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Book of abstracts

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Acute Services

Not so Soup-er

Haydon L; O'Neill A; Mahon M; Barnes L.

Background

Hospital food waste is associated with increased financial and environmental burden. Within SVUH soup contributes to unserved and uneaten food waste. Nutritionally, soup pre-loads may compromise energy and protein intake from the subsequent meal. Hence, removing soup prior to the main-meal has the potential to increase energy and protein intake and reduce food waste.

Aim & objective

The aim of this project was to evaluate the impact of removing soup prior to the lunch meal on energy intake, protein intake and food waste from the main-meal.

Research Design

Four wards were included. The control period (4 days) provided soup prior to the main-meal. The intervention (4 days) provided the main-meal only. Leftovers of soup (control) and protein, vegetable and carbohydrate portions (control and intervention) of the main-meal were visually estimated by researchers.

Results

The removal of soup prior to the main-meal reduced uneaten waste from portions of protein, carbohydrates and vegetables by 13%, 2% and 1% respectively. The intervention resulted in an increase in the estimated average energy and protein intake from the main-meal by ~9% (184kcal vs 153kcal) and ~11% (22.3 g vs 17.8g) respectively across all wards.

Conclusion

Removing a soup preload has the potential to 1) reduce food waste and 2) positively influence energy and protein intake. An in-depth study over a longer timeframe would be required to verify these results. Additional analysis monitoring patients MUST score, and functional performance could inform whether this intervention contributes to improved functional/ nutritional outcomes.

Enteral feeding within a Haematology service over a two-year period.

CHughes, K Ahern, S Brady, E. Conneally, C. Flynn, N. Orfali, C. L. Bacon, E. Vandenberghe, R. Henderson, P. Browne, P. Hayden, C. Waldron

Background

Historically parenteral nutrition(PN) has been the route of choice for patients undergoing allo-HSCT[1] (allogenic haematopoietic stem cell transplantation) due to challenging gastrointestinal(GI) symptoms and the unknown degree of malabsorption[2,3]. Enteral feeding (EN) is generally preferred to PN in the case of a functioning GI tract due to its positive effects on GI integrity and microbiome[4]. EN has been associated with lower rates of acute graft versus host disease(GvHD), earlier neutrophil engraftment and overall survival[5].

Aims & Objectives

The aim was to analyse all patients commenced on EN within the haematology service over a two-year period.

Research Design

Data was collected retrospectively on all patients requiring EN from January 2022-December 2023. Patient demographics, type of feeding tube and reason for EN was recorded.

Results

There was a total of 29 episodes of EN. 14% received EN during their admission for allo-HSCT compared to 49% who required nutrition support post allo-HSCT. EN was successfully discontinued in 31% on reintroduction of adequate oral intake. Feeding tubes were dislodged or removed in 28% of patients and 17% experienced feeding tolerance issues. Overall 31% of patients still required supplementary or total PN to meet their nutritional requirements. 17% required home enteral feeding (HEF). In 2023 there were three episodes of nasoenteric feeding at home, with two radiologically inserted gastrostomy tubes the previous year.

Conclusion

EN is increasing within our service, particularly for patients with post allo-HSCT complications, namely GvHD. EN is worth exploring during the transplant period as PN remains first line nutrition support for these patients. HEF facilitates discharge and enables patients to be supported nutritionally at home

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Chyle leak post oesophagectomy in a National Oesophageal and Gastric Cancer Centre

C Tansey, N Flanagan, S Brady, CL Donohoe, N Ravi, JV Reynolds

Background

Chyle leaks post oesophagectomy have been a relatively rare but recognised and challenging complication which can result in nutritional deficiencies. In our National Oesophageal and Gastric Cancer Centre, the incidence of chyle leaks has increased over the last 3 years as a likely result of developments in surgical techniques which allow more radical dissections.

Aims & Objectives

To describe the incidence of chyle leaks in an oesophagectomy population in a National Oesophageal and Gastric Cancer Centre

Research Design

Data was collected retrospectively via electronic patient record for patients who underwent oesophagectomy in St James's Hospital over a 3-year period. Microsoft excel and descriptive statistics were utilised.

Results

The incidence of chyle leak post oesophagectomy in St James's hospital has been consistently 2-4 cases per year maximum up until and including 2020 (4/61 or 1 in 15 cases). In 2021 incidence rose to 9/56 or 1 in 6 cases. In 2022 and 2023 incidence continued to uptrend to 16/63 and 14/53 respectively (~1 in 4 cases). The majority of this cohort underwent 2-stage oesophagectomy (n=25) [3-stage oesophagectomy n=7; transhiatal oesophagectomy n=6]. 3 patients underwent robotic assisted 2-stage oesophagectomy in 2023. Chyle leaks were diagnosed by fluid triglyceride results of >1.24mmol/L or via clinical suspicion (large volume, milky appearance) and defined via Esophagectomy Complications Consensus Group (ECCG) guidelines

Conclusion

Following the recognition of the increased incidence of chyle leaks post oesophagectomy, we will now focus future work on the nutritional care of this nutritionally vulnerable cohort in conjunction with surgical and radiological management.

A Rapid Review on the Role of Prophylactic versus Reactive Enteral Tube Placement in Head and Neck Cancer; Is it all about choosing the right patient?

Dillon Edel, Miller Sarah, Lucey Niamh, Stokes Diarmuid, Griffin Oonagh

Background

Head and neck cancer (HNC) patients often struggle to meet their nutritional needs, and tube feeding is often necessary to manage their health and immune function, aiding in cancer treatment tolerance. However, debate persists about the optimal timing and necessity of tube feeding in this population.

Aims & Objectives

This study aimed to evaluate current evidence regarding the impact of prophylactic versus reactive tube placement on patient outcomes in adult HNC patients, including nutritional status, complications, treatment outcomes, hospitalisations, survival, tube dependency and swallow function.

Research Design

A rapid review was conducted. Two researchers searched PubMed and EMBASE and independently reviewed the manuscripts against the eligibility criteria and quality assessment tools.

Results

35 papers were included for data extraction. Over half of the studies found that patients with a prophylactic gastrostomy (P-GT) experienced significantly less weight loss than those with a reactive gastrostomy (R-GT) or no gastrostomy (N-GT). The majority (60%) of studies that compared the complication rate of P-GT to N-GT/R-GT found no significant differences in incidence rates. Prophylactic tube placement was linked to fewer treatment interruptions, delays, and unplanned hospitalizations compared to R-GT. No study found P-GT impacting survival, while half reported no significant difference in quality-of-life outcomes. Most studies found no significant differences in tube dependency rates and swallow function between tube timing approaches.

Conclusion

Nutrition characteristics for trauma ICU patients differ from the general ICU cohort. Accurate weights The ongoing debate reflects the mixed results obtained. Ultimately, decisions surrounding tube placement timing should be assessed on a case-by-case basis by the multidisciplinary team, involving the patient in the decision-making process.

Malnutrition increases length of stay (LOS) in a large teaching hospital.

Laura Healy, Sandra Brady, Declan Byrne.
(on behalf of Department of Clinical Nutrition and St James Hospital (SJH) Nutrition and Hydration Steering Committee)

Background

Malnutrition in hospitals is an ongoing clinical concern.

Aims & Objectives

The objectives of the present study were to determine: (i) the prevalence of malnutrition in SJH using Malnutrition Screening Tool (MST) (ii) the association of MST with LOS.

Research Design

Malnutrition risk on admission was assessed using MST, during a 2week period with a 1 month follow up for LOS. MST includes questions about appetite, nutritional intake, and recent weight loss. MST score >2 suggests the need for a nutritional assessment and/or intervention. Data was collected on gender, age, type of admission, where admitted from and MST scores. Statistics were preformed using SPSS Version 26.

Results

A total of 439 patients (44% female and 56% male) with an average age of 68.8 years ± years were screened. Majority of patients were unscheduled hospital admissions (80%) from home (90%). The prevalence rate of malnutrition was 39%, higher than previous estimates of 31% in 2010*. Those identified at risk of malnutrition had a significantly longer median length of stay (46.1 ± 7.3 days Vs 25 ±3.7 days; P=0.007) and were significantly older (median 71 Vs 63 years, P = 0.03) than well-nourished patients.

Conclusion

Malnutrition rates appear to have increased, possibly related to the increased life expectancy and increased presentations of older patients with complex chronic conditions1,2. Management of malnutrition requires a multidisciplinary approach, routine nutritional risk screening throughout each hospital admission is critical to identify and establish a treatment pathway for those at risk.

Nutritional vulnerabilities in inpatient populations: A comprehensive study on B12 and folate deficiency

Mooney R, Kavanagh-Wright L, Lee GR, O'Shea PM, McCartney D

Background

Vitamin B12 and folate, crucial in one-carbon metabolism, play vital roles in DNA synthesis, cellular regulation, and amino acid metabolism. Despite prevalent deficiencies in community-dwelling older Irish adults, research on patient populations remains limited.

Aims & Objectives

Assess the prevalence of B12 and folate deficiency across diverse patient groups (inpatients, outpatients, GPs, nursing homes). Investigate age, sex, and patient location as predictors for deficiency.

Research Design

A retrospective study at Mater Misericordiae University Hospital, Dublin (September 2022-2023) analysed plasma folate and B12 levels in 43,511 patients, stratifying by age, sex, and location. Statistical methods, including regression analysis, determined deficiency risks.

Results

Inpatients (8%) exhibited a higher B12 deficiency prevalence than community (7%), outpatients (6%), or nursing home residents (5%). Folate deficiency was more common in inpatients (13%) than nursing home residents (9%), community (8%), or outpatients (7%). Regression analysis indicated an 18% increased B12 deficiency risk and a significant 96% increased folate deficiency risk among inpatients compared to GP patients.

Conclusion

Inpatient populations show increased vulnerability to B12 and folate deficiencies, necessitating heightened healthcare attention. Addressing these deficiencies is critical for optimising patient outcomes and promoting overall health.

The rocky road to recovery – auditing weight changes and nutritional impact symptoms in HPV+ Oropharyngeal (OPX) patients who have completed radical chemoradiation (CRT).

Nolan, A

Background

Anecdotally many HPV+OPX patients experience ongoing weight loss and a delay in functional oral recovery in the four months post CRT whilst awaiting review PET scan.

Aims & Objectives

This audit aimed to give a clearer understanding of the challenges of this phase of recovery.

Research Design

Weights were recorded at pre-treatment (SIM), during treatment, at follow up and at time of PET scan. At PET, we also recorded: Enteral feeding; Oral Nutritional Supplement (ONS) use; Xerostomia; Dysgeusia; Secretions.

Results

Of 51 HPV+OPX patients treated, 27 had complete data for the weight audit. Only 1 patient maintained weight during and post CRT. 96% (n=26) lost weight from SIM to end of RT with 30% (n=8) experiencing >10% weight loss. 92% (n=25) had further weight loss post CRT, of which 55% (n=15) losing a further 5-10% weight and 15% (n=4) losing a further 10-15% weight. By PET, 37% (n=10) were at their lowest ever recorded weight, however 56% (n=15) had regained some weight, notably a median gain of 1.8kg.

36 patients fulfilled criteria for nutritional impact symptom audit. By time of PET scan 8% (n=3) remained reliant on enteral feeding; 31% (n=11) remained on ONS. 81% (n=29) had ongoing xerostomia; 55% (n=20) had ongoing dysgeusia; 8% (n=3) had ongoing abnormal secretions.

Conclusion

This data demonstrates the stark ongoing weight loss and symptoms that occur during the initial post CRT recovery phase. Dietitians may need to consider adapting clinical practice to review this group more frequently and intervene with escalated nutritional care plans including earlier nutrition support.

Audit of the current prescribing practice of vitamin and mineral supplements in the inpatient clinical setting in SVUH

Barnes.L, Beirne.E, Caffrey.J, Fox.E, Landers.C, Stanley.R.

Background

Currently, only Consultants and Non Consultant Hospital Doctors (NCHDs) are permitted to prescribe vitamins and mineral supplements in SVUH.

Subjectively, it has been noted by Dietitians that there are delays and errors in the correct prescription and dosage of vitamin and mineral supplements in the inpatient setting in SVUH. Although Dietitians are trained in specific micronutrient requirements, appropriate supplementation and monitoring of micronutrient levels for a broad spectrum of clinical conditions, Dietitians do not currently have prescribing rights in SVUH.

Aims & Objectives

It was hypothesised that enabling Dietitians to prescribe or discontinue vitamin and mineral supplements at the time of their assessment, would improve efficiency, reduce prescribing errors, delays and the burden on NCHDs.

Research Design

Prospective data was collected on all inpatients under dietetic care who were commenced on vitamin and mineral supplements by NCHDs between 21/09/22 to 22/03/23 (n=62) and then by Dietitians between 12/10/23 to 19/01/24 (n = 50).

Data collected included the Dietitian's recommendation, indication, timing between the recommendation and prescription and any errors in the prescription of vitamin and mineral supplements. All data was recorded and analysed using Microsoft Excel.

Results

On introduction of Dietitians prescribing, there were no delays in commencing or errors in prescribing vitamin and mineral supplements in SVUH inpatients, compared with delays of prescribing of 3 or more days in 44% of cases and a 10% error rate of prescription by NCHDs.

Conclusion

Dietitian prescribing has resulted in 100% improvement in accuracy and timely prescribing of vitamin and mineral supplements in SVUH inpatients.

Assessment of Fasting Times and Energy and Protein Provision in Patients Requiring Elective Tracheostomy Placement to Facilitate Weaning from Mechanical Ventilation During Their Critical Care Stay

Huet, C., Caffrey, J., Murphy, F., Griffin, O.

Background

Underfeeding in ICU is associated with negative outcomes, yet remains commonplace, particularly in mechanically ventilated patients. Tracheostomy insertion aims to promote weaning from mechanical ventilation; however, it has been associated with longer enteral feed interruptions, which are associated with nutritional deficits.

Aims & Objectives

This study aims to assess feed interruptions and energy and protein provision in ICU in SVUH, Dublin.

Research Design

Information including baseline characteristics, fasting hours, and energy / protein requirements and delivery was collected for patients with tracheostomy insertion during their ICU stay from 2019-2022. Fasting hours, and energy / protein achieved were compared to standard values. Correlations between fasting hours, energy and protein balances were assessed.

Results

A heterogeneous group of 105 patients were included. Median fasting time for tracheostomy insertion was 8.5hours, significantly greater than the reference 6hours ($p<0.001$). Mean percent energy and protein achieved on day of tracheostomy were 67.9% and 63.2% respectively, both significantly below target reference value of 80% ($p<0.001$). Median percent energy and protein achieved on the day prior to tracheostomy were 96.5%, and 88.2%, both significantly greater than 80% ($p<0.001$, and $p=0.032$).

Conclusion

Significant associations between fasting hours, energy and protein balances were found.
Unlike comparative studies, median energy and protein provision in the days preceding tracheostomy insertion were adequate in this study. This may be reflective of staffing and expertise in this site. However, prolonged fasting times on day of tracheostomy, associated with negative energy and protein balance, could be reduced through increased ICU staff education, and auditing the implementation of the volume-based feeding protocol.

Dietetic care of inpatients with diabetes

O'Shaughnessy, L

Background

While recent advances in diabetes management have seen an increased focus on technology and broader range of medications available to patients with T2DM, medical nutrition therapy remains a key component of the comprehensive management of diabetes in the inpatient setting. Energy demand in acute illness differs from that in the outpatient setting and achieving the proper nutritional balance in the inpatient setting is challenging.

Aims & Objectives

To determine (1) the numbers of inpatients with diabetes referred to the dietetic service (2) the type of dietetic interventions required in patients with diabetes (3) confidence levels and learning needs amongst dietitians managing inpatients with diabetes.

Research Design

All members of the Department of Nutrition and Dietetics (DND) with an inpatient case load were asked to complete a questionnaire on a specific day to provide a snap shot of the number of cases referred to DND with diabetes, the dietitians confidence levels in managing these patients and any specific learning needs they had.

Results

96% of the patients requiring dietetic intervention required oral or artificial nutrition support
Dietitians had higher confidence levels managing patients with diabetes who do not require insulin (average confidence score 7.2/10) than with those who do require insulin (average confidence score 4.6/10).

Conclusion

A programme of education has been developed for the DND to address the key learning needs that were highlighted in the survey and to increase confidence levels amongst dietitians in managing inpatients requiring insulin.

Evaluation of Dietetic Service Provision to Patients readmitted with High Output Stomas (HOS) to an Acute Hospital in 2020.

Byrne M, Conlon E, Fagan L, McMeel J, Moore L, White C

Background

Hospital re-admissions after creation of an ileostomy come with a high clinical, financial and quality of life burden. HOS was significantly associated with readmission within 30 days following proctectomy for rectal cancer in Beaumont Hospital (BH) in 2019.

Aims & Objectives

This audit aimed to evaluate the nutritional status, dietetic input, and demand on health services of patients readmitted to BH with a HOS in 2020.

Research Design

Retrospective audit of patient records. Patients were identified by Stoma Care Nurse and included patients from January - December 2020.

Results

There were 39 admissions with HOS in 2020. These admissions occurred within a group of 23 patients. Two patients were readmitted within 30 days of initial stoma surgery, an additional 4 patients within 90 days. 12 patients had stoma formed > 1 year prior to admission in 2020.

Conclusion

Research has shown that early nutritional follow-up of ostomy patients after hospital discharge resulted in a significant reduction in the rate of HOS-related readmissions. Despite demand, there is currently no access to an outpatient dietetic service for ostomy patients in BH. Of the 23 patients included in this study, 56% lost greater than ten percent of their total body weight from premorbid weight. 87% of the studied cohort was seen by a dietitian during their re-admission. 45% of patients with stoma formed are not assessed by the dietitian in BH. Accessible outpatient MDT input, including a specialised dietitian, can aid early discharge, maximise surgical outcomes and minimise readmissions in ostomy patients.

Evaluation of Dietetic Service Provision to Patients with Ileostomy and Colostomy.

Martha Byrne, Emma Conlon, Lynn Fagan, Jean Mc Meel, Linda Moore, Cathy White

Background

Dietetic service demand outweighs capacity within the surgical service in Beaumont Hospital.

Aims & Objectives

This audit aimed to evaluate current dietetic services to patients with ileostomy or colostomy, to help direct future service provision and development.

Research Design

Retrospective audit of patient records. Included all patients with new ileostomy and colostomies formed in 2020.

Results

189 patients were included, 119 ileostomy.
No patient had preoperative nutritional assessment. During admission 55% of patients had dietetic intervention. 80% of these required nutritional support. 50% of patients with >5% weight loss pre operatively were seen by the dietitian upon admission. 35 out of 50 patients with a high output stoma (HOS) during admission, were assessed by the dietitian. 14 patients were readmitted with HOS on 33 different occasions to date, 2 within 30days of discharge, 4 within 90days. Length of readmission ranged from 1-75 days.

Conclusion

Nutritional influence is not being maximised where 35% of patients had >5% weight loss pre-operatively and there is no access to outpatient dietetic or prehabilitation services. Considering that only 42% of patients had pre-operative weights recorded, true figures for weight loss are likely to be more. 45% undergoing colostomy or ileostomy had no assessment by a dietitian during admission despite requiring significant dietary changes. As a level 4 acute care facility and national referral centre for the treatment of colon and rectal cancer this patient group has diverse and complex care needs. Current dietetic service is not meeting patient needs or maximising surgical outcomes.

Service Evaluation of the Dietetic Service in Acute Floor of Tallaght University Hospital.

