieved sufficient protein intake (105.5g), whereas vegetarian patients consumed substantially less protein (62.6g). Snacks provided twice daily contributed modestly to energy and protein intake, but lacked nutritional balance to support optimal recovery.

Conclusions

These findings highlight the need to enhance protein quantity and quality in vegetarian meals and snacks. Strategies may include incorporating protein-rich plant foods, and offering nutritionally balanced snack choices. While overall energy provision in hospital meals is adequate, vegetarian patients are at risk of suboptimal protein intake. Improving protein diversity and nutritional quality in vegetarian menus ensures dietary adequacy, supports recovery, and aligns with clinical nutrition guidelines. This study highlights the importance of tailoring hospital catering to meet nutritional needs of all patient groups.

A Qualitative Exploration of Knowledge, Attitudes, and Use of Simulation-Based Education Among Registered Dietitians in Ireland

Power A, Lee C, Shaw A, Corish C

Background

Simulation-based education (SBE) is increasingly recognised as a valuable component of pre-registration healthcare training, yet little is known about how it is perceived by registered dietitians within the Irish context.

Aims

This study aimed to explore dietitians' perceptions of the role of SBE in pre-registration dietetic education, including perceived benefits, risks, and factors influencing implementation.

Research Design

A mixed-method design was used, with this study focusing on the qualitative findings. Following a survey, a subset of registered dietitians practising in Ireland participated in online semi-structured interviews, informed by the COM-B framework. Interviews (25-45 minutes), were audio-recorded, transcribed, and analysed using deductive and inductive thematic analysis.

Results

Fifteen CORU-registered dietitians (93% female, median 19 years' experience) from clinical, community, academic and private settings participated. Five main themes were identified deductively, with 4 additional themes identified inductively. Participants varied in their understanding of SBE. Many had engaged in simulation during training but had not labelled these activities as SBE. Overall, SBE was perceived as a valuable preparatory tool that enhances confidence, communication and readiness for placement, provided it complements rather than replaces patient experience. Barriers included limited time, space, and training, alongside uncertainty regarding what constitutes simulation. Enablers included institutional support, accessible educator training, and shared resources.

Conclusions

SBE was supported as a valuable element of pre-registration dietetic education. Clearer definitions, educator training and coordinated institutional guidance may optimise its integration across university and placement contexts. Further research is required to inform effective embedding within Irish dietetic curricula.

Service user evaluation of the HSE Best Health Programme: a self-management education and support programme for people living with obesity.

Seery S, Gaynor K, Crotty M, Humphreys M, Kirby L, O'Connell J

Background

The Best Health Programme is a community-based dietitian led self management education and support intervention for people living with obesity. Service user feedback is recognised within the HSE as an essential component of quality assurance, service improvement, and person centred care (HSE, 2025).

Aims

This evaluation aimed to assess the programmes impact on participants knowledge, skills, and confidence to engage in health related behaviour change that supports self management of obesity as a chronic condition.

Research Design

A service user evaluation questionnaire incorporating open and closed ended items and 5 point Likert scale statements was administered through SmartSurvey, a secure platform for service level data collection. Participants completed the questionnaire after the six core weekly sessions and again at session 14. This analysis reports responses collected at the end of the core sessions up to December 2025. Descriptive analysis was conducted using Microsoft Excel, and thematic analysis of open ended responses was undertaken manually.

Results

Participants reported gains in knowledge, skills, and confidence to engage in behaviour change. These findings build on early phase evaluation results and continue to demonstrate the positive impact of the Best Health Programme in supporting development of self management behaviours among people living with obesity.

Conclusions

Across 35 programmes commenced in 2025 by 13 HSE chronic disease hub dietetic teams, 216 complete responses were analysed. High levels of agreement (rating 'strongly agree' or 'agree' were observed for statements relating to learning new information about obesity management (94%), learning skills to self manage health and weight (93%), and the helpfulness of setting personal goals (91%). Most participants reported increased confidence to make behaviour changes (94%) and indicated they had already started making changes (94%). Reported behaviour changes primarily related to healthier eating patterns, portion size adjustments and increased physical activity.

Embedding Brief Behaviour Change Simulation into Acute Dietetics Education: A Pilot Curriculum Innovation

Shaw A, Browne S, Charles R, Corish C, Dervan N

Background

Behaviour change (BC) conversations are central to dietetic practice across acute care settings, particularly where consultations are brief and clinically complex. National and international guidance emphasises structured BC in healthcare delivery (1, 2). Despite this emphasis, simulation-based education (SBE) remains underdeveloped within dietetics curricula compared with other health professions (3). Embedding structured SBE may address this gap and provide psychologically safe rehearsal of BC focused consultations prior to clinical placement.

Aims

To design and embed brief BC simulations within a Year 2 MSc Dietetics professional practice module in a tertiary university setting, addressing a recognised training need in acute care communication.

Research Design

Three 10-12-minute standardised participant simulations were integrated into existing teaching, focusing on acute presentations including COPD exacerbation, type 2 diabetes with infection, and chronic liver disease. Pre-learning addressed OARS communication skills and the COM-B framework (1, 4). Structured debriefing was conducted using the PEARLS model (5). An evaluation framework aligned with Kirkpatrick Levels 1 and 2 (6) was implemented to inform iterative simulation development.

Results

The simulations were successfully embedded within existing timetable constraints and delivered to the full cohort (n=25). The structured design enabled focused practice of brief behaviour change skills in acute care contexts.

Conclusions

Embedding SBE within dietetics professional practice modules is feasible and aligned with contemporary BC frameworks, while addressing a national need for enhanced BC capability in dietetics training. This initiative provides a template for integrating theory-informed, structured SBE into postgraduate dietetics education and supports future formal evaluation.

Clinical Impact of Implementing a Dietetic Care Pathway in Enterally Fed Oesophageal Cancer Patients Undergoing Oncologic Treatment

Sheridan C, Fagan L, Moore L, White C

Background

Malnutrition in oesophageal cancer (OC) is multifactorial and, if untreated, leads to reduced intake, weight loss, and sarcopenia. Establishing enteral tube feeding (ETF) can correct nutritional deficits, optimise patients for oncologic or surgical treatment and improve clinical outcomes and quality of life.

Outpatient dietetic follow-up for ETF OC patients in the Beaumont RCSI Cancer Service is delivered jointly by the Beaumont surgical centre, St Luke's Radiation Oncology Network, and local community dietetic services. Rising demand for ETF has increased pressure on dietetic services. In the absence of a formal pathway across these services, dietetic contact was variable, prompting the development of a standardised dietetic care pathway for these patients.

Aims

To assess effectiveness of a standardised dietetic care pathway for follow up of ETF OC patients.

Research Design

Information on weight loss, duration between dietetic consultations and dysphagia was gathered retrospectively and compared in individuals over two separate 12 month periods pre and post establishing the pathway.

Results

Pre pathway group (PRE): n=24, post pathway group (POST) n=10

Prevalence of progressive dysphagia: PRE = 28%, POST = 40%

Range of weight loss: PRE 0-13%, POST 0-12%

Occurrence of weight loss: PRE= 42% of patients, POST= 20% of patients

Conclusions

Reduced weight loss in the post-pathway group, despite a higher rate of progressive dysphagia, supports the need for regular dietetic contact and the benefit of a standardised dietetic care pathway. Ongoing evaluation of the pathway and assessment of patient experience are warranted.

Use of Malnutrition Screening Tool in Upper GI Outpatient Service

White C, Coleman C, Pereras JA

Background

International guidelines recommend early assessment of nutritional risk in patients with cancer. Early intervention and prevention of malnutrition can help prevent adverse consequences, reduce associated costs and improve patient outcomes. Patients with a new diagnosis of Oesophagogastric cancer attend a multidisciplinary outpatient clinic in Beaumont, presenting an opportunity for early assessment of nutritional risk and early nutritional intervention.