Bourke N, Cawley S.

Background

In Tallaght University Hospital the acute floor service is covered by 2 Senior dietitians with no outpatient dietetic clinic (OPDC).
This service evaluation was conducted within two sections of the acute floor namely, Acute Medical Unit (AMU) and Medical Short Stay Unit (MSSU).

Aims & Objectives

1) To determine the type of dietetic referrals in MSSU and AMU.
2) To determine dietetic interventions required in patients referred to dietetics in the MSSU and AMU.
3) To determine the dietetic follow up plan in patients referred to dietetics in MSSU and AMU.

Research Design

Data was collected over a two month period and collated in an Excel spreadsheet.
Information collected included: reason for referral, diagnosis, dietetic intervention, what follow up was required, and length of stay.

Results

A total of 64 patients were included in this cohort, with 70% of patient's length of stay greater than 5 days. This audit demonstrated a wide variety of patient diagnoses highlighting the importance of more experienced or senior grade dietitians covering the acute floor.

The most common dietetic intervention was a high protein high calorie diet (n=40). Enteral and parenteral nutrition was only required for 3% of the cohort.

30% of patients required onward referral to a dietetic service, highlighting the need for future service planning and consideration for specific OPDC associated with the acute floor.

Conclusion

An OPDC linked to the acute floor would be essential for continuity of care and potential reduction of hospital readmissions which furthermore, will improve the quality of patient's care and ultimately their nutritional status long term.

A Rapid Review on The Role of Prophylactic versus Reactive Enteral Tube Placement in Head and Neck Cancer

Miller, S., Dillon, E., Lucey, N., Stokes, D & Griffin, O.

Background

Timing of gastrostomy (GT) placement in patients with head and neck cancer (HNC) remains controversial. Institutions vary in placement protocol, some favouring a prophylactic strategy (pGT), with placement of GT prior to initiation of treatment, while others use a reactive strategy (rGT), only placing a GT if a nutritional deficit occurs.

Aims & Objectives

This study aims to determine the optimal strategy for HNC patients.

Research Design

A rapid, systematic literature review was conducted from the year 2000 up to and including April 2023 using PubMed and Embase, identifying studies conducted in adults with confirmed diagnosis of HNC, receiving treatment of surgery, chemotherapy or radiotherapy (or combination) at any stage of disease progression. Cohort studies and randomised control trials, reporting on any outcome(s) related to weight Loss (WL), quality of life, unplanned hospitalisations, tube complications, treatment interruptions, tube dependence, dysphagia, mortality, and mental health were included in the search. CASP assessment tools assessed Risk of Bias.

Results

Thirty-two studies were included (n=16380), the majority reported that pGT protected against WL during treatment and treatment interruptions, increasing the number of chemotherapy cycles completed. There was no significant difference regarding unplanned hospitalisations, tube complications or tube dependence, although, some studies found pGT caused longer duration of tube use. Interpretation of results was limited due to inconsistencies in the timing and type of tube placement, and variations in the time points for outcome assessment.

Conclusion

Larger prospective trials are needed to support the development of a nutritional algorithm to predict which HNC patients would benefit from prophylactic tube feeding.

Evaluation of Dietetic Service Provision to Patients with a Diagnosis of Colorectal Cancer and New Ileostomy or Colostomy Formation.

Byrne M, Conlon E, Fagan L, Mc Meel J, Moore L, White C, Department of Nutrition and Dietetics, Beaumont Hospital, Dublin.

Background

International guidelines recommend nutritional screening and early nutrition intervention in patients with cancer undergoing surgery to maximise treatment outcomes and meet patient needs. The demand for the dietetic service outweighs capacity within the surgical service in Beaumont Hospital.

Aims & Objectives

This audit aimed to evaluate current dietetic services to patients with colorectal cancer undergoing ileostomy or colostomy formation, to help direct future service provision and development.

Research Design

A retrospective audit of patient records. All patients with colorectal cancer and a newly formed ileostomy or colostomy from January – December 2020 inclusive.

Results

116 patients with colorectal cancer and ileostomy or colostomy formation included. Of the 116 patients, none had pre-operative nutritional assessment and more than half had no dietetic intervention during admission. Of the patients with pre-operative weight loss, only 40% were seen by the dietitian during the course of their hospital admission. Of the 47% of patients who received dietetic intervention, 78% required nutritional support.
Nutrition is a key modifiable risk factor influencing surgical and oncological outcomes.

Conclusion

Outpatient assessment and follow-up of this complex group is best served by multidisciplinary specialised care to aid early discharge, maximise surgical outcomes, and minimise re-admissions. Nutritional intervention is a pillar of multimodal cancer and should not be overlooked as a cost effective and modifiable risk factor for this patient group. To strive for the highest quality cancer care and international accreditation for standards in cancer care, the shortcomings in this service need to be urgently addressed.

Evaluation of Cumulative Fasting Times of Patients Requiring Elective Tracheostomy Placement to Facilitate Weaning from the Ventilator During Their Critical Care Stay.

Fiona Murphy supervised by Dr. Oonagh Griffin (RD)

Background

Enteral nutrition is the preferred feeding route for mechanically ventilated patients. Patients in ICU are subject to frequent feed interruptions (FI) when fasting for airway procedures. Patients requiring tracheostomies are at particular risk as malnutrition can exacerbate respiratory muscle fatigue, further delaying ventilation weaning, prolonging hospital admission.

Aims & Objectives

Assess fasting practices of patients requiring tracheostomy insertion in ICU. Evaluate cumulative fasting times and nutrient provision for ten days pre-tracheostomy insertion.

Research Design

Patients admitted to ICU who underwent tracheostomy insertion to facilitate weaning from the ventilator between 2019-2022 were included. Demographic, clinical, and nutritional data was collected retrospectively form ICU records and statistical analysis performed.

Results

Median fasting time for tracheostomy insertion exceeded ASA guidelines by 2.5 hours ($P<0.01$). The most common reason for FIs was fasting for procedure (n=101). Median cumulative fasting time was 21.5 hours (IQR13.75-35). Median cumulative energy and protein balance was -1673.5 calories (IQR-2821--826.75) and -194.25g (IQR-311--114.25) respectively. On days pre-tracheostomy insertion, median energy intake exceeded 95% (96.5% IQR80.5-103.75, 96.5% IQR83.25-102)($P<0.001$, $P<0.003$) and median protein exceeded 80% (88.15% IQR73.13-96.35, 84.6% IQR69.55-94.25)($P<0.001$, $P<0.424$). On the day of insertion, mean ∔ SD energy and protein achieved was 67.87% ∔ 2119 and 63.22% ∔ 21 respectively($P<0.001$).

Conclusion

Prolonged fasting times for tracheostomy insertion resulted in nutritional deficits on the day of insertion highlighting a need for improved practice. Fasting for procedures was the most common reason for FIs. Implementation of fasting guidelines and regular education sessions may improve provision. Future research should evaluate the effectiveness of such interventions.

How are we feeding Low BMI, ICU patients? Observations from Indirect Calorimetry.

Kelly-Whyte N., Twomey C., and Murphy K.

Background

Within the ICU setting, it is recognised that the Gold Standard for assessing resting energy expenditure is indirect calorimetry1 (IC). Numerous studies have demonstrated that predictive equations have low correlation and agreement with IC 2,3,4, leading to both over or under estimation of energy needs which can induce over or underfeeding 3. It is widely recognised that both over and under nutrition is associated with adverse outcomes in ICU patients 5.

Aims & Objectives

To describe IC resting energy expenditure results obtained in patients with a BMI ⩲20kg/m2 and compare it to the Penn State University equation (PSU) to determine the degree of over or underfeeding with the use of a predictive equation.

Research Design

We evaluated IC data on a subset of patients with a BMI ⩲20kg/m2 that met the inclusion criteria admitted to an ICU in the Republic of Ireland from May 2022-January 2024. Measurements were taken as close as possible to day 3, 5 and 7 of ICU admission and then weekly if patients remained ventilated within ICU.

Results

58 IC measurements are included in the results (n=22, 50% male, 50% female, mean BMI 18.4kg/m2). IC results ranged from 28-43kcal/kg during critical illness. When PSU was compared to IC, 52% of PSU results would have led to underfeeding and 3% overfeeding.

Conclusion

Underfeeding is prevalent when PSU is used to estimate energy requirements in low BMI ICU patients. Applying best practice guidelines by using IC to measure energy expenditure ensured these ICU patients were not under or overfed.

Measuring Outcomes in a new Gynaeoncology Dietetics Service at St Luke's Radiation Oncology Network (SLRON)

Roulston, F

Background

In 2021, an audit of patients with gynaeoncological cancer at SLRON identified the need for development of dietetic services for patients on active treatment and those experiencing late gastrointestinal (GI) effects of pelvic radiotherapy. In July 2023 a new pilot dietetic service was established at SLRON to optimize nutritional status, and manage complex GI side effects of treatment.

Aims & Objectives

To evaluate the effectiveness of a new dietetic service for gynaeoncology patients at SLRON using the BDA oncology dietetic outcome tool (2016).

Research Design

After each new consultation, data was recorded in the BDA oncology outcome excel spreadsheet on date of consultation, patient identifier, diagnosis, and a minimum of 1 patient-focused and 1 dietitian-focused goal. On completion of dietetic care each outcome was recorded as fully achieved, partially achieved or not achieved.

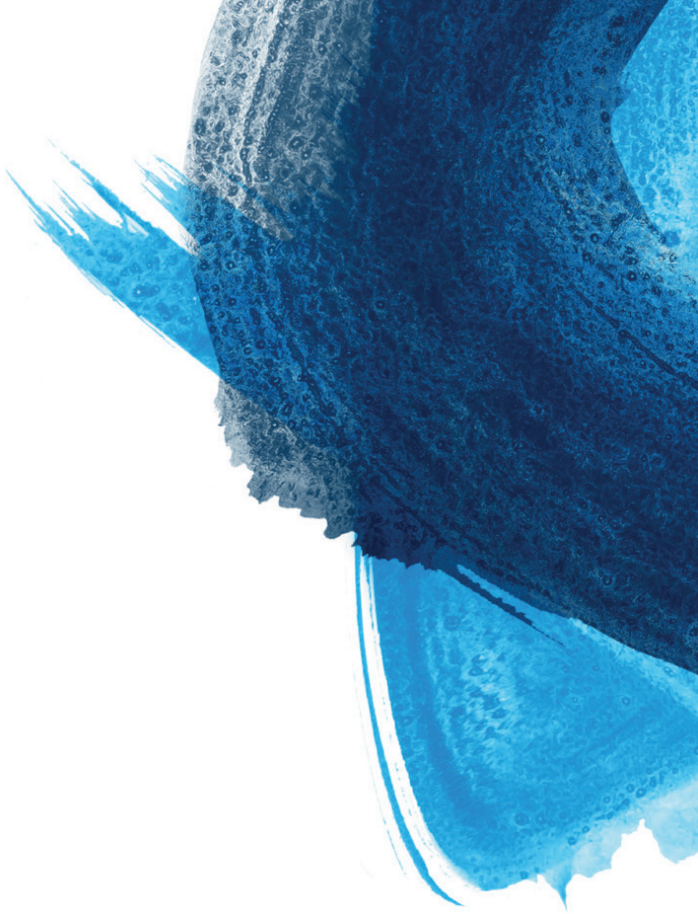
Results

Complete outcome data was available for 24 patients.
100% achieved patient focused goal of "bespoke verbal/written advice and support provided to manage condition/symptoms".

Of the patients on active treatment (n=18), 55% of those who had a dietitian-focused goal of "manage symptoms through dietetic intervention" achieved this goal. 84% achieved a goal of "minimise deterioration of nutritional status", as evidenced by <5% weight loss during treatment.
100% of the late GI effects group (n=6) achieved the goal of "manage symptoms through dietetic intervention".

Conclusion

Dietetic interventions improve outcomes in gynaeoncology patients. The BDA oncology outcome tool can capture data in this setting and can be used to support the continuation of this service.



Fresenius Kabi & INDI research Symposium 2024

Service Provision & Quality Improvement

Patient Satisfaction Survey on the provision of nutrition counselling and advice post renal transplant in St Vincent's University Hospital

Mahon.M, Stanley.R, Barnes.L

Background

There is currently no dietetic resource for post renal transplant clinics in St Vincent's University Hospital (SVUH).
Best practice guidelines recommend that nutritional assessment be performed soon after the transplant with monthly review for the first three months and annually thereafter unless a complication occurs.

Aims & Objectives

The aim of this audit was to capture the number of patients who received nutrition counselling (NC) post-transplant in SVUH, their satisfaction with same and gain insight into what they envision for the service.

Research Design

A survey was developed and disseminated to renal transplant patients attending the Renal Transplant clinic in SVUH. Data collection was carried out over four weeks and the results were collated and analysed on Excel and presented in a report.

Results

Thirty one patients completed the survey. Eighty-seven per cent (n=27) received NC prior to transplant of which 77% (n= 24) received NC from a dietitian. This compared with 39% (n=12) in SVUH post-transplant, of which 22% (n=7) received NC from a dietitian.
Eighty one per cent of patients (n=25) were satisfied or very satisfied with dietetic input pre transplant compared to 52% (n=16) post-transplant in SVUH.
Patients reported (77%, n=22) that they would like dietetic follow-up and 65% (n=20) requested dietetic input during their post-transplant clinic reviews.

Conclusion

Best practice guidelines are not being met in SVUH as not all patients are being reviewed by a dietitian post-transplant. There is a clear demand for a dietitian to cover Renal Transplant Clinics in SVUH.

A Protocol for Insulin Adjustment by a Dietitian in a Diabetes Day Centre

Casey, A

Background

The type 1 diabetes dietitian has a specialist knowledge and understanding of the effect of food, digestion and lifestyle factors on blood glucose levels. DAFNE training equips the dietitian with a deeper understanding of carbohydrate counting, the time-action of insulin and dose adjustments. This, together with the availability of continuous glucose monitoring data, presents the dietitian as a healthcare professional with a uniquely comprehensive skillset for interpreting trends in blood sugars and evaluating meal-time insulin. Adjusting insulin enables the dietitian to optimise the effectiveness of their therapeutic interventions when working within a multidisciplinary team.

Aims & Objectives

The aim was to develop a local protocol for the adjustment of insulin by the dietitian at the Diabetes Day Centre in Connolly Hospital and for same to be peer-reviewed and approved by the endocrine consultants and dietitian manager.

Research Design

A review of local insulin adjustment guidelines and DAFNE guidelines informed this protocol. A protocol put in place at another diabetes day centre was reviewed and this protocol was adapted with permission.

Results

The completed protocol outlines the essential knowledge and skills required for the dietitian to make insulin adjustments locally. A description of the patient type and context within which the dietitian can make insulin adjustments is outlined. Detailed guidance on dose-adjustments for patients on multi daily injections and insulin pump therapy is provided.

Conclusion

A local protocol for the adjustment of insulin can provide transparency and guidance whilst recognising the scope of the role of the dietitian.

An Exploration of the Nutrition Characteristics of Trauma Patients admitted to Critical Care

L O'Donovan, L Shanahan, M McKiernan, Dr I Conrick-Martin

Background

There is limited literature in ICU trauma patients.

Aims & Objectives

To assess nutrition characteristics of ICU trauma patients.

Research Design

Data was collected retrospectively on 99 Mater University Hospital ICU trauma patients 2022 and compared to pre-existing 2022 data on 100 general ICU patients

Results

Trauma patients were predominantly male (80%), younger with more aged 16-19 ($p=0.015$) and 20-29 ($p<0.0001$). Length of stay was longer in trauma patients 17.2, range 3-178 days versus 6.9 days, range 1-83 days ($t(98)=4.6$, $p<0.0001$). More trauma patients' weights were estimated ($p<0.0001$), less reported ($p=0.011$) or measured ($p<0.0001$) with weight loss information only available for 24%. Trauma patients were primarily fed by NG (56%), a combination of NG and PO diet (29%) and less frequently via PN (8%) or oral nutrition support alone. Trauma patients had a similar number of nutrition issues 7.2+/-2.6 vs. 7.1+/-3.6 ($p>0.01$) (95% CI -1.04-0.64). On admission, 5% trauma patients had malnutrition compared to 26% general ICU patients.

Conclusion

Nutrition characteristics for trauma ICU patients differ from the general ICU cohort. Accurate weights were challenging to obtain, likely due to several factors e.g. lack of reported weights as patients are typically intubated on arrival; less likelihood of previous hospital weights; inaccurate bed/hoist scale measurements due to casts/collars or oedema. Resultantly, weight-reliant predictive equations to calculate requirements can be inaccurate. This highlights the need for Indirect Calorimetry which measures kcal requirements without requiring an accurate weight.

The need for a dietetic pathway for patients who are newly diagnosed with Type 1 Diabetes attending Beaumont Hospital for their care

O'Connell MOC

Background

The National Clinical Effectiveness Committee national clinical guidelines 2018 for Type 1 Diabetes recommends that patients should be offered nutritional advice at intervals agreed between the patient and their healthcare professional.

Aims & Objectives

The aim of this audit is to highlight the need for a dietetic pathway in Type 1 Diabetes which addresses review time intervals and topics covered.

Research Design

New referrals were tracked between September 2022 and January 2023.

Results

13 patients diagnosed with Type 1 Diabetes were included in this audit.

The average time from date of referral to date the patient was first seen by a dietitian was 15 days (range of 0-48 days).

8% (1) of patients were reviewed on the ward, 92% (12) were reviewed as outpatients.
The average number of reviews offered in the first 6 months was 2 (range of 1-4).

Topics covered in the first review were carbohydrate awareness, blood glucose management, hypoglycaemic treatments and alcohol.

Further topics covered in the second review included exercise, snacking, insulin timing and the honeymoon phase.

69% (9) of patients have follow up. The remaining declined follow up or have been discharged by the dietitian.

Conclusion

This audit highlights the need for a dietetic pathway for managing patients with newly diagnosed T1 diabetes due to variation in timelines each patient is reviewed and range of topics covered. Once established, the pathway will be audited to demonstrate effectiveness.

An Audit of Parenteral Nutrition in a Specialist Palliative Care Unit

Sheehy E, Hayes D.

Background

Parenteral nutrition (PN) has become a part of palliative care, with the potential to increase survival and quality of life in a select number of patients. International guidelines recommend that PN be considered for palliative patients with intestinal failure if their expected prognosis is longer than one to three months.

Aims & Objectives

The aim of this audit was to review the use of PN in a specialist palliative care inpatient unit over a two-year period to determine if our current practice satisfies international guidelines with respect to length of survival on PN.

Research Design

A retrospective chart audit was completed. Charts was screened using a standard audit tool; results were collated, anonymised and interpreted. Data collection included patient demographics, diagnosis, indication for PN and duration of days on PN.

Results

14 patients prescribed PN were identified and included in this audit. Reason for commencement of PN was bowel obstruction (n=12), fistulating disease (n=1) or bowel perforation (n=1). Most patients were female (n=10). All patients had a malignant diagnosis, predominantly ovarian (n=5) and colorectal cancer (n=5). Average patient age was 54. Mean duration on PN was 106 days (range of 11-336 days). 79% (n=11) patients received parenteral nutrition for greater than 30 days.

Conclusion

Our audit demonstrated that 79% of patients satisfied current international standards for the use of PN in palliative care. Patient selection for PN remains challenging. Ongoing care is needed to accurately identify patients who are likely to survive long enough to benefit from PN.

Improved endoscopy waiting lists, reduced healthcare costs and improved patient outcomes with an Interdisciplinary IBS Care-pathway; 5-year experience in an Irish Acute hospital

E. Joyce, S. Brady, S. McKiernan

Background

Irritable Bowel Syndrome (IBS) is a chronic disorder of gut-brain interaction accounting for up to 40-60% of referrals to gastroenterology. A successful pilot (2018/2019), lead to the rollout of an interdisciplinary, integrated care-pathway for IBS patients in St James's Hospital (SJH).

Aims & Objectives

The aims of the pathway are
1) To provide a standard of care for patients which has been proven to increase patient wellbeing and satisfaction which is in keeping with best practice guidelines[1] where unnecessary invasive investigations are avoided.
2) To facilitate the reallocation of finite endoscopy resources, improving waiting lists

Research Design

Since 2018 all endoscopy referrals are triaged by a gastroenterologist. Those diagnosed with IBS are referred to a Clinical Specialist dietitian for individualised, patient centered dietetic intervention, following an agreed pathway and outcomes assessed.

Results

556 patients have been seen and to date and 81% (n=455) have completed intervention. 86% were discharged without endoscopy and 14% referred back for further medical input. Estimated measurable savings of €563,758 (HSE ABF guide) have been achieved and approx. 740 endoscopies have been avoided.

Conclusion

The diagnosis and management of IBS places a significant burden Endoscopy Units. The introduction of an interdisciplinary IBS care pathway in SJH has demonstrated improved patient outcomes by providing timely access to scheduled care. It has been proven to be cost-effective, enabling gastroenterologists to target endoscopy services, more appropriately.

References:
1. NICE (2015) Irritable bowel syndrome in adults. Diagnosis and management. Clinical Guideline 61 Update 2017. Available at: http:// www.nice.org.uk/Guidance/CG61

Dietetic Intervention to Optimise pre Bariatric Surgery Glycaemic Management

Rhynehart, A., Breen, C., Kearney, C., O'Connell, J.

Background

Bariatric surgery is an effective treatment for complex obesity and Type 2 diabetes, but surgery may be delayed if significantly out of target glycated haemoglobin (HbA1c) is identified in pre-surgery assessment. HbA1c below 8% is a suggested target

Research Design

A Clinical Specialist Dietitian led pre-surgery glycaemia optimisation clinic, was introduced in a Level 4 Bariatric surgery service in Ireland. Patients with above target HbA1c at pre-surgical medical screening were invited to the telehealth clinic providing intensive support around dietary and medication management. Patients were asked to self-monitor food, blood glucose, activity and medication for the week before clinic. Facilitated reflection on patient records was used to identify weekly behavioural goals. Medication review was supported by the Consultant Endocrinologist where indicated. Fortnightly reviews were offered until glycaemic management was improved to target HbA1c or the patient opted out. Data were analysed on Microsoft Excel and presented as mean +/- standard deviation.

Results

Data was analysed from September 2023 to January 2024. Of the 13 patients offered appointments, 11 patients were initially assessed, 1 patient dropped out. Baseline HbA1c was 77.8 ∔8.56mmol/mol. Repeat HbA1c was available for 4(40%) patients (68mmol/mol∔11.3 mmol/mol), with a reduction of 13.75∔9.4 mmol/mol after 3.75 ∔1.8 appointments. Areas addressed included carbohydrate intake, meal pattern stabilisation, self-monitoring, medications consistency, and meal planning. New medications were commenced for 3 patients (2 GLP-1, 1 insulin).

Conclusion

This intensive, telehealth, dietitian-led pre-bariatric surgery intervention significantly improved both HbA1c and health behaviours that contribute to long-term diabetes and obesity self-management

Dietetic medical nutrition therapy support needs following bariatric surgery: data from a national bariatric service in Ireland

Breen C, Mellotte J, O'Keeffe S, Maher G, Noone M,
Rhynehart A, O'Connell J, Heneghan H, Fearon N

Background

Registered dietitians play a key role in bariatric care in obesity. We can estimate resourcing needs based on a standard care pathway but little is known about additional dietetic support needs peri-operatively.

Aims & Objectives

We audited fidelity to the standard bariatric dietetic care pathway and the need and indications for additional support in the Centre for Obesity Management in St Columcille's Hospital, Dublin over a 24 month period.

Research Design

Data were gathered and retrospectively audited from electronic clinical databases and dietetic activity data on Microsoft Excel 2010 (Microsoft, USA) for all bariatric patients with a surgical date from January 2022 – December 2023.

Results

Data were available on 253 individuals (70.7% female). Two-hundred and twenty-nine (90.5%) had a post-op review at 2 days and 246 (97.2%) at 6-8 days. Fifty-five patients (22%) had at least one additional review. Activity data (n46) were available with a median of 2.0 (range 0.25-5.25) hours spent across 3 (range 1-9) appointments per patient. Indications for additional review were support to meet nutrition and hydration requirements; gastrointestinal symptoms; support with progression through the recommended consistencies and portions; and support with behavioural adjustment to dietary restrictions.

Conclusion

Almost a quarter of patients needed additional support in the first 6-8 weeks after surgery, with significant variation in the time needed. This data will be helpful for estimating dietetic resourcing requirements in bariatric services. Dietitians delivering medical nutrition therapy in the peri-operative period need skills in bariatric nutrition, gastrointestinal complications and supporting patients with behavioural adjustments.

To assess the benefit of providing nutritional education as part of a cardiac rehabilitation programme in a level three hospital.

Gibney Niamh (NG) ,O Donohue Margaret (MOD)

Background

Cardiac rehabilitation is an 8 week multidisciplinary programme. This encompasses a 60 minute heart health dietary information session provided by the dietitian for a cohort of patients requiring primary or secondary cardiac prevention.

Aims & Objectives

To assess the benefit of providing nutritional education as part of a cardiac rehabilitation programme in a level three hospital.

To determine participants baseline knowledge of a heart healthy diet.

To determine if patient knowledge of a cardio-protective diet improved after receiving nutritional education.

To determine the likelihood of attendees implementing changes after receiving nutritional education.

To evaluate the dietary intervention being provided to cardiac rehab.

Research Design

Over a 6 month period, 35 patients completed a 10 question patient satisfaction survey evaluating the impact of the nutritional intervention being provided during a cardiac rehab session.

Results

59% reported poor nutritional knowledge of a heart healthy diet prior to receiving the nutritional intervention
70% reported improved knowledge
>75% were likely to make changes to their current diet
100% of attendees found the information informative

Conclusion

Cardiac rehabilitation is a complex intervention that seeks to improve the functional capacity, well-being and health related quality of life of patients with heart disease (Taylor et.al 2022). Dietetic participation in the provision of nutritional education is a key component of this, by promoting changes for a heart healthy diet. This patient satisfaction survey has shown that the dietetic intervention provided has improved knowledge, willingness to change and was reported that attending was beneficial.

Acute diabetes dietitians in Ireland: excellence, innovations and challenges

Breen C, Humphreys M, Kennedy D, O'Keeffe D.

Background

A key task for the Dietetic Lead within the HSE National Diabetes Clinical Programme (NDP), is to engage with and support dietitians in adult diabetes services to improve access to, and quality of, diabetes care nationally.

Aims & Objectives

The NDP undertook engagements with acute diabetes dietitians and managers to explore service delivery, innovations, opportunities and challenges in practice, and support and training needs.

Research Design

Thirty-one dietitians and 7 dietitian managers in 38 hospital-based diabetes services undertook a virtual or face-to-face engagement between January and July 2023. Data were gathered and analysed using Microsoft Excel.

Results

We found that most dietitians were delivering both dietetic-led, and multidisciplinary clinics with nursing and medical colleagues, focusing mainly on Type 1 (T1DM) and highly complex Type 2 diabetes. Sub-speciality clinics included young adult, pre-conception, and diabetes in pregnancy. Dietitians were strong advocates for technology augmented care, promoting telehealth innovations in their practice including onboarding, integrating data interpretation in consultations, and use of remote care delivery. Challenges included integrating nutrition and diabetes self-management education with diabetes technology in rapidly evolving care pathways, staffing and resourcing to support equitable care, and, integration with Enhanced Community Care.

Conclusion

Physical space, access to telehealth infrastructure, psychology resourcing, electronic health records and booking systems, updated clinical guidance, competency frameworks and continuous professional development (particularly in relation to in diabetes technology and insulin), centralised resources, dietetic support networks and opportunities for advance practice accreditation, were all identified as support or training needs by acute diabetes dietitians.

Barriers and Facilitators for Paediatric Obesity Management in Healthcare: Health Professional and Health Leader Perspectives

Arthurs N, Almulla M, Ferdous F, Walsh A, O'Brien S, O'Gorman C, Smith SM, Naigaga D, O'Brien MP, Tully L, Oluwajuyigbe O, Waldron P & O'Malley G on behalf of the LANDSCAPE project team.

Background

Recent findings from a cross-sectional survey of 184 health professionals (HPs) in Ireland indicated a multitude of barriers and facilitators to providing paediatric obesity care.

Aims & Objectives

This qualitative study aimed to gain detailed insight on which barriers and facilitators should be prioritised and how they could be viably addressed within the existing health system in Ireland.

Research Design

Twenty-two semi-structured focus groups were conducted with 90 HPs who provide care to children in Ireland and 16 clinical leaders/managers and transcribed verbatim. Stata 17 and Microsoft Excel were used to calculate mean scores and percentage frequencies for the identified priorities. Data were analysed using Thematic Analysis. Themes were mapped to the Consolidated Framework for Implementation Research so that barriers and facilitators could be addressed and prioritised for recommendations to improve paediatric obesity care.

Results

Key priorities identified were the need to: develop a care pathway including signposting and referrals; enable access to training for HPs; better resourcing for HPs and families; provision of greater contact time with routine growth monitoring; reduction in waiting times and the need to ensure patients with obesity are not de-prioritised compared to other conditions. Five overarching themes were developed including a need for: i) resources ii) diverse understanding and perceptions iii) a pathway of care, iv) optimal communication, and v) awareness of politics.

Conclusion

Results provide a guide on how best to implement improvements in the existing health system and will form the next step in this project.

Implementation of a brief intervention or individual nutritional care plan for patients commencing systemic anti-cancer therapy (SACT) in the Cavan Oncology Unit at Cavan General Hospital (CGH)

Brady M; Mallon Moore B; Connolly P; Holland D

Background

Timely and appropriate referral to a dietitian is essential for all oncology patients. Without this, many patients have established malnutrition and multiple barriers to adequate nutrition [(1)].

Aims & Objectives

Provide timely and appropriate dietetic service to patients undergoing SACT.

Research Design

Over 6months, those commencing SACT were divided into two cohorts. Those who required individualised nutrition care plans ie. patients with cancer of the upper GI, hepatobiliary, head and neck, lung and those with MST ✣2. Those who required brief intervention had none of the aforementioned. Patients requiring dietetic assessment were met and nutritional care plans set in place, review was prioritised based on nutritional issues. If required, prescriptions for oral nutritional supplements were given. Those requiring brief intervention were met by the dietitian and given written information. Both cohorts were given the dietitian contact details.

Results

84% of patients required individualised nutritional case plans, while 16% required brief intervention. 100% of patients requiring brief interventions had a diagnosis of breast cancer while those requiring individualised nutritional care plans included various cancers (38% colorectal, 5% ovarian, 17% lung, 13% gastric, 6% head and neck, 6% pancreatic, 11% breast and 4% other).

Conclusion

This service development allowed for access of information and dietetic input as appropriate. All patients could contact the dietitian allowing for autonomy over their own nutritional.

(1) Late referral of cancer patients with malnutrition to dietitians: a prospective study of clinical practice, Lortan et al.

Type 1 Diabetes Structured Education in Ireland in 2023: the DAFNE expansion

Breen C, Humphreys M, Kennedy D, Lowe J, Moore K, Dinneen Sean, Thompson C, O'Keeffe D

Background

DAFNE (Dose Adjusted for Normal Eating) is the training programme for Type 1 diabetes recommended by the HSE / National Clinical Effectiveness Committee in Ireland. It can improve glycaemia, quality of life, and reduce hospital admissions for diabetic ketoacidosis and hypoglycaemia. Established since 2004 in Ireland, its initial roll out to 6 sites was supported by the Irish DAFNE Study. Recently, its expansion has been supported by dietetic posts from the Integrated Care Programme for the Prevention and Management of Chronic Disease (ICPCD).

Aims & Objectives

In 2023 the National Diabetes Clinical Programme (NDP) aimed to establish a national picture of DAFNE delivery in Ireland.

Research Design

We engaged with DAFNE Central and met with hospital-based diabetes services across six health regions, including 21 services who were allocated ICPCD posts to support DAFNE.

Results

We found there has been a 230% increase in DAFNE availability since 2016. Eighteen public and 2 private DAFNE centres exist across 6 health regions, supported by 71 educators and 27 doctors. ICPCD funding was allocated for 19.5 posts, of which 12.5 (64.1%) are filled. Of the 12 newer sites, 9 (75%) used the funding to commence DAFNE, 2 used existing resourcing, and 1 remains registered but the ICPCD posts are vacant. Course data were available from 2016-2022 showing 191 courses with 1118 graduates. Centres deliver 2-10 courses per year, currently mainly via telehealth.

Conclusion

Opportunities and challenges include integration of DAFNE and technology, recruitment, waiting list management and flexible delivery models across health regions

Diet Sheets and Resources: Current Practice Amongst Dietitians at St Vincent's University Hospital

Miller G, Hickey Y, Tallon L, Barnes L

Background

There are a large number of diet sheets within the department of nutrition and dietetics (DND). These include resources developed internally as well as those sourced from external organisations.

Aims & Objectives

The aim of this survey was to establish current practice regarding use of diet sheets and resources amongst SVUH dietitians.

Research Design

An online survey comprising nine questions was developed using SurveyMonkey and was emailed to all dietitians in the DND.

Results

• 16 dietitians responded.
• HSE "Making the most of every bite" was the most frequently referenced diet sheet.
• The majority of resources are provided in hard copy format, in outpatient setting (88%).
• 44% of dietitians commonly ask patients how they would prefer to receive information (i.e. in person hard copy, by post, email).
• 75% of dietitians have previously recommended online resources e.g. websites, social media pages, YouTube videos to patients and 81% would like a list of reputable online resources to provide to patients.
• Of DND developed resources 42% felt these should be updated in particular the graphics.
• When providing resources language barriers, age-profile, literacy levels, issues with eyesight and cultural suitability were the most common considerations by dietitians.

Conclusion

Dietitians should consider how patients would like to receive information about nutrition and health. This may be through traditional written resources provided in hard copy or via email, or through websites, videos, podcasts or social media pages. There is a need for visually appealing, multilingual and culturally diverse resources to be developed by the department.

Effect of a design thinking approach on collaboration, problem solving and satisfaction in dietetic and physiotherapy students: A quasi-experimental design

Dervan N, Kenny C, Carey M, Charles R, Corish C, O'Donoghue G, Shaw A, Murrin C

Background

Interprofessional collaboration and problem-solving skills are essential in healthcare professional education and practice. Design thinking is an innovative framework which supports interdisciplinary collaboration and creative problem-solving skills to meet the needs of the user. It is increasingly being applied in healthcare however limited studies exist in dietetics and physiotherapy.

Aims & Objectives

The aim of this study was to assess the effect of a design thinking approach in the development and implementation of a health promotion campaign (Healthy Eating Active Living (HEAL) week) on skills in collaboration and problem solving and satisfaction, among physiotherapy and dietetic students.

Research Design

his study was conducted in University College Dublin. A single group quasi-experimental study with a pre-test and post-test design. All students involved in the design and implementation of HEAL week (23 dietetics students, 23 physiotherapy students) were invited to participate. Data was collected using self-administered anonymous questionnaires that included the interprofessional collaborative competency attainment scale (revised), the social problem-solving inventory (revised) short form and a survey examining student satisfaction with the learning experience.

Results

44 students completed the pre-questionnaires; 42 completed the post-questionnaires. The mean scores for collaboration and problem solving were significantly higher post the learning experience. Students reported satisfaction with the experience, as well as improvements in their abilities in health promotion delivery, creative thinking, communication, collaboration and problem-solving.

Conclusion

This study showed that using a design thinking approach in an authentic learning environment, can improve skills in interprofessional collaboration and problem solving, and facilitate engagement in dietetics and physiotherapy students.

Dietetic Intervention to Optimise pre Bariatric Surgery Glycaemic Management

Rhynehart, A., Breen, C., Kearney, C., O'Connell, J.

Background

Bariatric surgery is an effective treatment for complex obesity and Type 2 diabetes, but surgery may be delayed if significantly out of target glycated haemoglobin (HbA1c) is identified in pre-surgery assessment. HbA1c below 8% is a suggested target.

Research Design

A Clinical Specialist Dietitian led pre-surgery glycaemia optimisation clinic, was introduced in a Level 4 Bariatric surgery service in Ireland. Patients with above target HbA1c at pre-surgical medical screening were invited to the telehealth clinic providing intensive support around dietary and medication management. Patients were asked to self-monitor food, blood glucose, activity and medication for the week before clinic. Facilitated reflection on patient records was used to identify weekly behavioural goals. Medication review was supported by the Consultant Endocrinologist where indicated. Fortnightly reviews were offered until glycaemic management was improved to target HbA1c or the patient opted out. Data were analysed on Microsoft Excel and presented as mean +/- standard deviation

Results

Data was analysed from September 2023 to January 2024. Of the 13 patients offered appointments, 11 patients were initially assessed, 1 patient dropped out. Baseline HbA1c was 77.8 ∔8.56mmol/mol. Repeat HbA1c was available for 4(40%) patients (68mmol/mol∔11.3 mmol/mol), with a reduction of 13.75∔9.4 mmol/mol after 3.75 ∔1.8 appointments. Areas addressed included carbohydrate intake, meal pattern stabilisation, self-monitoring, medications consistency, and meal planning. New medications were commenced for 3 patients (2 GLP-1, 1 insulin)

Conclusion

This intensive, telehealth, dietitian-led pre-bariatric surgery intervention significantly improved both HbA1c and health behaviours that contribute to long-term diabetes and obesity self-management

Empowering and supporting patients towards good nutrition in the cancer survivorship phase at Cavan General Hospital (CGH)

Brady M; McHugh C; Mallon Moore B; Hahessy D; Duignan L; Mohan E

Background

The number of survivors is predicted to double over the next 25 years due to new developments in cancer treatments [1]. The NCCP states that our health system needs to play a greater role in meeting the needs of cancer survivors [2].

Aims & Objectives

To organise an event for cancer survivors to provide access to evidence based information, in particular nutrition.

Research Design

The Cancer Survivorship CNS identified those who had completed their cancer treatments for their primary cancer and were 18months post diagnosis.
The oncology multidisciplinary team decided that the best use of resources was to organise a support day off site for cancer survivors. Attendees had a choice of 3 workshops- one of which being good nutrition for cancer survivors. Information for this workshop was based on the World Cancer Research Fund International (3). Other workshops were psychological/emotional impact of cancer, exercise and cancer, cancer related fatigue and brain fog.

Results

56% of those invited attended. 86% of attendees had a diagnosis of breast cancer. 100% of completed evaluation forms felt the topics covered were beneficial and informative.

Conclusion

The event was in keeping the NCCP recommendations. With limited dietetic services dedicated to survivorship patients at CGH it allowed access to accurate, evidence based information. This event was shortlisted and awarded highly commended in the HSE excellence awards 2023.