Aims

This audit aimed to assess the use of the Malnutrition Screening Tool in the Upper GI Surgical Oncology Outpatient Service in Beaumont Hospital.

Research Design

Retrospective review of patient records, including all new patients that attended any of the Upper GI surgical Oncology Outpatient Services in Beaumont during August 2025.

Results

MST was completed on 13 of 17 new patients that attended the outpatient clinics. It was completed correctly in 12 of 13 patients. 6 patients scored 0-1 on MST and received first line dietary advice and dietetic contact details from clinical nurse specialists. 7 patients scored 2-3 on MST and were referred for full dietetic assessment.

Conclusions

MST was completed on 77% of new patients attending UGI outpatient clinics, 92% completed correctly. This resulted in 77% of new patients attending with a new diagnosis of UGI cancer having some form of nutritional intervention. Where there are limited dietetic resources, a multidisciplinary approach to nutritional screening can be successful in triaging patients and to ensuring that a greater number of patients have the opportunity to optimise their nutritional status, as well as their tolerance and response to treatment.



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Sustainability

Mapping of Sustainable Food Systems and Planetary Health Integration in Dietetics Education: A Core Curriculum Analysis Using the Planetary Health Report Card and UCC SDG Mapping Tool

Barbulescu J, Kelliher A, Browne S

Background

Sustainable food systems (SFS) and planetary health (PH) are increasingly recognised as core competencies for future dietitians. However, integration within universities remains inconsistent, with limited evidence relating to Irish dietetic programmes. Embedding sustainability across curricula is essential to equip graduates to address complex global food and health challenges.

Aims

To evaluate how sustainability, PH and SFS concepts are integrated within the MSc Clinical Nutrition and Dietetics programme at University College Dublin and to identify strengths, gaps and opportunities for curriculum enhancement.

Research Design

A qualitative descriptive design was used: the Planetary Health Report Card (PHRC) and the University College Cork Sustainable Development Goals (SDG) Mapping Tool. Core modules were analysed for sustainability-related learning outcomes, lectures and assessments. Semi-structured interviews with module coordinators contextualised findings.

Results

The overall PHRC score was 57.7%, indicating moderate integration. Strongest coverage was observed in modules incorporating experiential learning. SDG alignment was strongest for SDG 2 ('Zero Hunger'), SDG 3 ('Good Health and Wellbeing') and SDG 12 ('Responsible Consumption and Production'). Vertical progression towards higher-order competencies such as systems thinking and advocacy remained limited. Sustainability was explicitly assessed in only one core module, with most content embedded implicitly. Barriers included limited curriculum time, curriculum saturation, accreditation requirements and variable educator confidence in teaching PH and SFS concepts.

Conclusions

Sustainability is increasingly embedded within the MSc programme but remains fragmented and inconsistently assessed. Strengthening vertical integration, educator training and interprofessional collaboration will be critical to developing graduates equipped to advance sustainable, health-promoting food systems.

An experiential interprofessional learning initiative improves sustainability, planetary health and sustainable healthcare practices in dietetic and physiotherapy students

Cawley G, Dervan N, Fallon C, Shaw A, Charles R, O Donoghue G

Background

Climate change poses a significant threat to human health, however formal education within healthcare programmes remains limited and inconsistent (1). Healthy Eating Active Living (HEAL) is an interprofessional experiential learning initiative for Physiotherapy and Dietetics students at University College Dublin, with sustainability embedded as the overarching theme.

Aims

Evaluate changes in students' knowledge, attitudes, beliefs and practices towards sustainability, planetary health and sustainable healthcare following participation in HEAL.

Research Design

A bespoke anonymous twenty-seven item survey was administered pre- and post-intervention. The survey evaluated familiarity, perceived knowledge and skills, beliefs and attitudes around sustainability, planetary health and sustainable healthcare. Data were analysed using IBM SPSS Statistics. Pearson's Chi-Square tests examined significance of changes, with $p < 0.05$ indicating statistical significance.