References
1. https://www.hse.ie/eng/services/list/5/cancer/profinfo/survivorship-programme/nccp%20survive%20prog.html **2.** Cancer survivorship and National Strategy 2017-2026
3. https://www.wcrf.org/diet-activity-and-cancer/

Nutrition delivery in critically ill trauma patients: adequacy and barriers

L Shanahan, L O'Donovan, M McKiernan, Dr I Conrick-Martin

Background

Little is documented on nutrition in critically ill trauma patients.

Aims & Objectives

We investigated nutrition in ICU trauma patients in order to identify possible improvement strategies as we transition to being a National Trauma Centre.

Research Design

Nutrition delivery adequacy and barriers to optimal nutrition were obtained via retrospective chart review of 61 ICU trauma patients admitted to ICU ≥7 days and compared to that of 100 general ICU patients.

Results

At day 7 51% (31/61) of trauma patients met <80% of estimated energy requirements compared to 30% (30/100) of general ICU patients ($p<0.01$). 54% (33/61) met <80% of protein requirements compared to 31% (31/100) of general ICU patients ($p<0.01$). At day 14, 43% of trauma patients remaining in ICU (14/33) met <80% of energy requirements compared to 22% (14/64) of general ICU patients ($p=0.03$). 27% (9/33) met <80% of protein requirements compared to 17% (11/64) of general ICU patients ($p=0.76$). The top two barriers to optimal nutrition delivery in the trauma group were fasting for theatre and lost NG access at day 7 and lost NG access and poor dietary intake at day 14. At day 7 the top 2 barriers in the general ICU patients were fasting for procedures and gastrointestinal intolerance.

Conclusion

MMUH ICU trauma patients have poorer nutrition delivery than MMUH general ICU patients. Barriers to nutrition delivery differ between the two groups. Reviewing fasting and NG re-site practices are priorities for improving nutrition delivery in these patients.

No more guessing: Indirect Calorimetry-measured energy requirements compared to predicted in critically ill patients

L Shanahan, L O'Donovan, C O'Shea, M McKiernan, Dr I Conrick-Martin

Background

International best practice recommends using Indirect Calorimetry (IC) to measure energy requirements in critically ill patients. Alternative methodologies including predictive equations are accepted as inaccurate and can lead to significant energy under and overfeeding and resultant harm.

Aims & Objectives

To determine discrepancies between IC-measured and predicted energy requirements in the first group of IC measurements in Dublin, in a level 3s ICU.

Research Design

42 IC measurements in 30 intubated and ventilated ICU patients were compared to energy requirement predictions via ESPEN 25kcals/kg equation and the Penn State Equation 2003 (PSU).

Results

52% (22/42) of ESPEN-predicted requirements were within 80-110% of IC-measured energy requirements comparted to 67% (28/42) of PSU-predicted requirements (p=0.16). 33% (14/42) of IC measurements were lower than (<80% of) ESPEN-predicted energy requirements and 14% (6/42) were higher (>110%). 21% of IC measurements (9/42) were <80% of PSU-predicted requirements and 12% (5/42) were >110%.

Conclusion

Both predictive equations were inaccurate approximately 30-50% of the time. When inaccurate, predicted energy equations would have led to significant energy overfeeding approximately 2/3rds of the time and significant energy overfeeding 1/3rd of the time. This highlights the importance of measuring energy requirements via indirect calorimetry.

Impact of New Start Hybrid Closed Loop (HCL) Insulin Pump Therapy on Glycaemic Control, Diabetes Distress and Hypoglycaemia Awareness in Tallaght University Hospital (TUH)

Horan M, Thomas C, Finn M, George R, Kenna C, Morris B, O'Brien C, Moore K, Shaamile F,

Background

Diabetes nurses and dietitians, with the support of the endocrinology team, led a restart of the insulin pump service for insulin pump-naïve patients, in TUH in May 2023.

Aims & Objectives

To compare glycaemic control, diabetes distress and hypoglycaemia awareness pre and post HCL system use in the first 6 months of this service.

Research Design

Patients who had previously completed the BERGER carbohydrate counting course, attended a dietitian-run group carbohydrate counting refresher session. Food and insulin diaries were reviewed by a dietitian and HbA1c and retinal screening results were checked by diabetes CNS and dietitians to ensure safe and accurate HCL system settings. Patients who started HCL therapy (Medtronic 780G pump with Guardian 4 Continuous Glucose Monitor (CGM)) from May to October 2023 were evaluated using pre and post GOLD hypoglycaemia awareness screening tool, Diabetes Distress scale (DDS-17)/Problem Areas in Diabetes (PAID), HbA1c and CGM data.

Results

All patients (n=24) completed questionnaires before and 66% of patients returned questionnaires post HCL therapy. Improvements were seen in HbA1c (64.7∔10.3 vs 56.1∔6.9mmol/mol), time in range (41.7∔18.1 vs 72.6∔9.8%), percentage of patients meeting CGM targets (11.1 vs 66.7%). Percentage of patients with severe diabetes distress and impaired hypoglycaemia awareness decreased (31.3 vs 25% and 37.5 vs 31.2% respectively).

Conclusion

Restart of the TUH insulin pump service for insulin pump naïve patients enabled 24 patients with T1DM to successfully start HCL system therapy in the first 6 month. Patients showed improved glycaemic control (HbA1c and time in range), diabetes distress and hypoglycaemia awareness.

Evaluation of novel cross care group student training programme using appreciative inquiry

Harold, B; Russell, M; O'Reilly, M.

Background

Novel and creative student placement must be devised to support increasing dietetic training capacity. In 2023 a collaborative approach to a student c placement between PCCC and Mental Health dietetic services in Dublin South, Kildare and West Wicklow.

Aims & Objectives

To evaluate the cross care group student training programme.

Research Design

After a 14 week c placement between PCCC and MHS, an appreciative inquiry (AI) approach was taken to evaluate the collaboration. Data was recorded and collated on the day, then summarised & disseminated to all stakeholders after the event. An interpretative phenomenological analysis was employed to examine the transcribed narrative to examine how dietitians felt the training model had worked and how to incorporate changes.

Results

The thematic analysis revealed levels of anxiety and imposter syndrome were reduced during the experience of the student placement. Dietitians felt more confident in thrown practice and that as practice educators. When designing for future collaborations dietitians proposed mapping out similar geographical areas to reduce travel for the student, a CHO student training strategy, and developing stronger bonds between the dietetic departments. The student feedback was positive, a revealed the placement provided a high diversity of patient types.

Conclusion

The collaborative model of a shared care group student placement model works successfully for both students and practice educators. This model has been presented to dietitian managers nationally for consideration and included in the INDI position paper on Practice Placement Education for Dietitians 2023.

Implementation of a brief intervention or individual nutritional care plan for patients commencing systemic anti-cancer therapy (SACT) in the Cavan Oncology Unit at Cavan General Hospital (CGH)

Brady M; Mallon Moore B; Connolly P; Holland D

Background

imely and appropriate referral to a dietitian is essential for all oncology patients. Without this, many patients have established malnutrition and multiple barriers to adequate nutrition (1).

Aims & Objectives

Provide timely and appropriate dietetic service to patients undergoing SACT.

Research Design

Over 6 months, those commencing SACT were divided into two cohorts. Those who required individualised nutrition care plans ie. patients with cancer of the upper GI, hepatobiliary, head and neck, lung and those with MST ⟛2. Those who required brief intervention had none of the aforementioned. Patients requiring dietetic assessment were met and nutritional care plans set in place, review was prioritised based on nutritional issues. If required, prescriptions for oral nutritional supplements were given. Those requiring brief intervention were met by the dietitian and given written information. Both cohorts were given the dietitian contact details.

Results

84% of patients required individualised nutritional case plans, while 16% required brief intervention. 100% of patients requiring brief interventions had a diagnosis of breast cancer while those requiring individualised nutritional care plans included various cancers (38% colorectal, 5% ovarian, 17% lung, 13% gastric, 6% head and neck, 6% pancreatic, 11% breast and 4% other).

Conclusion

This service development allowed for access of information and dietetic input as appropriate. All patients could contact the dietitian allowing for autonomy over their own nutritional.

(1) Late referral of cancer patients with malnutrition to dietitians: a prospective study of clinical practice, Lortan et al.

An Audit of Parenteral Nutrition in a Specialist Palliative Care Unit

Sheehy E, Hayes D.

Background

Parenteral nutrition (PN) has become a part of palliative care, with the potential to increase survival and quality of life in a select number of patients. International guidelines recommend that PN be considered for palliative patients with intestinal failure if their expected prognosis is longer than one to three months.

Aims & Objectives

The aim of this audit was to review the use of PN in a specialist palliative care inpatient unit over a two-year period to determine if our current practice satisfies international guidelines with respect to length of survival on PN.

Research Design

A retrospective chart audit was completed. Charts was screened using a standard audit tool; results were collated, anonymised and interpreted. Data collection included patient demographics, diagnosis, indication for PN and duration of days on PN.

Results

14 patients prescribed PN were identified and included in this audit. Reason for commencement of PN was bowel obstruction (n=12), fistulating disease (n=1) or bowel perforation (n=1). Most patients were female (n=10). All patients had a malignant diagnosis, predominantly ovarian (n=5) and colorectal cancer (n=5). Average patient age was 54. Mean duration on PN was 106 days (range of 11-336 days). 79% (n=11) patients received parenteral nutrition for greater than 30 days.

Conclusion

Our audit demonstrated that 79% of patients satisfied current international standards for the use of PN in palliative care. Patient selection for PN remains challenging. Ongoing care is needed to accurately identify patients who are likely to survive long enough to benefit from PN.

The impact of reducing the frequency of gastric residual volume monitoring on nutritional adequacy in critically ill patients

Murphy K., Manzano E., O'Brien M.L. and Twomey C.

Background

Gastric residual volume (GRV) monitoring was highlighted as a potential area impacting nutritional adequacy from being achieved in the intensive care unit (ICU) at Cork University Hospital (CUH), which was confirmed by a baseline audit.

Aims & Objectives

The aim of this study was to determine the impact of reducing the frequency of gastric residual volume monitoring on nutritional adequacy in critically ill patients.

Research Design

A literature review was conducted; the papers critiqued and amendments to the current GRV protocol were agreed by dietetics, nursing and anasaethics. The frequency of GRV monitoring was decreased from four hourly to once per shift. The GRV cut-off for the commencement of prokinetics was increased from one 250ml GRV obtained to two consecutive 500ml GRVs obtained. A re-audit was completed 3 months after implementation of the new protocol.

Results

All patients that were fed with a wide bore nasogastric tube during 2, 2 week periods are included in the analysis. Compliance with the GRV protocol increased by 12% and the amount of patients receiving 100% of their prescribed feed daily during the study period increased by 23% after the implementation of the new GRV protocol.

Conclusion

Reduced frequency of GRV monitoring has lead to increased nutritional adequacy being achieved in critically ill patients at CUH.

Advancing dietetic practice in Type 1 diabetes care within an insulin pump service

Breen C, Rhynehart A, Kinsella J, O'Reilly K, Paven R, O'Rourke C, Canavan R, Wan Mahmood WA

Background

Insulin pumps are a standard treatment in Type 1 diabetes care. The Diabetes Technology Network recommends that diabetes nurses and diabetes dietitians are trained (in structured education and pump therapy with intensive insulin management skills) to fulfil the role of diabetes educator in insulin pump pathways.

Aims & Objectives

To describe the development and audit of a clinical specialist dietitian-provided pump pathway, initiated during an 18-month diabetes nurse staffing crisis, in an acute diabetes service.

Research Design

We present a description of an insulin pump pathway and a retrospective audit detailing pump onboarding (July 2022-December 2023). Data were gathered and analysed using Microsoft Excel.

Results

The pump pathway developed detailed:
- Preparation (structured education / training in carbohydrate counting and insulin adjustment skills and pump selection);
- Triage of glycaemia, hypoglycaemia awareness (Gold score) and diabetes distress to determine technical settings and support needs, in conjunction with an Endocrinologist;
- Onboarding with technical support from pump representatives;
- Standardised follow up and setting adjustment facilitated by data sharing and video consultation;
- Standardised electronic proformas and databases for orders, data collection and case tracking.

Seventy-six pumps were started (27 [36%]) or upgraded (45 [64%]) in the 18-month period. Forty-three (56%) were Tandem T:Slim, while the remaining 33 (43%) were Medtronic 780g. Sixty-five (86%) were facilitated in a group (2-7 participants) and 11(14%) in a one-to-one session.

Conclusion

Clinical specialist dietitians can fulfil an advanced practice role in an insulin pump service in the setting of a multidisciplinary team.

Fresenius Kabi & INDI research Symposium 2024

Maternity & Infant Health

A Qualitative Analysis on The Impact of Changes due to COVID-19 on Infant Feeding Supports: The Experience of Healthcare Professionals Working in Ireland

Murphy L, Tham L, O'Sullivan E, Kennedy A

Background

Breastfeeding is considered essential in protecting infants in emergency situations. Supports for infant feeding are essential to encourage mothers to exclusively breastfeed. COVID-19 caused widespread disruption to infant feeding support services in Ireland.

Aims & Objectives

Investigate how the changes in healthcare operations and the delivery of care by health care professionals (HCPs) during COVID-19 affected infant feeding support, based on the experience of HCPs.

Research Design

A qualitative analysis based on 13 semi-structured interviews carried out on HCPs working in infant feeding in the greater Dublin area was conducted. Data was analysed using Braun and Clarke's 'six-step Thematic Analysis Framework', allowing for the development of themes and sub-themes.

Results

Three main themes were developed through the analysis of the data. (1) HCPs reported that changes to the provision of services impacted the quality of support women received. (2) Mothers felt isolated due to restrictions put in place, resulting in emotional strain according to the HCPs. (3) HCPs reported issues such as low staffing levels and coping with having to take a 'hands off' approach to supporting mothers, affecting the support they were able to provide for infant feeding.

Conclusion

These findings show the negative impact of COVID-19 restrictions, on the way HCPs were able to deliver infant and young child feeding (IYCF) services, which impacted both the staff and families during this time. This shows the need to develop a comprehensive IYCF in Emergencies Plan in Ireland to ensure we are better prepared for future emergencies.

An Investigation into Parental Awareness of the Importance of Gut Health in Infancy and of the Effect of Mode of Delivery and Gestational Age on their Infant's Gut Health.

Lynch E., O'Neill J.L., O'Connor K., O'Regan Z., Wilkinson S.

Background

The establishment of the microbiome during the first 1000 days is crucial for health and development. However, optimal microbial colonisation is compromised for preterm infants and infants delivered via caesarean section.

Aims & Objectives

This study aims to investigate parental awareness around infantile gut health to assess gaps in the education provided by healthcare professionals (HCPs

Research Design

A 15-item questionnaire was distributed to parents of infants (0-12 months), via 'everymum.ie'. Descriptive statistics were conducted through IBM SPSS V29, using Frequencies, Cross-tabulations and Pearson Chi-Squares tests.

Results

Of the total sample (n=933), 76% did not receive information from their HCP on the importance of their infant having a healthy gut. Only 15% of parents received this information before their infant's birth and 22% received this information after.
Of the 364 parents who had a c-section, 70% were not aware that mode of delivery was linked to their infant's gut health and 73% did not receive information on the importance of their infant having a healthy gut. Of those who had a preterm infant (n=64), 22% received information after the birth on the importance of gut health in infants. There was no significant difference in the information provided to those with or without a preterm infant, and those who gave birth vaginally or via c-section, where p=0.950 and p=0.824, respectively.

Conclusion

This study highlights gaps in parental knowledge around infantile gut health and in the education provided by HCPs. Further support appears necessary to deliver this message to parents to reduce the burden of health problems during infancy.

Dietary intakes and acceptability of the FIGO Nutrition Checklist among pregnant women in an outpatient department

Murphy L, Hokey E, Killeen SL, McAuliffe FM

Background

Good nutrition during pregnancy is vital to support maternal health and the developing foetus. There are dietary guidelines for pregnancy however no standardised approach for the assessment of dietary intakes in pregnancy in Ireland exists. The FIGO Nutrition Checklist is a nutrition assessment tool that collects information on dietary intake, special diets, body mass index, and diet quality.

Aims & Objectives

To assess the nutritional intakes of pregnant women attending the public outpatient clinic in the National Maternity Hospital, Dublin using the FIGO Nutrition Checklist, and assess the acceptability of the tool for use as part of routine antenatal care.

Research Design

An uncontrolled observational prospective study is ongoing using two self-administered questionnaires. Participants' nutritional intakes are assessed using the FIGO Nutrition Checklist and acceptability of the checklist is assessed using a questionnaire. Convenience sampling is employed. There are no exclusion criteria.

Results

To date, pregnant women (n=59) have completed the tool, with most (87.9%) reporting they did not follow a special diet. Over half (55.9%) reported not eating at least one portion of fish per week, 44% reported consuming sweets, packaged snacks and sugar sweetened beverages >5 per week, and 23.7% reported consuming <1 serving of wholegrains per day. We found high acceptability of the questionnaire, with 100% finding it easy to complete and 81% recommending the checklist.

Conclusion

Overall the checklist identified nutritional concerns and the acceptability of the checklist was excellent. Full analysis on the complete study is needed to strengthen these results.

Factors affecting offspring birth weight in the context of Hyperemesis Gravidarum: an Irish cohort study

De Luca R., O' Donoghue A., O'Brien E.

Background

Hyperemesis Gravidarum (HG) is a severe form of nausea and vomiting during pregnancy and can have consequences for both the mother and the offspring. Women may experience malnutrition, weight loss, dehydration, and psychosocial consequences. However, evidence of adverse effects of HG on newborn babies is contrasting.

Aims & Objectives

This study aimed to describe birth outcomes among a cohort of HG pregnancies, in a tertiary maternity hospital in Ireland. Furthermore, this study explored the relationship between HG severity, gestational weight gain (GWG) and offspring birth weight (BW).

Research Design

This observational cohort study used data collected from the National Maternity Hospital (NMH), Dublin. HG severity was quantified using the Pregnancy Unique Quantification of Emesis (PUQE) scores and cumulative hospital contacts (CHC) for HG. Where available, GWG was calculated and categorised according to the Institute of Medicine guidelines.

Results/conclusion

This dataset contained 129 women diagnosed with HG. Most had either moderate or severe HG (both 41%). BW did not differ based on CHC (p=0.567), or PUQE scores at first presentation (p=0.611) or discharge (p=0.064). However, the mean BW of babies born from women with mild HG at discharge was significantly lower than those with moderate HG (p=0.021). GWG did not affect offspring BW (p=0.657), but offspring of women with inadequate GWG were the smallest. GWG was not associated with CHC (p=0.373), nor with the PUQE scores at first presentation (p=0.548) or discharge (p=0.942). Larger studies are needed to evaluate the consequences of HG severity on offspring birth outcomes.

A Qualitative Analysis of the Breastfeeding Support Network of Ireland According to Healthcare Professionals and Members of Voluntary Organisations

Fleming G, Kennedy A, O'Sullivan L

Background

Ireland has one of the lowest breastfeeding rates in the world. As Ireland does not have an IYCF-E preparedness plan, Ireland's infants are extremely vulnerable in emergencies. To ensure Ireland is better prepared for emergencies, increasing breastfeeding rates is essential. Unfortunately, evidence indicates that support providers in Ireland lack the skill, knowledge and time to provide mothers with appropriate support.

Aims & Objectives

To map out Ireland's breastfeeding support network and understand how participants describe these supports.