Results

52 students enrolled; 45 completed the pre survey and 27 completed the post survey. Familiarity to sustainability concepts, planetary health and the role of a healthcare professional improved significantly post intervention ($p < 0.001$). Perceived knowledge and skills around sustainable healthcare practices, collaborative practice and problem solving to resolve complex challenges also improved significantly ($p < 0.05$). Beliefs and attitudes around sustainability, planetary health and sustainable healthcare practices showed positive improvements although these changes were not statistically significant with participants reporting strong beliefs and attitudes at both timepoints. Lack of knowledge and skills as a barrier to sustainable healthcare practices decreased significantly post intervention ($p < 0.05$).

Conclusions

Participation in an experiential short course learning initiative led to significant improvements in dietetics and physiotherapy students' familiarity, knowledge, and skills in sustainability, planetary health and sustainable healthcare practices.

Telephone calls by HSE Live effectively engage people with Diabetes to Self-management education

Cunningham-Gray C, Harrington KE, McCourt M, Cullen C

Background

The DISCOVER DIABETES - Type 2 (DDT2) programme is a one year type 2 diabetes self-management education and support programme (DSMES). Transforming referrals into attendances and attendance into retention at DSMES groups is key for maximizing patient engagement. In the absence of admin staff the ICPCD Dietitian (Longford/ Westmeath) contacted (by telephone) to recruit participants to DSMES courses. All referrals are added to the Health Course Manager system (HCM) to manage the patient care journey, and allow for text message reminders, standard letters and attendance be recorded.

Aims

This project examines how training the HSE Live team to recruit potential participants by telephone impacted on numbers attending the DSMES courses.

Research Design

4 courses recruited by the ICPCD dietitian were compared with 4 courses recruited by the HSE Live team. Numbers registered, numbers attending at least one session and numbers attending 2 or more sessions were compared. The HSE Live team recorded reasons why people did not want to attend.

Results

Results showed little difference in recruitment and subsequent attendance for participants engaged via ICPCD Dietitian or HSE Live team. Knowledge of why courses were declined has been invaluable for new recruitment strategies

Conclusions

This community based clinical intervention, aligns with the national Slaintecare programme goals of right care, right place, right time. Those engaging with DSMES achieve sustainable improvement in their health outcomes. This project demonstrates that with excellent integrated working practices, between Self-Management Education office, ICPCD dietitian (Longford/ Westmeath) and HSE Live team how this fosters effective recruitment for the DDT2 programme

Peer-Led Exploration of Dietetic Students' Experiences and Recommendations for Integrating Planetary Health and Sustainable Food Systems into Dietetics Education

Kelliher A, Barbulescu J, Browne S

Background

Sustainable food systems (SFS) are central to human and planetary health, yet sustainability remains inconsistently integrated into Irish dietetics education. Limited research has explored how dietetic students experience and apply SFS learning in practice.

Aims

To explore postgraduate students' knowledge, experiences, and attitudes about SFS and planetary health within their MSc Clinical Nutrition and Dietetics programme in Ireland.

Research Design

A two-phase mixed-method study was conducted. Phase 1 involved curriculum mapping to examine planetary health and sustainable food system content within the programme. Phase 2 comprised two peer-led focus groups with postgraduate students in their final semester of a two-year MSc programme (n=14). Discussions explored understanding of SFS, professional relevance, curriculum exposure, and recommendations for improvement. Discussions were audio-recorded, transcribed verbatim, and analysed using content analysis.

Results

Students recognised the importance of sustainability but reported low confidence in applying SFS principles in practice. Sustainability content was perceived as fragmented, inconsistently assessed, and weakly linked to clinical placements. A strong clinical identity prioritising immediate patient needs led participants to question the scope for sustainability within their role. Opportunities were identified within community and food-service settings. Students emphasised the need for structural leadership and policy support. Experiential learning and stronger placement integration were viewed as essential for developing competence.