Research Design

From 30 pre-conducted semi-structured qualitative interviews among healthcare professionals and voluntary supporters, a list of the reported breastfeeding supports was extracted, from which a diagram of the available supports across the antenatal, perinatal and postnatal periods was created. Qualitative analysis was conducted following Braun and Clarke's 'six-step Thematic Analysis Framework'..

Results

The map highlights how breastfeeding supports are not universally available, accessible or equitable. Three overarching themes were developed from the data: (i) barriers to accessing appropriate breastfeeding support, (ii) breastfeeding support is disjointed and inequitable, and (iii) 'We already have an emergency, it's not planning for an emergency.'

Conclusion

These findings show how breastfeeding support in Ireland is inadequate, inequitable and lacks continuity. Lack of time, knowledge and staffing, and heavy workloads are described as challenges women face to access support. Standardisation of and improved access to IYCF training, strong communication, protected IYCF posts, and clear referral pathways are essential to improve breastfeeding support in Ireland. These will ultimately make Ireland more resilient to protect breastfeeding in future emergencies.

A qualitative analysis of the experiences of healthcare professionals and breastfeeding group volunteers of milk banking on the island of Ireland

Keenan C, Kennedy A

Background

Human milk banks (HMBs) play a pivotal role in safeguarding the supply of donor human milk (DHM). However, the success is driven by the participation of healthcare professionals (HCPs), breastfeeding group volunteers (BGVs), and lactating mothers.

Aims & Objectives

To explore the experiences of HCPs and BGVs of milk banking on the island of Ireland and analyse the capacity of the Milk Bank (MB) to support infant feeding.

Research Design

A qualitative analysis was conducted on 44 semi-structured interviews from various HCPs and BGVs across the island of Ireland. Data was analysed using Braun and Clarke's Thematic Analysis. Coding was a cyclical process and subsequent themes and subthemes were developed.

Results

Two central themes were generated from analysing the data. Firstly, how supply-demand dynamics shape DHM accessibility in Ireland. The desire for DHM to be used beyond pre-term infants was apparent, and it was universally recognised that the supply would therefore need to increase. Secondly, the need to prioritise human milk for infant feeding in emergencies was evident. However, given the MB currently has limited capacity, its role would need to adapt to support a crisis or to advise safe human milk sharing in emergencies.

Conclusion

This study highlights the need for strengthening and supporting the current MB service in Ireland, given that the demand for DHM is increasing in normal times and in emergencies. Future research is needed on how the supply of DHM could increase, to safeguard the provision of human milk for infants in need.

Emergency Preparedness: a qualitative analysis of health care professionals' perspectives on infant and young child feeding supports on the island of Ireland.

Tham L, O'Sullivan EJ, Kennedy A

Background

Globally, emergencies are growing in frequency and severity. Infants and young children are among the most at-risk groups during an emergency (WHO & UNICEF, 2003). The World Health Organization has urged all member states to be prepared to support Infant and Young Child Feeding in Emergencies (IYCF-E). Despite this, Ireland does not have a plan to support families with IYCF-E.

Aims & Objectives

To provide information about the networks of IYCF support that are available for families in both Northern Ireland and the Republic of Ireland from the perspectives of health care professionals (HCPs) who provide IYCF support. Ultimately, these data will inform the development of Ireland's first IYCF-E preparedness plan.

Research Design

Semi-structured interviews of HCPs involved with IYCF support from across the island of Ireland were conducted. Braun and Clarke's (2021) reflexive thematic analysis was used to guide the analysis of the transcribed interviews.

Results

Thirty HCPs from Northern Ireland and the Republic of Ireland were interviewed (Midwives, PHNs, GPs, IBCLCs, Neonatologists, Paediatric Dietitians) and two major themes were developed from the data.

The Luck Factor.

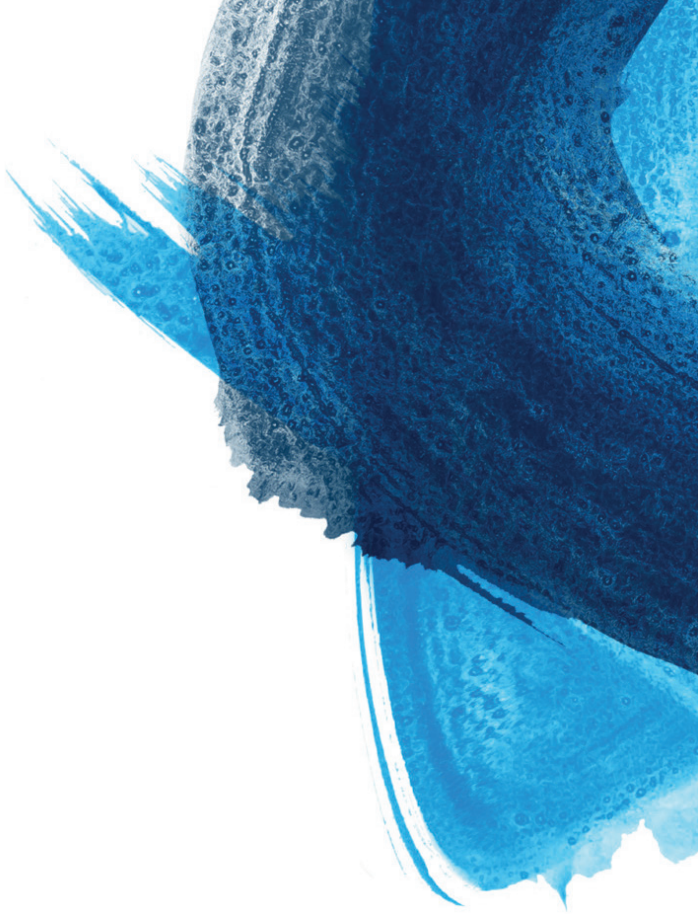
Circumstance and luck contribute to the accessibility and the quality of IYCF support.

Critical connections

Connectivity of IYCF support services within the healthcare system, and their relationship with community support organisations relates to the accessibility and delivery of IYCF support for families.

Conclusion

Access to appropriate IYCF support is impacted by a multitude of factors. Streamlining critical connections between all IYCF support services is crucial in the context of emergency preparedness.



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Population Health

An Investigation into Dietary Fibre Intake, Bowel Function and Mood among a sample of Irish Adults

Mulligan, S; Lynch, E; Doyle, S.

Background

Previous studies have reported the positive relationship between dietary fibre intake and mood and bowel function separately, however there are limited studies that have measured all three variables simultaneously.

Aims & Objectives

The aim of the present study was to examine the association between dietary fibre intake, mood and bowel function in a population of Irish adults.

Research Design

This cross-sectional study was conducted in February/March 2023 through an online questionnaire distributed to staff and students of TU Dublin. Three validated surveys were used in the design of the questionnaire, to assess dietary fibre intake, mood and bowel function. Data were analysed using SPSS.

Results

A total of 275 responses were received. Participants were predominantly female (69%) and members of the Faculty of Sciences and Health (66.5%). Average fibre intake was 20.01g/day, with those in the Faculty of Sciences and Health having significantly higher intakes than all other faculties (P=0.022). A significant positive association between mean dietary fibre intake and mood status was observed (P=0.009), with those who were happy having a higher mean daily intake of fibre than those who were unhappy (P=0.039). Significant differences in mood status between each bowel function status were also observed, with those who were happy having significantly better bowel function scores than those who were unhappy ($P < 0.001$).

Conclusion

In this study, dietary fibre intake was found to be largely insufficient amongst Irish adults. Our findings suggest that fibre intake and bowel function influenced mood. Further research is required to elucidate the interplay between all three factors.

A comparison of nutritional composition and cost of gluten-free and gluten-containing products available on the Irish market.

Kiernan S., Kosko A., Keogh S., Cremona A.

Background

Gluten-related disorders are prevalent in Ireland and globally. Medical nutritional management is through the careful elimination of gluten-containing foods. Previous studies have highlighted nutritional and cost discrepancies between gluten-free and gluten-containing foods. No similar study has been published in Ireland to date.

Aims & Objectives

This study aims to compare the nutritional value and cost between gluten-free and gluten-containing products on the Irish market. The objectives were to collect a representative sample of gluten-free and similar gluten-containing products; to record nutritional and cost information for each of these products; and to compare results with the existing literature in other countries.

Research Design

An observational comparative approach was taken. Comprehensive data collection was carried out between August 2023 and January 2024 using the online databases of the leading Irish supermarkets: Dunnes Stores, Tesco, Supervalu, and Aldi. For each gluten-free product, two similar gluten-containing products were selected: a popular gluten-containing product and a low-cost option. For each product, cost and nutritional information (energy, protein, carbohydrate, sugar, fat, saturated fat, fibre, and salt) were recorded per 100g product. Information regarding iron and B-vitamins fortification was also collected. Statistical analysis will be carried out on SPSS.

Results

Results from this study will inform policymakers and food industries in the country.

Conclusion

This is the first study of this type being carried out in Ireland. Findings will provide valuable information regarding potential cost and nutritional discrepancies between gluten-free and gluten-containing products.

Assessing Vitamins, Minerals and Botanical Supplements Marketed to Menopausal Women in Ireland

Cushen SJ; Ni Fheinneadha K, and Johnston K

Background

Menopausal symptoms are often managed with hormone replacement therapy (HRT) but its use faces hesitations and concerns, as well as contraindications. Consequently, a growing number of women are turning to botanical (herbal) remedies for symptom relief, despite limited and poor-quality evidence supporting non-pharmacological methods.

Aims & Objectives

This study seeks to provide healthcare providers, especially dietitians, with a comprehensive dataset on menopausal supplements in the Irish market, focusing on their vitamin, mineral, and botanical composition.

Research Design

We identified and analysed products with menopausal terms, botanical supplements under menopause-related terms, and products targeting females over 50 years. Traditional and online channels, including pharmacies, supermarkets, health food stores, and online retailers were used. Producer's details were collected and analysed using Microsoft Excel.

Results

The analysis identified over 198 different supplements, with menopause multivitamins (27%) and botanical supplements (23%) being predominant. Common vitamins included B6 (42%), vitamin D (40%), and vitamin C (37%). Prevalent minerals were magnesium (42%), selenium (27%), and calcium (27%). Sage extract emerged as the top botanical ingredient (18%). For supplements containing calcium and vitamin D, only 2% and 12%, respectively, met the recommended reference intakes for adult females.

Conclusion

This study reveals insights into the diverse landscape of menopause supplements in Ireland, emphasising the growing preference for non-pharmacological options like botanical supplements. It underscores the need for evidence-based guidance in managing menopausal symptoms and highlights potential gaps in supplementation levels, prompting considerations for optimal support through dietary supplementation.

Socioeconomic status, demographic factors and dietary quality of Lifeways study grandparents mapped from the 1948 National Nutrition Survey: associations with growth outcomes in their grandchildren at birth, 5, and 10 years.

Mullen A, Corish C, Douglass A, Kelleher C

Background

It is widely acknowledged that early-life has a persistent impact on the physiology and behaviour of individuals which can extend across generations and, ultimately, play a pivotal role in health status and the aetiology of disease in adulthood. Although there is growing interest in exploring multigenerational associations, more empirical research is required to investigate the potential link between grandparents' early-life experiences and their grandchildren's growth outcomes.

Aims & Objectives

To examine the relationship between grandparents' occupational group, population dietary quality, and geographical area of residence in early-life and their grandchildren's growth outcomes at birth, 5- and 10-years of age.

Research Design

We used data from the Irish longitudinal cohort study 'Lifeways' (2001-2013) to identify children with at least one grandparent born after the foundation of the Irish Free State; thus, ranging from infancy to young adulthood when the 1948 National Nutrition Survey (NNS) was conducted. The Lifeways grandparents' data were then linked to the NNS categories of geographical area, occupational group, and population dietary quality based on information collected through the Lifeways baseline questionnaire. Associations between maternal and paternal socioeconomic factors and grandchildren's growth outcomes were tested statistically.

Results

Grandparents' early-life occupational group and population dietary quality were significantly associated with their grandchildren's growth outcomes at birth and 10 years. No significant relationship was found between grandparents' early-life geographical area and growth outcomes.

Conclusion

This study highlights the importance of grandparents' early-life experiences in shaping the growth outcomes of their grandchildren.

An Investigation into Dietary Fibre Intake, Bowel Function, and Mood in Irish Adults

Lynch E., Mulligan S., Dr Doyle S.

Background

Fibre influences gut microbiota, potentially affecting gastrointestinal function and psychological well-being via the gut-brain axis.

Aims & Objectives

This study aimed to investigate the association between bowel function and fibre intake in Irish adults, as well as the relationship between bowel function and mood.

Research Design

This cross-sectional study involved the distribution of an online survey at Technological University Dublin. The survey encompassed previously validated questionnaires to estimate fibre intakes and to assess bowel habits and mood status. Results were analysed using SPSS.

Results

Responses of 275 participants were analysed. Low-fibre status (<19g/day) was prevalent in 50.5% of participants. A significantly higher proportion of males had a low-fibre status compared to females ($p=0.039$). Mild symptoms of bowel dysfunction were found in 30.2% of respondents and moderate to severe symptoms were present in 13.1%. Fibre status was associated with stool frequency ($p=0.008$), with those with a high-fibre status (<25g/day) more likely to have regular bowel movements. An inverse relationship was observed between estimated fibre intake and bowel dysfunction ($p=0.033$). Those with a lower mood score were more likely to experience disordered bowel symptoms ($p<0.001$). Similarly, those who were stressed were more likely to report symptoms of bowel dysfunction than those who were not stressed ($p<0.001$).

Conclusion

This study found an association between fibre intake and bowel function, as well as an association between bowel function and mood. Public health nutrition interventions are needed to increase fibre intake in the population to improve bowel health, and future work should explore the directionality of relationship between bowel function and mood.

Effects of a design thinking approach on collaboration, problem solving and satisfaction in physiotherapy and dietetic students: A quasi-experimental design

Dervan N, Kenny C, Carey M, Charles R, Corish C, Shaw A, Murrin C, Gráinne O'Donoghue

Background

Interprofessional collaboration and problem-solving skills are essential in healthcare professional education and practice. Design thinking is an innovative framework which supports interdisciplinary collaboration and creative problem-solving skills to meet the needs of the user. It is increasingly being applied in healthcare however limited studies exist in dietetics and physiotherapy.

Aims & Objectives

To assess the effect of a design thinking approach in the development and implementation of a health promotion campaign (Healthy Eating Active Living (HEAL) week) on skills in collaboration and problem solving and satisfaction, among physiotherapy and dietetic students.

Research Design

This study was conducted in University College Dublin. A single group quasi-experimental study with a pre-test and post-test design. All students involved in the design and implementation of HEAL week (23 dietetics students, 23 physiotherapy students) were invited to participate. Data was collected using self-administered anonymous questionnaires that included the interprofessional collaborative competency attainment scale (revised), the social problem-solving inventory (revised) short form and a survey examining student satisfaction with the learning experience.

Results

44 students completed the pre-questionnaires; 42 completed the post-questionnaires. The mean scores for collaboration were significantly higher post the learning experience. There were no significant differences in problem solving pre/post scores. Students reported satisfaction with the experience, as well as improvements in abilities in health promotion delivery, creative thinking, communication, collaboration and problem-solving.

Conclusion

This study showed that using a design thinking approach in an authentic learning environment, can improve skills in interprofessional collaboration and facilitate a satisfactory learning experience in dietetics and physiotherapy students.

Associations between Socio-Economic Status in Childhood and Cardiovascular Disease Risk in Adulthood

Molloy E, Corish C, Douglass A

Background

Cardiovascular disease (CVD) is a major public health problem both nationally and internationally. Many factors contribute to the development of CVD including poor diet, obesity, and low socioeconomic status (SES). Previous studies indicate that childhood SES may influence the development of CVD risk factors in adulthood.

Aims & Objectives

The present study aims to assess the nutritional status and dietary challenges that (UGI) cancer To explore associations between SES, as measured by occupation group, area of residence (area) during childhood and diet quality, and CVD risk in older adults in Ireland.

Research Design

The most recent clinical grandparental data from Lifeways was used. We mapped SES (area of residence and occupation group) data from the 1948 National Nutrition Survey (NNS) to the Lifeways grandparental data, assuming that their current addresses were the same in 1948. Dietary quality was categorised into poor, fair, and good population dietary quality. Relationships between dietary quality and CVD risk variables were assessed using Pearson's or Spearman's correlation. Chi-squared tests were used to explore associations between age group, occupational group, area and CVD risk factors. Binary logistic regression was used to test the predictive value of occupational group and area independently on CVD risk factors.

Results

Inverse associations were observed between good childhood population dietary quality, and all CVD risk factors in adulthood ($p < 0.05$). Those form unskilled manual backgrounds in childhood were more likely to be overweight/obese in adulthood (OR 4.67, 95% CI 1.41-15.54, p = 24 0.012).

Conclusion

This research highlights the role childhood SES plays in relation to the development of CVD risk factors in adulthood.

The influence of abdominal obesity on specific biomarkers and its role in metabolic syndrome

Fiona O'Dwyer, Oscar Mac Ananey, Aileen Kennedy

Background

Metabolic Syndrome (MetS) is characterized by a combination of obesogenic,metabolic, and cardiovascular abnormalities. Previous studies suggest that levels of the biomarkers leptin, adiponectin, the leptin/adiponectin ratio, and hs-CRP may be affected by MetS, suggesting their potential use as a diagnostic marker.

Aims & Objectives

The aim of the present study is to examine the relationship between obesogenic risk factors and MetS in a subclinical population, both with and without MetS.

Research Design

198 participants were investigated. MetS was determined according to the International Diabetes Federation, the Word Health Organisation and the National Cholesterol Education Program Expert Panel. Anthropometric, hemodynamic, glucose and lipid profiles were analysed. Univariate analysis compared indices of MetS against the biomarkers leptin, adiponectin, leptin/adiponectin ratio (L/A) and hs-CRP. A second univariate analysis examined the relationship between anthropometrical measures of abdominal obesity and the respective biomarkers. ROC curve analysis evaluated waist-to-height ratio (WtHR) as a potential superior measurement for abdominal obesity in diagnosing MetS.

Results

Findings reveal the potential of using the L/A Ratio and WtHR as indicators to identify individuals at higher risk of developing MetS. The results of the analysis demonstrate a significant and strong correlation between L/A Ratio and WtHR ($r = 0.706$, $P<0.01$). Furthermore, ROC curve analysis demonstrates that WtHR is the most accurate anthropometric marker to identify MetS in both the MetS IDF and MetS IDF (new) groups with AUC values of 0.884 (95% CI: .831 – .937) and 0.852 (95% CI: .794 – .910), respectively.

Conclusion

Findings demonstrate the effectiveness of the WtHR as the primary anthropometric measurement for diagnosing abdominal obesity and MetS, while also highlighting the potential diagnostic value the L/A ratio has in identifying MetS in a subclinical population

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Sustainability

Students' Perceptions of Food Sustainability Education on Nutrition and Dietetic Programmes in Ireland

Kennedy, A

Background

Dietetics and nutrition (D&N) educators have much to do to enhance education in the area of food sustainability in Ireland in order to meet, their obligations under the Sustainable Development Goals and to meet the needs of the future dietetic and nutrition workforce

Aims & Objectives

To explore nutrition and dietetic students' perceptions of sustainability education currently provided with the Republic of Ireland; their role in promoting food sustainability, and finally their confidence in discussing sustainable diets as a future professional.

Research Design

In order to provide a foundational understanding of the embeddedness of sustainability, D&N dietetic students undertaking related courses in the Republic of Ireland were invited to participate in a self-administered online survey that included questions on knowledge and perceptions towards food sustainability and sustainability education.

Results

Seventy-nine students completed the questionnaire, with 45% of students (n=36) reporting that promoting sustainably will be "extremely important" in their future career. However, 44% of students (n=35) reported that they would not feel confident in discussing sustainable diets with the public upon graduation. Most students (n=76) reported wanting food sustainability to be better integrated into the curriculum. While most students have a good understanding of sustainable diets, some students did not consider the more holistic aspects of sustainability.

Conclusion

This study showed there is a demand among dietetic and nutrition students for the integration of food sustainability into programme curricula, offering a basis for curricular transformation within the D&N disciplines.

Mapping Sustainable Food System Education in undergraduate and postgraduate nutrition & dietetic programmes in Ireland.

Finnegan, E., Wegener, J., and Browne, S.

Background

Nutritionists and dietitians are well-positioned to be advocates for a Sustainable Food System (SFS). However, the integration of SFS content within respective curricula is varied and needs to be expanded.

Aims & Objectives

This study aims to map SFS education practices within accredited undergraduate and postgraduate nutrition and dietetic programmes in the Republic of Ireland (ROI) in the 2023/2024 academic calendar year.

Research Design

A review of undergraduate and postgraduate nutrition and dietetic programmes in the ROI was conducted. Keywords relating to SFS were identified from module descriptors and a scoring system used to rank integration as per Wegener et al. (2023).

Results

A total of ten accredited nutrition and dietetic programmes offering 303 modules were identified, of which 82 eligible modules (27%) were studied. Of these, 65 modules were offered at undergraduate level and 17 at postgraduate level, of which 58 and 16 modules had minimal/some relevance to SFS, respectively. A further 3 (6%) AfN-accredited undergraduate modules and 1 (1%) postgraduate CORU-accredited module referenced the concept of SFS but lacked an explicit link to 'food systems', while less than 1% of undergraduate modules and no postgraduate modules were identified as having either partial or full SFS content integration. One undergraduate and two postgraduate programmes/institutions did not integrate SFS content into teaching practices at all.

Conclusion

There is a need to strengthen SFS education in nutrition and dietetic across all programme levels in ROI, with opportunities to enhance learning through curricula review and adoption of robust frameworks i.e. Education for Sustainable Development.

"Nobody Feels Responsible" Irish secondary school students' views on improving the health and sustainability of school food.

Dooley A, Ní Fhionnghalaigh A, Browne S.

Background

Food environments in Irish secondary schools vary in food availability and quality owing to a complex set of factors. School food policies and reform are needed, and interventions also need to integrate sustainable development goals. The overlap between health and sustainability of school food systems has not been well explored with young people.

Aims & Objectives

To explore students' views and participation in the current and desired food environment scenario in secondary schools, and to identify student priorities for healthy, sustainable food at school.

Research Design

Schools with transition year programmes were invited to participate. The CO-CREATE dialogue forum framework was used to facilitate discussion with students on their school food environment. Each 1.5hour dialogue forum was moderated by two researchers, with eight students per school. Content analysis was undertaken on contributions and themes categorised according to the Action Scales Model.

Results

Four schools in County Dublin (29 15-17-year-old students; 13 male 16 female) participated.
Students felt they had limited options to influence school food, with disconnection between school food stakeholders and student rejection of healthy and sustainable change identified potential barriers to reform. In the desired system cost, taste and choice, food and packaging waste, structures for participation and influence, and adequate social dining spaces were identified as intervention priorities for students.

Conclusion

Recommendations address the challenges students currently experience and highlight the importance of ongoing consultation with them regarding school food reform. Future research may benefit from consultation with students' in disadvantaged (DEIS) and rural schools.

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Nutrition & Chronic Diseases

Gynaecological Cancer Survivorship: To Evaluate The Impact Of Dietetic Clinic For Women Living With Long-Term Gastrointestinal Side Effects In Ireland

Molloy C., McKiernan M., Brennan D., Curran E.

Background

Over 1400 gynaecological cancers are diagnosed in Ireland annually. Cancer treatment is multi-modal, and can impact the body in various ways which may continue after treatment. Up to 90% of women with gynaecological cancer experience severe changes in bowel habits.

Aims & Objectives

Our aim was to capture symptoms, nutritional profile and our dietetic practice in women treated for gynaecological cancer.

Research Design

Clinical data was collected on excel retrospectively from records for patients seen by the dietitian between April 2021 and February 2023.

Results

38 patients were referred to the dietitian by the gynaecological team. Reason for referral included GI symptoms (58%), MST and GI symptoms (37%) or MST alone (5%). The average BMI was 26.3 kg/m2, 19% had a BMI >30 kg/m2.

12 women (32%) reported at least 11 symptoms as "Frequently affecting your life" or "Causes major changes in your life". The most prevalent GI symptoms included urgency (71%), incomplete evacuation (63%) and borborygmus (53%). A range of dietetic interventions included: advice on modification of fermentable carbohydrates (n=16), women received micronutrient-specific education (n=12), advice on fluid (n=7) and fibre (n=6) intake, additional testing recommended (n=22). 45% of women returned for dietetic review. An average of 7.7 symptoms was reported as "frequently" or causes major changes" on repeat GSRS (compared to 11.2 symptoms for same group pre dietetic input).

Conclusion

This review has shown that GI symptoms are prevalent in gynaecological cancer survivors in Ireland. Individualized dietetic assessments may help to improve these symptoms and available investigational algorithm should be used to support management.

Audit of mandatory PH check for fine bore NG tubes and nursing knowledge around this in an acute hospital

O Donoghue M, Killeen L

Aims & Objectives

Evaluate compliance of PH checks for NG feeding including location of record, frequency of checks and compliance with completion of the nursing Core Care Plan (CCP) for enteral nutrition.

Research Design

12 patients on NG feeds across 8 wards were included with 65 opportunities for PH checks. A random selection of nursing staff across these wards were involved in the survey.

Results

Key findings:
- 84% did not have PH recorded
- 92% of CCP were not signed and completed
- 31% unsure of frequency PH checks
- 100% agree PH record should be incorporated into EN order form

Nursing Survey key points:
- 77% did not know what is classed as a high PH
- 30% were unsure what the management for a high PH is
- 100% unsure of where to record PH

Conclusion

NG tube placement is common practice and many are placed daily without incident. The most serious harm arises from misplaced NG tubes, leading to pneumothorax and pneumonia, which can be fatal if not recognised early (NPSA 2012). The rate of PH not being recorded and a lack of knowledge as to what is classed as a high PH indicates a major risk rating. A new PH protocol has been implemented on all wards to aid risk reduction. The hospital NG policy and EN order form are also under revision as part of risk management.

The GLIM criteria as an effective tool for nutrition assessment and survival prediction in adult cancer patients with metastatic disease.

Scannell C, Sullivan ESS, Kelly K, Daly LE, Ní Bhuachalla EB, Cushen S, Power DG, Ryan AM.

Background

Background: The GLIM criteria was established in recent years to standardise the diagnosis of malnutrition worldwide. Malnutrition is widespread in patients with cancer and effects quality of life and survival outcomes.

Aims & Objectives

The aim of this study was to assess the effectiveness of GLIM to predict survival in patients with advanced cancer.

Research Design

Secondary analysis was carried out on the SARCONC cohort of adult patients with cancer. The GLIM criteria was applied to assess the prevalence of moderate and severe malnutrition. CT scans of muscle cross-sectional area at L3 were used to identify reduced muscle mass. Survival analysis was carried out using Kaplan-Meier curves and Cox regression.

Results

Within the large cohort (n=703) of patients, 316 (50.2%) met the GLIM criteria for malnutrition. Overall, 139 (22.1%) patients had moderate-malnutrition and 177 (28.1%) had severe-malnutrition. The median survival for those without malnutrition was 17.3 months (95% CI 14.7-19.9) versus 8.8 months (95% CI 7.0-10.6) for moderate malnutrition and 6.4 months (95% CI 5.3-7.5) for severe-malnutrition ($p < 0.001$). The difference in survival time for moderate compared to severe-malnutrition was not statistically significant. Compared to those without malnutrition, multivariate analysis indicated a HR of death of 1.512 (95% CI 1.144-1.999; p=0.004) for moderate malnutrition and 1.522 (95% CI 1.166-1.987; p=0.002) for severe malnutrition.

Conclusion

The GLIM criteria is an effective tool for nutrition assessment and its application using CT scans to assess body composition independently predicted survival in a large cohort of patients with advanced cancer/metastatic disease.

High levels of moderate and severe malnutrition amongst oncology patients on chemotherapy when assessed using the GLIM criteria.

Scannell C, Sullivan E.S.S, Daly L.E, Ní Bhuachalla E.B, Cushen S, Power D.G, Ryan A.

Background

The Global Leadership Initiative on Malnutrition (GLIM) criteria was devised in 2018 in order to standardize the assessment of malnutrition globally. Malnutrition is diagnosed if at least one phenotypic (weight loss, low BMI, or reduced muscle mass) and at least one etiologic criterion (disease/inflammation or poor food intake/assimilation) are present. Little is known about the prevalence of malnutrition in patients with cancer using the GLIM criteria

Aims & Objectives

To determine the prevalence of malnutrition using the GLIM criteria in patients with cancer who were attending chemotherapy day-wards.

Research Design

The GLIM criteria was applied to a large database of ambulatory adults with cancer undergoing chemotherapy between 2012-2016. Skeletal mass was assessed by CT at the cross-sectional area at L3 and graded according to previously published cut-offs for muscle mass. Inflammation was graded according to the Modified-Glasgow-Prognostic Score. Reduced intake/assimilation was identified using the EORTC-QoL survey, validated for use in oncology-populations.

Results

There were 1015 participants (56% males, 44% female). Mean age was 62 years (SD:4.8). The most common cancers types were colorectal (27%) and gastro-oesophageal (15%). Inflammation (CRP>5mg/dl) was present in 40%. Overweight/obesity were present in 57% (BMI>25kg/m2) and underweight (BMI<20kg/m2) was present in 9%. Despite the high prevalence of raised BMI, 28% (n=283) were considered to be moderately malnourished, with 21% (n=214) graded as severely malnourished according to GLIM.

Conclusion

This study reports that 28% of ambulatory cancer patients on chemotherapy are moderately-to-severely malnourished according to the GLIM despite high levels of overweight and obesity.

Characterisation of enteral nutrition dependence in people with cystic fibrosis in an era of modulator therapy.

Landers, C

Background

Historically, poor nutrition status has been inherent among individuals with cystic fibrosis (CF), with enteral tube feeding (ETF) playing a primary role in optimising nutrition status. The introduction of highly effective modulator therapies in the treatment of CF has been associated with improvements in nutritional status. A subsequent reduction in ETF dependency has been anecdotally observed in clinical practice. There is limited research to date on the effect of this reduction on anthropometry and clinical status in people with CF.

Aims & Objectives

To classify and identify trends in the nutritional and clinical status of CF patients who use or have discontinued ETF since starting modulator therapy and compare this to pre- modulator data.

Research Design

This retrospective characterisation included 32 participants. Demographic, clinical, anthropometric data and data relating to ETF and stoma sites was collected from medical and dietetic records at various time points. Descriptive statistics was conducted using Microsoft Excel.

Results

Median lung function decreased in those who removed their enteral feeding tube, and remained stable in those who retained their tube. Median body weight improved in both cohorts. Stoma site issues were more prevalent in those who had their tube removed, compared to those who retained their tube.

Conclusion

This investigation identified preliminary trends in lung function, anthropometry, and stoma issues among those who rely on and those who have discontinued ETF. Future research examining long-term characterisation is recommended to guide clinical practice around tube-removal among individuals with CF.

Dietitians Experiences of Gastrostomy Tube Removal Among People with Cystic Fibrosis on Modulator Therapy

Mulholland B, Miller G, Landers C, Griffin O, Barnes L

Background

The nutrition status of the Cystic Fibrosis (CF) population is improving since the introduction of cystic fibrosis transmembrane conductance regulator (CFTR) modulators. This has reduced reliance on nutrition support and resulted in increased gastrostomy tube removals. There is little research investigating dietetic practice on this topic.

Aims & Objectives

To investigate dietetic practice across the UK & Ireland around the removal of gastrostomy tubes among patients with CF in an era of CFTR modulator therapy.

Research Design

An online survey was developed which was composed of multiple-choice, Likert scale, and open-ended questions. It was circulated to dietitians across CF Centres in the UK and Ireland.

Results

29 CF dietitians responded to the survey. 100% of respondents reported that they were involved in making the decision to remove a gastrostomy tube with the MDT. 100% of respondents used clinical judgement to support decisions and 14% used resources or guidelines. Most CF centres did not have established criteria for gastrostomy tube removal. 46% of respondents reported that none of their patients experienced faltering nutrition status post-gastrostomy removal. Delayed wound-healing was the most common stoma site issue post tube removal.

Conclusion

This study highlights the CF dietitian's role in the decision-making process and the considerations involved in gastrostomy tube removal among CF patients. It highlights both consistencies and disparities within current dietetic practice. The results emphasise the importance of individualised assessments and the need for future research to guide standardised practices in CF care.

An investigation into the nutritional intakes of women with hyperemesis gravidarum in relation to gestationl age and PUQE score

E. Clarke, A. O'Donoghue, E. O'Brien

Background

Hyperemesis Gravidarum (HG) is characterised by extreme nausea and vomiting of pregnancy (NVP) which can lead to electrolyte imbalances, nutritional deficiencies, dehydration, foetal growth restriction, and increased morbidity/mortality.

Aims & Objectives

The aim was to investigate whether a relationship existed between nutritional intake, gestational age, and the Pregnancy Unique Quantification of Nausea and Vomiting (PUQE) score in patients with HG.

Research Design

This cross-sectional study used pre-collected data from The Rotunda Hospital and The National Maternity Hospital. The severity of HG was assessed using the PUQE questionnaire. Dietary intake was obtained from a 24-hour recall and a food and fluid diary. One-Way ANOVA tests assessed if there was a significant relationship between nutritional intake, gestational age and PUQE score. A further Bonferroni test determined where the difference between each trimester and PUQE score lies.

Results

Most (66.7%) participants were in their first trimester of pregnancy, with only 3.2% of women in their third trimester. This suggests that symptoms of HG are more severe within the first trimester of pregnancy. No significance between nutritional intake and gestational age was found. However, a significant relationship between the consumption of specific nutrients including Protein, Saturated Fat, and PUQE category was found.

Conclusion

No significant associations between dietary intake and gestational age (trimesters) were found. There was a significant relationship between the nutritional intakes of certain nutrients including Protein, Saturated Fat, and PUQE category. This highlights the need for further research to establish what nutrients are lacking in the diets of HG patients.

Dietetic Attitudes and Practice Regarding Bolus Feeding

Reynolds L, Egan G, O'Neill J.L, Hovey J and Wilkinson S

Background

In Ireland it is estimated that there are approximately 2,500 people who require enteral feeding. However, there is limited data surrounding bolus feeding usage in this patient group.

Aims & Objectives

The aim of this study is to investigate dietitians' attitudes and usage of bolus feeding in Ireland.

Research Design

An eighteen-question survey was created using Survey Monkey and distributed via the 'Irish Nutrition and Dietetic Institute' and the 'Irish Nutrition Jobs' Facebook group. Microsoft Excel was used to analyse collected data.

Results

Of the 74 participants working with adult patients and recommending bolus feeding, they mainly worked in hospitals (64%) and in the community (35%). Just over half (58%) reported that the number of patients being bolus fed has increased over the past 5 years. Oncology patients (65%), neurodisability (46%) and gastrointestinal diseases (19%) were the main conditions where bolus feeding was chosen as method of feeding. The main reason reported for choosing bolus feeding was to fit with patients' lifestyles (95%, n=70). The feeding method is determined by patient preference (78%, n=54). Of the total sample, 61% (n=45) of dietitians agree that feeds in a specific format for bolus feeding would improve patient experience.

Conclusion

This study found that dietitians are recommending bolus feeding for patients more often in the last 5 years (2019-2024). Participants reported that bolus feeding suits patient's lifestyles and there is a need for a specific format for bolus feeding products to improve patient experience.

Lean tissue loss and relative calorie deficit post bariatric surgery

O'Keeffe S, Rhynehart A, Anderson I, Fearon F, O'Connell J

Background

Bariatric surgery (BS) is an effective treatment for complex obesity, but incurs some loss of lean tissue alongside reductions in adiposity. Bioelectrical Impedance Analysis (BIA) allows assessment of lean tissue, adipose tissue and has been demonstrated to be reliable in people with obesity.

Aims & Objectives

To assess changes in muscle and fat mass after significant weight loss post BS.

Research Design

BIA was measured prior to BS (Sleeve gastrectomy or gastric bypass) following recommended procedure, using the Bodystat (Quadscan4000), weight was measured on a Tanita scales and height with an electronic stadiometer. Repeat measurements were assessed at routine post BS clinic. Data was analysed in Microsoft Excel. Relative energy deficit was calculated as energy deficit resulting from average post op energy intake as a percentage of total energy requirements.

Results

Repeat data was collected on 25 patients, (19 female, age 47.11±7.12 years). Pre-BS weight was 141.18±30.11kg (BMI 50.47±9.37kg/m±). Repeat data was collected 14.04±5.44 months post BS. Mean weight loss was 28.4±13.4kg, with a reduction in BMI of 11.01±4.59 kg/m±. Mean fat loss was 22.2±12.4 kg (28.8±15.31%) loss of baseline fat mass. This was accompanied by lean loss of 8.5±9kg (10.1±23.1%) loss of baseline lean mass. Relative calorie deficit correlated moderately (X 2 , p= 0.5) with weight change and weakly (X 2 , p=0.26) with lean mass loss.

Conclusion

Weight loss achieved with BS includes both lean and fat mass losses. Loss of lean mass may impact muscle function post operatively and efforts should be taken to minimise it.

Assessment of diet quality in Irish adults with Cystic Fibrosis using validated diet quality index tools: Healthy Eating Index 2020 (HEI-2020) & Diet Quality Index – International (DQI-I).

Greaney C, McCarthy E, O'Brien L, Tecklenborg S, Howlett C, Cronin K, Landers C, Connolly M, O'Sullivan D, Robinson K, Tierney A

Background

Modulator therapy use in Cystic Fibrosis (CF) has rapidly changed the nutrition landscape with increased rates of overweight/obesity observed. For many with CF, general population dietary guidelines are now advised, focusing on diet quality (DQ) to promote health and wellbeing. Whilst nutritional composition of the diets of adults with CF has been reported, diet quality data is lacking.

Aims & Objectives

Assess DQ in adults with CF via validated DQ indices.

Research Design

Cross-sectional study of Irish adults with CF. Demographic questionnaires and 3-day food diaries were completed. HEI-2020 and DQI-I were used to develop DQ scores. Data was analysed in SPSS.

Results

Of 68 participants (female: 58.8%, age: 35.2±10.2 years), 36.8% were overweight/obese and 70.8% pancreatic insufficient. Mean HEI-2020 and DQI-I scores (0-100) were 59.3±12.4 and 51.2±9.8, respectively. Across indices, protein (HEI-2020: 4.4±0.8, DQI-I: 4.9±0.3; 0-5) and sodium (HEI-2020 (0-10): 8.0±2.5, DQI-I (0-6): 3.5±2.4) scored favourably; vegetables moderately (HEI-2020: 4.0±1.1, DQI-I: 2.6±1.6; 0-5), with fruit (HEI-2020: 2.2±1.6, DQI-I: 2.3±2.0; 0-5) and saturated fat (HEI-2020 (0-10): 3.3±2.9, DQI-I (0-6): 0.4±1.1) scoring poorly. Overweight/obese participants had significantly higher HEI-2020 saturated fat ($p = 0.024$) and lower DQI-I empty calorie ($p = 0.036$) scores.