Conclusions

Current planetary health and SFS education does not fully equip postgraduate dietetic students to integrate sustainability into practice. Greater curricular coherence and applied learning are required to prepare dietitians to contribute to sustainable healthcare and food systems.

Adapt the Dietary Sustainability Score (DSS) to the child population and investigate sociodemographic and behavioural determinants.

Rei M, Kobayashi Harford K, Maguire K, Rodrigues S, Kearney J

Background

Childhood food experiences influence long-term dietary preferences, highlighting the importance of establishing sustainable eating patterns early in life. Assessing diet sustainability in children requires consideration of nutritional quality, environmental impact, economic accessibility, and cultural acceptability.

Aims

This study aims to adapt the Diet Sustainability Score (DSS) for children and adolescents and to apply it to a nationally representative sample of Portuguese youth. Objectives include: (i) adapting DSS criteria to be suitable for the application to the paediatric population (ii) examining socio-demographic and behavioural determinants of diet sustainability, including sex, parental education and family structure and (iii) providing a framework for evaluating sustainable dietary patterns in early life.

Research Design

Data will be drawn from the National Food, Nutrition, and Physical Activity Survey 2015-2016 (IAN-AF), covering the data from 3 years to 17 years old. Dietary intake was assessed using age-appropriate methods: caregiver-assisted food diaries for those aged 3-9yrs and 24-hour recalls for older children and adolescents aged 10-17. DSS adaptation will integrate age-specific dietary reference values, nutrient profiling (NRF12.3), environmental impact (SHARP-Indicators), economic accessibility, and culturally acceptable foods. Analyses will explore associations between diet sustainability and socio-demographic and behavioural factors using descriptive statistics and multivariable regression models.

Results

Anticipated outcomes include a validated paediatric DSS and identification of key socio-demographic and behavioural determinants of diet sustainability.

Conclusions

This study will provide a multidimensional framework for evaluating sustainable diets in childhood, supporting early interventions and policies to promote equitable, healthy, and environmentally conscious dietary patterns.



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Technology & eHealth

Digital innovation in renal nutrition: improving access to renal dietetic support for patients with chronic kidney disease at St James's Hospital with MiKidney App

Brennan L, Murphy M, Paffrath S, Kennedy C, Griffin B, Jayawardene S, McAnallen S, Sexton D

Background

Renal dietitians play a key role in delivering evidence-based care for people with chronic kidney disease (CKD) by slowing disease progression and improving outcomes. At St James's Hospital, over 3,500 patients attend Nephrology services, yet the renal dietetic team operates with a staffing deficit exceeding four full-time equivalents compared with recommendations, limiting access to care.

Aims

To leverage digital technology to improve access to renal dietetic support, streamline care pathways, and enhance patient experience.

Research Design

In partnership with myPatientSpace™, the renal multidisciplinary team developed a smartphone app. The renal dietitian created educational content - videos, infographics, and articles about CKD. The functionality to send patient-specific dietary guidance was prioritised. Integration with laboratory results enabled the dietitian to personalise dietary content for individuals across various CKD stages. Engagement and feedback data were collected through in-app dashboards and surveys.

Results

The app has improved access and patient experience:

96% of patients found it helpful; 88% reported improved care experience.

1873 patients actively use the patient-facing app.

Maximum wait-time for initial dietetic appointments dropped from 78 weeks to 30 weeks within 6 months, and to 16 weeks within a year - despite continued staffing deficits.

Conclusions

Digital tools can extend the reach of renal dietitians, enhance care quality, and empower patients to manage CKD - helping to improve outcomes, delay disease progression and reduce dialysis-related costs. In Ireland, where 1 in 7 people over fifty have CKD, integrating such technology into care pathways is essential for sustainable healthcare delivery.



A gentle reminder that keeps me on track: a mixed-methods evaluation of the 12-month MyDiabetes email programme

de Zwarte D, Browne A, Ryan M, Looney M, Moore A, Looney T, Cloney B, Humphreys M, Harrington KE

Background

People with type 2 diabetes often benefit from ongoing, practical support between healthcare appointments. Email streams offer an asynchronous, scalable way to provide trusted self-management information. Real-world evaluation data are needed to assess acceptability and efficacy.