Conclusion

Findings indicate suboptimal DQ in this CF cohort. Along with increased overweight/obesity rates, revised dietary priorities for adults with CF are needed.
Validated DQ indices allow a more rigorous analysis of diets in CF and may aid in targeting areas of concern.

DISCOVER DIABETES - Type 2: The development of a type 2 diabetes Self-Management Education and Support (SMES) group programme for the HSE

Harrington KE, O'Brien Y, O'Connor A , McGowan C , O'Sullivan M , Howlin D , Horan F , Tully A, Dinneen S, O' Brien S, Humphreys M.

Background

The type 2 diabetes model of care recommends SMES as essential to quality care. Effective SMES empowers people to: live healthily, reduce diabetes distress, improve clinical outcomes, quality of life and become active in self-care. The need for a HSE owed diabetes SMES programme was identified.

Aims & Objectives

To design, develop and pilot a community group clinical intervention for people with type 2 diabetes, in line with SMES quality standards.

Research Design

Programme development included definition of a philosophy of dietetic/SMES care and researching the evidence base for diabetes medical nutrition therapy/SMES, to guide content and delivery. Dietitian and service user feedback defined the structure and priorities for the programme. A curriculum, education materials and participant handbook were developed. A one year programme was designed (4 weekly sessions, with 6 month and one year follow-up). Twelve group programmes were facilitated in the pilot, by diabetes dietitians. A comprehensive audit evaluated the programme impact.

Results

180 with type 2 diabetes participated (56% men, 44% women). Age range: 34 – 87years. Attendance was excellent (e.g. 98% achieve KPI). Programme design was well received (regarding course materials, group sizes, programme and session duration), with overwhelmingly positive comments on the programme and dietitians. Clinical outcomes (body weight, BMI, HbA1c) and diabetes distress significantly improved. Overall, body weight and HbA1c were more likely to improve for individuals.

Conclusion

An effective group SMES programme, for type 2 diabetes, was created to the highest standard. This facilitates national scale-up and a foundation for diabetes prevention and weight management programmes.

Evaluating a pilot dietetic telehealth service for people with new diagnosed cancer.

McSharry V, O'Shea C , N. Warner, Hasson C, P O'Ruairc, Loughney L.

Background

Patients with cancer commonly report malnutrition, muscle loss, and unmet supportive care needs. It is estimated there is one dietitian per 4,500 cancer survivors in Ireland.

Aims & Objectives

In 2023 the National Diabetes Clinical Programme (NDP) aimed to establish a national picture of This abstract aims to evaluate a new telehealth dietetic service, funded by a cancer charity, for people with cancer.

Research Design

Fifty-three service users (SU), diagnosed within the past 3 months were invited to partake in a pilot service using a holistic needs assessment (HNA). If change in diet, appetite, or weight were identified within the HNA, the SU completed the Patient Generated Subjective Global Assessment Tool - Short Form (PG-SGA-SF). If the score was ⩲4-8, the SU was referred to the charity oncology dietitian . Scores ⩲9 were referred to hospital dietitians.

Results

Forty-seven percent of SUs were referred to the dietitian and forty percent attended the dietetic consultation. Fifty-seven percent of SU's experienced >5% weight loss which is clinically significant. Fifty-seven percent of SU did not have access to a hospital dietitian at the time of their referral. The average time was 70 minutes and 35 minutes for a new and review consultation, respectively, including both clinical and administrative time.

Conclusion

Malnutrition can be detected and evaluated by PG-SGA-SF in the remote setting. Even with early nutrition screening, many SU report >5% weight loss. The majority of SU's referred to the charity dietitian did not have access to a hospital dietitian when referred. Remote access to a dietitian is feasible and requires further work to explore this service offering.

Prevention matters: developing a national diabetes prevention programme for the HSE

L. Kirby, M. Humphreys, C. Breen, O. Brady, A. Ward, C. McGowan, Dr. KE Harrington

Background

Structured self-management programmes which address diet, activity and behaviour change provide strong evidence of effectiveness for prevention of type 2 diabetes and improvements in cardiometabolic health. Given the high burden of disease and cardiovascular risk associated with type 2 diabetes the HSE identified the need for a national Diabetes Prevention Programme (DPP).

Aims & Objectives

To design, develop and pilot an evidence based lifestyle and clinical group intervention programme for those at highest risk of type 2 diabetes and use the learnings to scale up for national implementation.

Research Design

DPP was designed for delivery online due to COVID-19. It offered lifestyle intervention in 14 group sessions over 12 months to those with prediabetes (defined as HbA1c 42-47mmol/mol). DPP was piloted with 67 participants across six CHO areas from June 2021-Sept 2022. Delivered by trained dietitian educators experienced in self-management education and support. Quantitative, qualitative and process evaluation was completed.

Results

High rates of engagement (73%), retention (72%) and completion (66%) of the DPP. Clinical improvements in HbA1c (reduced by 5.1%) and weight (reduced by 5.5%) with 50% returning to normogylcaemia at 1 year. Participants reported improvements in knowledge, skills and confidence and high levels of satisfaction with the programme.

Conclusion

The positive clinical and qualitative results from the DPP pilot demonstrate prevention interventions can have significant positive impacts on the lives of people at risk of type 2 diabetes and cardiometabolic disease and the learnings can be used to scale up for national implementation.

Influence of dietary intake and eating patters on reactive hypoglycaemic events post oesophagectomy

Rachel O'Kelly, R

Background

Oesophageal cancer (OC) is the 8th most common cancer worldwide and curative treatment involves oesophagectomy. The post-operative anatomical changes of oesophagectomy can result in rapid food transit and assimilation, leading to a rise in plasma glucose and rebound hypoglycaemia, reactive hypoglycaemia (RH). The influence of specific eating guidelines on RH has been under-researched.

Research Design

32 participants were recruited from a hospital database. Over 7 days, glucose readings, using continuous glucose monitoring (CGM), symptoms and dietary intake were collected. This was analysed to identify RH events. Food diaries were analysed and coded for the following eating patterns: leaving >3 hours between meals, simple sugars with meals, fluids with meals, and alcohol with meals. Data was analysed using IBM SPSS statistics software. In all cases $p<0.05$ was considered statistically significant.

Results

From CGM readings, an RH event followed from 226 meals (17.7%) of which 19 were symptomatic. Meals higher in carbohydrates (35.3g v 31.7g, p=0.036), fibre (4.11g v 3.15g, p=0.020), and sugar (12.65g v 10.96g, p=0.048) were associated with RH events. Leaving greater than three hours between meals and consuming alcohol with meals were also associated with RH. Neither nutrient composition nor eating pattern influenced whether RH events were asymptomatic or symptomatic.

Conclusion

These findings indicate that the total carbohydrate content of meals and specific eating patterns have a significant influence on the incidence of RH events. These findings suggest using CGM and dietary education as an ideal management strategy for RH and improving outcomes in this cohort.

Evaluating upper GI cancer survivors' nutrition care needs in Ireland

Sadeghi F, Hussey J, Doyle SL

Background

Advances in cancer diagnosis and treatment have led to higher survivorship rates, however, greater consideration needs to be given to improving quality of life in survivorship. Patients diagnosed with upper gastrointestinal (UGI) cancer typically undergo extensive curative surgery that may severely affect their nutritional status in the long term.

Aims & Objectives

The present study aims to assess the nutritional status and dietary challenges that (UGI) cancer survivors face beyond treatment. Furthermore, it will explore their nutrition care needs.

Research Design

This cross-sectional study invited adults diagnosed with UGI cancer to complete an anonymous survey, online or paper-based between September 2021 to May 2022.

Results

114 survey responses were received, 86 participants were diagnosed with oesophageal cancer, 27 with gastric cancer, and 1 with GIST. Time since diagnosis ranged from 2-270 months. Over 30% of respondents were at risk of malnutrition (>12% MST+3-5) and >36% still suffered from ongoing dietary complications such as swallowing difficulty, dumping syndrome, diarrhoea, and reflux. Over 50% of participants were concerned about unintentional weight loss to some extent. Although 55% had already sought advice from a dietitian, 56% still felt they would benefit from more contact with a dietitian to address their nutrition care needs.

Conclusion

These findings highlight the ongoing nutrition care needs of UGI cancer survivors. Additional dietetic services are needed in Ireland to adequately support nutrition interventions in survivorship and align with the National Cancer Strategy.

Body Composition and Diet Quality in Irish Males Impacted by Metastatic Genitourinary Cancer: Results from LIAM Mc Trial Pilot.

Johnston KE, Noonan B, Gleeson JP and Cushen SJ

Background

The impact of nutrition and body composition during and after cancer treatment has been well documented in relation to disease-free survival and recurrence. However, further insight into the most feasible modality to provide effective nutritional and exercise interventions during cancer survivorship is needed.

Aims & Objectives

To evaluate the impact of dietetic intervention in males with metastatic genitourinary cancer on diet quality and body composition.

Research Design

The LIAM Mc Trial is an ongoing 12-week dietary and exercise intervention led by allied health professionals (AHPs), including a dietitian, physiotherapist, and advanced nurse practitioner (ANP), based in Cork University Hospital. Five dietetic group education sessions were held over a 12-week period. Body composition assessments included body mass index (BMI), lean tissue mass [LTM], fat mass [FM] (using bioelectrical impedance analysis), waist circumference (WC), and handgrip strength. Diet Quality was assessed by 24-hour recalls, food frequency questionnaires and the World Cancer Research Fund diet quality score. Ethical approval was obtained, and the trial is registered with ClinicalTrials.gov (NCT 05946993).

Results

Five participants were enrolled in the pilot. Results reported a reduction in WC (-0.2cm p=0.910), an increase of LTM (+1.5kg p=0.298), an increase in both FM and BMI (+0.58kg p=0.910; +0.75kg/m2 p=0.080 respectively). Significant improvements were noted in handgrip strength (+4.88kg p=0.032). Diet quality data analysis was in progress at time of submission.

Conclusion

The pilot programme demonstrated positive trends, with modest changes observed in body composition and significant improvements in handgrip strength. Further investigation with a larger sample size is under way.

High levels of moderate and severe malnutrition amongst oncology patients on chemotherapy when assessed using the GLIM criteria

Scannell C, Sullivan ESS, Daly LE, Ní Bhuachalla EB, Cushen S, Power, DG, Ryan A.

Background

The Global Leadership Initiative on Malnutrition (GLIM) criteria was devised in 2018 in order to standardize the assessment of malnutrition globally. Malnutrition is diagnosed if at least one phenotypic (weight loss, low BMI, or reduced muscle mass) and at least one etiologic criterion (disease/inflammation or poor food intake/assimilation) are present. Little is known about the prevalence of malnutrition in patients with cancer using the GLIM criteria

Aims & Objectives

To determine the prevalence of malnutrition using the GLIM criteria in patients with cancer who were attending chemotherapy day-wards.

Research Design

The GLIM criteria was applied to a large database of ambulatory adults with cancer undergoing chemotherapy between 2012-2016. Skeletal mass was assessed by CT at the cross-sectional area at L3 and graded according to previously published cut-offs for muscle mass. Inflammation was graded according to the Modified-Glasgow-Prognostic Score. Reduced intake/assimilation was identified using the EORTC-QoL survey, validated for use in oncology-populations.

Results

There were 1015 participants (56% males, 44% female). Mean age was 62 years (SD:4.8). The most common cancers types were colorectal (27%) and gastro-oesophageal (15%). Inflammation (CRP>5mg/dl) was present in 40%. Overweight/obesity were present in 57% (BMI>25kg/m2) and underweight (BMI<20kg/m2) was present in 9%. Despite the high prevalence of raised BMI, 28% (n=283) were considered to be moderately malnourished, with 21% (n=214) graded as severely malnourished according to GLIM.

Conclusion

This study reports that 28% of ambulatory cancer patients on chemotherapy are moderately-to-severely malnourished according to the GLIM despite high levels of overweight and obesity.

Effects of improving diet quality on the dietary inflammatory index in Rheumatoid Arthritis - MEDRA study

Canning N, Wrenne A, Raad T, Tierney A

Background

Rheumatoid arthritis (RA) is an inflammatory condition. Anti-inflammatory diets, such as the Mediterranean Diet (MedDiet) have shown promising effects on disease activity in RA. Dietary Inflammatory Index (DII) describes the inflammatory potential of the diet and has been associated with risk of RA. However, the impact of improving diet quality on DII with a MedDiet and effects of patient-reported outcome measures has not been investigated.

Aims & Objectives

To assess effects of a MedDiet and the Irish Healthy Eating Guidelines (HEG) on change in energy adjusted DII (eDII) and to determine whether change in eDII scores are associated with improvements in physical function and quality of life in adults with RA in Ireland.

Research Design

Participants were randomised to a MedDiet or a HEG intervention for 12- weeks. eDII was calculated based on food diaries collected. Between and within group data was analysed in SPSS.

Results

40 participants (females 87.5%, 47.5 ∔ 10.9 years of age) were included in and allocated to a MedDiet (n=20) or HEG (n=20) diet group. Baseline eDII was 0.99∔2.37, 0.79∔ 2.60, 1.20∔2.16 for total cohort, MedDiet, and HEG groups, respectively (p= 0.588). eDII significantly improved for the cohort following the MedDiet (p=0.022) and HEG (p=0.004). At end-intervention, the change in eDII were -2.63∔3.22 for the MedDiet group and -1.96 ∔ 2.69 for the HEG group (p=0.483).
Patient-reported outcome measures were assessed across tertiles of eDII change, irrespective of diet assignment, with no significant differences noted. Changes in nutrient intakes across tertiles of eDII change highlighted that participants in the most anti-inflammatory eDII tertile group had significantly greater intakes of omega-3, dietary fibre, vitamin A, vitamin E, folic acid, and beta-carotene compared to those in the pro-inflammatory tertile group.

Conclusion

Enhancing diet quality with either a MedDiet or the Irish HEG improved the eDII of the diet, however, this was not associated with a significant change in patient-reported outcome measures.

An audit of national practice for post bariatric surgery vitamin and mineral recommendations, in comparison with Obesity in Adults: A 2022 Adapted Clinical Practice Guideline for Ireland.

Dullea, M.

Background

Guidance and support regarding life-long multivitamin and mineral supplementation is a crucial component of nutrition care post bariatric surgery, to optimise patient care and minimise deficiency related post operative complications. Bariatric surgery procedures such as Roux-en-Y gastric bypass and sleeve gastrectomy are both restrictive and malabsorptive, rendering supplementation necessary. The Association for the Study of Obesity on the Island of Ireland (ASOI) published a Clinical Practice Guideline for the Management of Obesity in Adults in Ireland (2022). It is imperative that our clinical practice align with up to date national and international guidelines.

Aims & Objectives

The audit aimed to capture a snapshot of current vitamin and mineral supplementation recommendations in centres providing bariatric surgery across Ireland. Objectives included comparison of current recommendations with those outlined in national guidelines; as well as sharing of results with audit participants and subsequent amendment of practice if indicated.

Research Design

Local approval was sought and an audit tool was developed. Eight centres providing bariatric surgery in Ireland were invited to participate. Responses were collated and current recommendations compared with guidelines.

Conclusion

Audit results show variances between current recommendations and guidelines. Further research into vitamin and mineral supplementation post bariatric surgery is warranted. It is noteworthy that some gaps are attributable to centres tailoring recommendations to optimise adherence for reasons such as affordability and protocol simplicity.

Diagnosing malnutrition in the liver transplant population

O'Sullivan Niamh, Galvin Z

Background

Malnutrition and muscle mass loss (sarcopenia) are associated with a higher rate of complications in patients with cirrhosis. There are a number of tools to assess nutritional status but only the Royal Free Hospital Global Assessment (RFH-GA) is validated in a cirrhotic population.

Aims & Objectives

To assess the prevalence of malnutrition, using 3 different tools, in a liver transplant (LT) population; RFH-GA, American Society for Parenteral and Enteral Nutrition (ASPEN) criteria and Global Leadership Initiative on Malnutrition (GLIM) criteria

Research Design

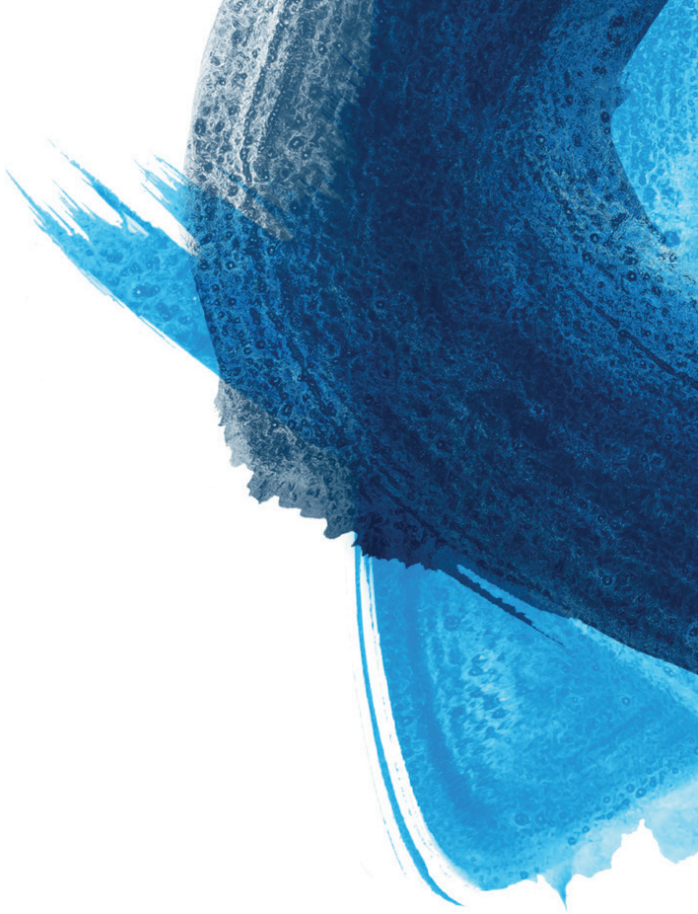
This study was completed as part of the standard preoperative nutritional assessment of patients undergoing LT assessment and included all patients undergoing LT assessment between January 2021 and December 2022. Patients with incomplete datasets were excluded. Approval was received from the hospital audit committee

Results

51 patients (59% male) were nutritionally assessed using all 3 methods. The incidence of malnutrition, according to the different tools, was; RFHGA 30/51(59%) mild/moderate malnutrition and 0% severe malnutrition, ASPEN 71% mild/moderate and 6% severe malnutrition and GLIM 80% mild/moderate and 6% severe malnutrition. Over 40% (22/51) of patients had a different nutritional status identified depending on which nutritional tool was utilized.

Conclusion

Currently available nutritional assessment tools do not give homogenous results in a pre-LT population. Further research is needed, correlated with objective pre-LT clinical parameters and post-LT clinical outcomes, to identify which tool may be the most useful in a pre-LT population.



Fresenius Kabi & INDI research Symposium 2024

Technology & eHealth

Chat GPT in dietetic practice? Friend or Foe?

Daly E, O'Leary L, Willow J

Background

There is limited but growing evidence for the use of AI in healthcare. This is even more limited for nutritional information. There is very little research that assesses how dietitians could utilise AI for resource development. One of the most utilised diet sheets by dietitians are high-energy high protein diets.