Aims

To evaluate engagement, acceptability and efficacy of the HSE MyDiabetes 12-month email programme during its first year post go-live.

Research Design

We conducted a mixed-method evaluation.

All who signed-up in year-1 after go-live (27/11/2023, n=504) were included.

Email analytics were extracted September 2024. User experience and perceived impact were assessed via ongoing in-email surveys (n=386), and scheduled surveys at four months (n=188), eight months (n=29) and end-of-stream (n=46). Semi-structured interviews (n=10) explored user experiences and improvement priorities. A dietitian survey (n=6) evaluated perceptions of usefulness and fit with services.

Data were analysed descriptively, with thematic review of qualitative findings.

Results

Email analytics:

- Deliverability: 99.1%
- Unique open rates: 72-93%
- Click-through rates: 11-44%

Across patient surveys:

- 88-93% rated emails as great or excellent
- 98% reported no technical difficulties
- 75-86% reported changes to diabetes self-management, mainly related to diet and movement
- 73% learned new information
- 96% trusted the content
- 76-85% reported more confidence in managing their diabetes

Dietitians rated the programme useful (100%) and a good fit along existing services (100%).

Interviews highlighted trust, accessibility on phones and reduced perceived isolation.

Conclusions

A 12-month email programme achieved high engagement, trust and sustained self-reported behaviour change, and was positively received by clinicians. Findings support email streams as a valuable addition to diabetes self-management supports.

Communicating with the Virtual Patient: Student Perceptions of GenAI in Dietetic Training

Doyle SL, Kennedy A

Background

Communication skill development is central to dietetic training. Traditional teaching methods, such as role-play, are effective but resource-intensive. Generative AI (GenAI) technologies offer an opportunity to consolidate face-to-face learning through simulated consultations.

Aims

Explore students' experience of using a GenAI-simulated patient consultation as a revision tool.

Research Design

Second-year BSc Human Nutrition and Dietetics students completed this evaluation within a Professional Practice and Communications module. Following six in-person role-play workshops, students completed a GenAI-simulated consultation, involving a 56-year-old newly diagnosed type 2 diabetic. A structured guidance document and detailed system prompt were provided. Students completed pre- post-evaluation questionnaires incorporating Likert-scale items and free-text responses. Quantitative data were analysed descriptively, and qualitative comments were reviewed to identify key themes.

Results

Sixteen students completed the activity. Over 90% agreed/strongly agreed the simulation was useful and supported continued use. Students valued the opportunity for low-pressure practice, reflection and response planning. Many reported increased confidence and appreciated ability to review consultation transcript - 'I liked that I could read back on my consultation afterwards and see what I could have improved on or what I did well'.

Reported limitations included limited realism in some responses and absence of non-verbal cues, which some felt constrained authentic communication; 'Without seeing a person face-to-face, it can be hard to see what they are thinking or feeling'.

Conclusions

Students overwhelmingly viewed the GenAI simulation as a useful revision tool, albeit with limitations. Further work will refine system prompts and explore GenAI simulations with visual and verbal interaction.

Nutrition professionals' views and experiences of artificial intelligence driven information sources, and their application in practice: a qualitative study

Dunne P, Walsh NM, O'Hara C, Flynn A, Timon C

Background

Artificial intelligence (AI) is increasingly used across nutrition sciences offering rapid solutions to nutrition research and practice. However, little is published about how nutrition experts perceive AI.

Aims

This study aimed to explore nutrition experts' experiences, expectations, and concerns regarding the development, implementation, and acceptability of AI tools to support household-level food choices in an Irish context.

Research Design

A topic guide was developed, consisting of five sections addressing professional experiences, perspectives on the use of AI in nutrition/dietetic practice, the WiseFood project (a proposed AI-based tool to support household food decision-making), and perceived barriers and facilitators to its implementation. Online focus groups were conducted using MS teams, and audio recorded. Data were thematically analysed, with NVivo used to support data management. Participants from varied nutrition backgrounds, and located in Ireland, were recruited purposively.

Results

Nutrition experts (n=17) participated in one of four focus groups in July 2025. Data generated three themes, each with subthemes. "AI: a friend or a foe", reflected on participants' appreciation for rapidly AI-generated guidance, but concerns about accuracy. "Aligning AI nutrition tools with household realities", considered whether AI-generated recommendations could accurately reflect household realities like cost pressures, and cultural food practices. "Positioning WiseFood within everyday nutrition practice", highlighted participants' desires for transparency regarding the evidence underpinning AI-generated outputs.

Conclusions

Nutrition experts perceived AI as a promising but complex addition to nutrition research and practice. Future research should explore how AI-driven nutrition tools can ensure real-world usability across diverse professional and household contexts.

Adherence to and Acceptability of a 12-week Online Resistance Training Programme for Community-Dwelling Older Adults Receiving Home Care and At Risk of Sarcopenia

McCormack A, Corish C, Fallon C

Background

Resistance training (RT) is effective for maintaining and increasing muscle in older adults. However, community-dwelling older adults, particularly those receiving home care, face barriers to participating in RT e.g., transport, facilities, limited knowledge of exercise and its benefits, and low social support. Delivering supervised RT online may reduce these barriers and support participation.

Aims

This study investigated adherence to and acceptability of a online, supervised, group-based RT programme for community-dwelling older adults at risk of sarcopenia receiving home care.

Research Design

Older adults were asked to participate in a twice/week online RT programme delivered over 12 weeks in their own home. Adherence to the sessions (18 of 24 or >75%) and individual components of each session was monitored throughout the programme. Acceptability was assessed post-intervention using a bespoke questionnaire that included space for free-text responses. Quantitative data were analysed descriptively. Qualitative data were analysed using thematic analysis.

Results

Adherence was excellent, with 85% (n=39) completing the programme. Median session attendance among completers was 92% (83-100%). Dose-adherence to sets, repetitions, and perceived exertion aligned with the progression plan. The RT programme was highly acceptable with four themes emerging: (i) online RT is acceptable, (ii) perceived physical benefits, (iii) feasibility of Zoom delivery, and (iv) usability of exercise equipment.

Conclusions

The online RT programme was adhered to and acceptable for older adults receiving home care.

Development of an Irish-specific FODMAP food frequency questionnaire: fisq-ireland

Murphy F, Doyle S

Background

Restriction of fermentable oligo- mono- di-saccharides and polyols (FODMAPs) is a cornerstone of dietetic management of irritable bowel syndrome (IBS). However, tools to determine the sources/ quantity of FODMAP intake are scarce. The aim was to create the first Irish-specific food frequency questionnaire (FFQ) to measure the intake of FODMAPs in clinical practice.

Research Design

Using published data and clinical expertise, a list of the most common contributors to FODMAP intake in the Irish diet was created on Microsoft Forms. An accompanying Microsoft Excel template was created, auto-populated with calculations to allow for in-depth analysis of FODMAP intake.

An iterative process was followed, with testing completed amongst a wide range of service-users. Dietitians in practice completed a pilot of the tool with their patients. Both groups completed the System Usability Scale (SUS) tool to evaluate the FFQ.

Results

The final FFQ, called FODMAP Intake Screening Questionnaire (FISQ)-Ireland, had 97 questions split into 3 sections: dietary intake, lifestyle behaviours, and bowel habits. 43 service users evaluated the FFQ, and the final iteration yielded a SUS score of 80.7%, regarded as excellent. Participants scored the FFQ highly on usability, accessibility and learnability. 2 dietitians completed the pilot and gave a SUS score of 65% (below average threshold). The dietitians reported the tool as easy to use and clinically informative.

Conclusions

Further work is required to validate the tool and address technical challenges that limited dietitian participation. With improvements, this tool could be used to support more tailored dietary interventions in IBS management.