Aims & Objectives

We aim to explore whether AI can be a viable tool in resource development.

Research Design

11 questions were chosen based on existing diet sheet information. Three senior dietitians individually entered the questions into ChatGPT 3.5. Results were blindly examined under specific headings using a 5-point likert scale. Results were compared

Results

Preliminary results show that ChatGPT was considered acceptable/good in terms of scientific accuracy. 36% of questions were considered either concerned/very concerned in relation to missing information. There was little to no concern of unsafe information provided.. Results showed that 'energy dense diet' was not as accurate and had more missing information compared to high-energy high protein diet/high-calorie high protein diet. 3 questions explored food fortification, however all were deemed the least accurate and the most incidence of missing information and unsafe information. >85% questions provided a disclaimer to consult a healthcare profession/registered dietitian.

Conclusion

Chat GPT has the potential to be used to develop dietetic resources; however, clinical judgement will be required. Further research will be required.

Personalised email series as a means to support to self-management for people with type 2 diabetes in Ireland – pilot results.

De Zwarte D, Ryan M, Looney M, Cloney B, Humphreys M and Harrington KE

Background

Email has potential to deliver self-management support messages directly into a service user's pocket or desktop. The HSE Communications division and the Integrated Care Programme for Chronic Disease received Sláintecare funding to research the use of emails to support self-management for people with type 2 diabetes (T2DM).

Aims & Objectives

To research the efficacy and acceptability of an email stream to support self-management for people with T2DM.

Research Design

A series of personalised self-management support emails were produced by the project dietitian and the HSE communications digital team, and were reviewed by the national clinical specialist dietitian in diabetes. These emails are sent every 1-2 weeks and are personalised to duration since diabetes diagnosis. A pilot launched on 1/7/22. Participants were recruited from past DISCOVER DIABETES – Type 2 courses. A survey was sent to participants via email after receiving 8 emails.

Results

70 users registered to receive the emails. 22 people completed the survey.
All respondents rated the emails as good to excellent. 19 respondents replied they had learnt something new from the emails. All respondents wished to remain subscribed after the pilot.
Users found the emails useful as a "nudge" or "reminder" to manage their diabetes. They liked having the emails "to hand" to review when needed and it helped them feel supported. One user found the emails a "winning formula.

Conclusion

Personalised email series can provide informational support and encourage self-management. They may be an acceptable and useful tool to support self-management for those with T2DM.

Irish Athletes Choose to Follow Qualified Irish Nutrition Professionals on Social Media

Ní Fhlannagain, N. & Garvey, K.

Background

Social media (SM) is a source of nutrition education for many, however content lacks quality assurance and has the potential to be helpful or harmful to health and performance (Turner & Lefevre, 2017).

Aims & Objectives

To determine of the prevalence of athletes gaining nutrition information from SM, and the qualifications of those providing it.

Research Design

Female Gaelic Games athletes, aged sixteen years and over were recruited to complete an online questionnaire using likert scales to review their use of SM.

Results

Female Gaelic Games athletes (n=170, 22.8∔5.9 years) responded. Almost half (48%, n=79) reported seeing a sports nutritionist or dietitian in a group or individually to learn about nutrition for sport.

Athletes who had Instagram and followed nutrition accounts (69%, n=118) reported that they provided them with 'reliable and trustworthy nutrition advice' (72% sometimes, often or always). Participants (n=100) named their 'top' account of which, 83% were Irish and 70% were run by qualified practitioners (BSc or MSc in a nutritional science degree or companies likely to have a qualified nutritionist on staff). Athlete's perceptions of reliability were not associated with whether the account was run by a qualified practitioner ($p>0.05$) or whether they had met a qualified practitioner face-to-face ($p>0.05$).

Conclusion

Irish athletes are following nutrition accounts run by qualified Irish practitioners. Despite a global potential, the reach appears surprisingly local. SM may be valuable particularly in women's sport which remains underfunded. However, athletes may struggle to differentiate between reliable safe advice from qualified practitioners, and unreliable advice.

Fresenius Kabi & INDI research Symposium 2024

Community Dietetics & Outpatients Services

Participants' feedback attending an in-person Discover Diabetes programme in the Tallaght Chronic Disease Hub in 2023

Parke, L

Background

In early 2023, as Covid-19 restrictions were easing, the Tallaght Chronic Disease Hub introduced in-person Discover Diabetes programmes (four weekly sessions). At the final session participants were invited to complete a survey evaluating their personal experiences of the course, any changes they made since attending and comments on the course content.

Aims & Objectives

To evaluate feedback on how beneficial participants found the programme. A database was developed to collate attendance figures, record and evaluate survey responses.

Research Design

The survey 'EVAL Q-My Personal Experience' from the National Diabetes office was used. Data was collected from 5 programmes. Responses were recorded using a Likert scale for 12 statements. These included learning new skills/information; increased confidence talking to family/ Healthcare Professionals (HCP) about Diabetes and recommend other people with Type 2 Diabetes attend the course. Changes were grouped into themes: physical activity; Food related (food choices, labels) and misc. (mental health, weight).

Results

100 service users were recruited; 78% attended 2 or more sessions with 5% confirmed as dropping out at start of course and a 9% DNA rate. 75% strongly agreed they learnt new information with 60% more confident to speak to their HCP about diabetes. 81% strongly agreed they would recommend attending the course. The most common change was increasing physical activity or a food related change.

Conclusion

Survey results provide us with reassuring feedback that participants found the programme useful and learnt new information and skills. Completing this survey will remain an integral part of the delivery of the programme.

Audit of Compliance with Home Enteral Nurtition (HEN) Care Pathway in a Dietitian Led HEN Service

Aherne M, Brett A, Byrne M, Clarke S, O Reilly M, Ramsay C, Ryan Y

Background

The HEN service in DSKWW designed a pathway of care designed outlining the amount and frequency of contacts in Year 1 of enteral feeding and subsequent review years. At 1 year the number and timings of contacts were reviewed and compared to the pathway.

Aims & Objectives

The aim was to review compliance against the HEN care pathway as a standard of care.

Research Design

A retrospective audit of patient charts was conducted on 2023's patients. Each patient contact was recorded (weekly for year 1 and monthly for the review pathway) and compared to the pathway standard.

Results

In Year 1 (n=31) of the service the mean number of contacts was 8.5 per patient. A total of 149 contacts were expected, however 196 contacts took place, an increase of 32% above standard. 86% of contacts were within a week of the expected timeframe.
23% were seen less than the standard. 13% were seen according to the pathway. 65% were seen more than the standard.
In the review pathway (n=18) 100% of patients were seen 6 monthly. 83% were seen more than this and 67% had greater than the average of 4 contacts.

Conclusion

A significant amount of patients exceeded the amount of contacts proposed by the care pathway standard. The high number of contacts above the pathway standard indicates a need to re-assess the suggested amount of contacts and this may have implications for caseload capacity for the HEN Dietitians. In 2024 we propose assessing the impact of unscheduled patient contact in this cohort on contact figures.

Online Baby Food Made Easy: Supporting parents with weaning in the post COVID 19 environment.

Moloney F, Ryan H, Aherne M

Background

Covid19 resulted in suspension of the award winning Baby Food Made Easy weaning workshop, which had been running successfully in eight locations across CHO7 prior to 2020. A service aim for Primary Care Dietetics in 2021 was to commence delivery of an interactive weaning workshop via an online platform.

Aims & Objectives

To evaluate whether delivery of the workshop was feasible online and whether positive results seen with in-person delivery could be replicated online.

Research Design

Data from all evaluations collected between June 2021 and March 2023 (n=187) were analysed (27% of all participants).

Results

1. Due to demand, workshop delivery increased from one per month in June 2021 to two per month in April 2022. An increase in attendance has been observed annually, n=160 in 2021, n=343 in 2022 and n=528 in 2023.
2. Almost three quarters of participants had not yet weaned their baby before attending the workshop, meaning that they could embark on this new stage with evidence based information.
3. Building parental confidence and skills is critical in improving infant feeding practice. A 72% increase in parental confidence was reported by those attending the online workshop, comparable to an 82% increase reported with in-person attendance.

Conclusion

The delivery of BFME online provides timely access to evidence based weaning information. It allows access for families across the whole CHO. It provides flexibility as people can participate from home, eliminates the need for facilitators to travel and costs associated with venue hire.

Participants' feedback attending an in-person Discover Diabetes programme in the Tallaght Chronic Disease Hub in 2023

Parke, L

Background

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Conclusion

Survey results provide us with reassuring feedback that participants found the programme useful and learnt new information and skills. Completing this survey will remain an integral part of the delivery of the programme.

Engagement and Understanding of Supervision within a Community Dietitian Group: mapping and informing the process

Dagg, J

Background

Practising dietitians, irrespective of their grade and level of experience, should participate in structured supervision to support continuous professional development (CPD). Supervision is a workforce development strategy that can contribute to higher quality service outcomes, improve practitioner skills, inform and consolidate training and development, and create a positive employment experience by engaging staff with their job, team, profession and organisation.

Aims & Objectives

To raise awareness and evaluate knowledge and attitudes of supervision within group; - To review existing guidance and map current supervision processes; - To inform the development of a best practice model of supervision for group

Research Design

Descriptive observational study with Community Dietitian group over seven month period in 2023, included survey and focus groups. Document review, quantitative and qualitative analysis

Results

95% reported they felt engagement in structured supervision was important; 21% reported not currently engaging in structured supervision; Strong interest and enthusiasm to progress regarding the supervision process; Uncertainty regarding the difference between CPD and supervision; Negative preconception of supervision; Lack of clarity of what the supervision process entails and what resources are available.

Conclusion

This study revealed that there was significant belief in the importance of structured supervision within the group. Insight in to supervision processes is unclear. An action plan to inform a best practice model of supervision is in development, combining existing processes, enhanced team learning and national guidance.

Fresenius Kabi & INDI research Symposium 2024

Older Adults

Use of the GLIM Criteria to Diagnose Malnutrition in the Orthopedic Population over 65yrs

O'Brien C, Lee R, Bates N

Background

Malnutrition is common amongst orthopaedic patients and can be a major determinant of outcome following injury. Nutritional screening plays a vital role in identifying those at risk of malnutrition or who are malnourished, allowing intervention to achieve the best possible surgical outcomes.

Aims & Objectives

To assess the prevalence and severity of malnutrition in the orthopaedic population >65yrs and assess screening methods used to diagnose malnutrition.

Research Design

Anthropometry, hand grip strength and calf circumference were measured. Patients were assessed regarding their appetite and recent weight loss. MUST scores and GLIM diagnoses were then calculated from the data.

Results

N=31, 13 males, 18 females.
Two patients (7%) had a MUST assessment conducted within 24 hours of admission. Of MUST scores calculated for 30 patients, 7 (23%) were ⩾2
29 patients were assessed using the GLIM criteria. 18 patients (62%) were diagnosed as malnourished. Of these, 10 (56%) were severely malnourished.

On assessment of weight loss in the last 6 months, 39% experienced moderate-severe weight loss, 23% had moderate weight loss (5%) and 16% had severe (>10%) weight loss.
86% of patients who had been in hospital more than a month at the time of the audit had experienced moderate-severe weight loss.
Handgrip was measured in 29 patients, 28 (97%) scored as measurably reduced.

Conclusion

It is evidence from using the GLIM criteria that the incidence of malnutrition in this population is high. Only 7% were nutrition screened on admission. Further investigation is required on how best to identify and effectively manage this patient group and improve nutrition screening.

Current Practice of Assessing and Monitoring Muscle Strength, Muscle Mass and Muscle Function

Sam Donnelly (S.D) , Emily Morrin (E.M), Aideen Mc Guinness (A.McG), Dr. Katherine Ford (Dr. K.F) Dr.Anne Griffin (Dr. A.G)

Background

A profound understanding of the significance of muscle parameters including strength, mass, and function, in assessing nutritional status exists. A recent Swiss study evaluating dietetic practice identified a gap in the use of these measures for nutritional assessment and monitoring (Uhlmann et al. 2022).

Aims & Objectives

We aimed to investigate the current clinical practice of dietitians in Ireland regarding the assessment of muscle health.

Research Design

A cross-sectional quantitative, descriptive, 29 -item online survey was developed. Data were analysed descriptively.

Results

Sixty-six registered dietitians responded, most (56%) working in acute hospitals, primary care (14%) and community settings (12%). All respondents agreed that musculature is important in the measurement of nutritional status, with 79% integrating at least one measurement of muscle health. Hand grip strength (HGS) measurement was reported as the most important (95%), frequently applied (65%) and most useful for client monitoring (80%). Frequency of assessment in routine practice was low, with 26% reporting weekly use of HGS. The main barriers for the assessment and interpretation of muscle health were "Lack of training/application experience" (65%) and "Lack of device availability" (62%).

Conclusion

Our study highlights the gap between the recognised importance of muscle parameters and application in nutrition assessment by dietitians in Ireland. Despite unanimous agreement of the significance of musculature, challenges including insufficient training and equipment hinder widespread incorporation, emphasising the need for education to bridge this gap, facilitating the effective implementation of muscle parameters measurement in patient care.

Multicomponent Fluid Promotion Project in Older Persons Residential Services Longford and Westmeath

Burke A.M., Diettrich C., McKeon M., Moran K.

Background

Older people living in residential care facilities are at increased risk of dehydration.

Aims & Objectives

Examine and reduce dehydration risk of residents living in older person long term care facilities by:
- Promoting staff awareness on the importance of maintaining optimum hydration for residents.
- Pilot a coloured jug system to enable staff of all disciplines to monitor fluid intake.

Research Design

The project team used The Plan-Do-Study-Act (PDSA) quality improvement cycle. Hydration practices, views and staff training requirements and residents' dehydration risk were audited.
An interactive and multi event fluid promotion and education week and a colour coded water jugs system were introduced on the pilot ward.

Results

At baseline, 60% of residents screened were at high risk for dehydration, 50% were dehydrated. Following intervention 25% of residents were no longer considered high risk for dehydration.
Staff members reported that the intervention caused no added strain to daily work life and demonstrated new learning and increased awareness of residents' oral fluid intake. Following the pilot, staff on the ward have requested continuing use of jugs and other care sites have indicated interest in rolling out this initiative.

Conclusion

Results from this project indicate that promotion, education and visual prompts for both staff and residents can successfully reduce dehydration risk. The coloured jug system is a simple and low cost intervention while having the potential to have a significant impact on the wellbeing and safety of residents.

Nutritional Interventions for Sarcopenia in Socioeconomically Disadvantaged Older Populations - A Scoping Review

Landers G, Mockler D, Ciblis A, McCartney D, Warters A, O'Sullivan M.

Background

Evidence suggests that socioeconomic disadvantage is associated with a higher prevalence of sarcopenia and lower access to diet and lifestyle interventions. However, sarcopenia and low SES appear to be under-reviewed in research.

Aims & Objectives

Our scoping review explores nutritional interventions for sarcopenia in low SES communities. Primarily to 1) identify what nutritional interventions have been used for sarcopenia in socioeconomically vulnerable older populations > 65 years, and 2) describe measures employed to enable people in low SES settings to engage in these interventions.

Research Design

A comprehensive search was conducted of 4 databases according to the PRISMA-Scr guidelines and all papers were imported into Covidence software. Overall, 1888 titles and abstracts were screened independently by two researchers against the inclusion criteria. Of these, 1723 were excluded, and 165 papers were read in full and evaluated.

Results

Eight studies were included in this analysis, representing a range of SES measures such as income, receipt of social/health supports, food insecurity and health literacy. Most interventions were multimodal, Randomised Control Trials comprising nutritional supplementation (25g protein/d) and/or nutritional education. Approaches included interactive small-group learning, activities (grocery shopping, cookery), and culturally tailored interventions. Using safe, accessible, familiar venues and involving local community support workers was also emphasised. Other studies, however, provided limited details about their nutrition component or modes of engaging with SES-disadvantaged communities.

Conclusion

Few studies investigated nutritional interventions for sarcopenia in socioeconomically vulnerable older populations, highlighting a need for research to develop inclusive policy and practice around nutrition and sarcopenia.

Fresenius Kabi & INDI research Symposium 2024

Paediatrics

Experiences and perceptions of multidisciplinary paediatric teams of blended tube feeding in children

Clancy O, McCormack S, Graham M, O'Sullivan K, Bennett AE.

Background

Blended tube feeding (BTF) is the administration of pureed whole foods via gastric feeding tubes. There is some evidence to suggest that BTF may have clinical and psychosocial benefits compared to commercial formula, but further investigation of how BTF is understood and recommended by health professionals is needed.

Aims & Objectives

To investigate awareness and knowledge of BTF among multi-disciplinary paediatric staff in Ireland

Research Design

A cross-sectional observational study was conducted among paediatric staff in Children's Health Ireland. The 16-item anonymous online survey gathered information on awareness of BTF, willingness to recommend BTF, confidence in BTF knowledge, and self-assessed competence in managing BTF.

Results

Of the 207 responses, doctors (n68), nurses (n66), and dietitians (n32) provided 80.3% of responses. Two-thirds (n136, 66%) of the total group were aware of BTF. Of these, 68.1% had cared for a child on BTF and 70% (n = 63/90) were willing to recommend BTF. Three in five (n = 39/63, 61.9%) stated they were somewhat confident in their BTF knowledge and one in five (n = 12/56, 21.4%) were not yet competent in managing children on BTF. The most common reasons for recommending BTF were parental desire (n17, 39.5%) and commercial formula intolerance (n15, 34.9%). The most common barrier to recommending BTF was family logistics (n18, 41.9%). The most valuable sources of information on BTF for two-thirds (68.3%) of participants were other healthcare professionals (HCPs) and patients/caregivers.

Conclusion

Healthcare settings should provide evidence-based training to HCPs on BTF to optimise the treatment and safety of children under their care.

Exploring dietetic attitudes and experience of using commercially available tube feeds containing real food ingredients in paediatric patients

Gallagher E, Randles G, Hovey J, O'Neill J.L, Wilkinson S

Background

Blended tube feeding for patients requiring enteral nutrition involves the provision of pureed food administered via a gastronomy tube. In response to patient and dietitian preferences, as well as challenges of blended diet, medical nutrition manufacturers have developed commercial tube feed products containing real food ingredients (RFI).

Aims & Objectives

To understand the attitudes and awareness of dietitians towards recommending tube feeds containing RFI.

Research Design

A twelve-item online survey was distributed via Irish Nutrition and Dietetic Institute (INDI) and Irish Nutrition Jobs Facebook group to collect data from registered dietitians over six-weeks. Frequencies and Cross-tabulations were performed to analyse categorical variables using IBM SPSS V29.

Results

From the total sample of 23 paediatric dietitians, those who currently recommend tube feeds containing RFI (n=14) reported that the two main disorders to use this product are gastrointestinal disorders (n=13, 93%) or neurological disorders (n=12, 86%). A primary indication for recommending these products is to improve tolerance (n=12, 86%), with the main feeding method being bolus pump (n=13, 93%). Key benefits reported are improvements to GI symptoms (n=13, 93%) and improved weight gain (n=5, 36%). Of the total sample, prime barriers found to recommending this type of feed is the low energy dense profile (n=7, 30%) and insufficient amount of natural ingredients (n=3, 13%).

Conclusion

This study shows a positive response towards tube feeds containing RFI. More case studies surrounding these products are required for dietitians to fully understand the main benefits and drawbacks of recommending these feeds to their patients.

Case Study of the Provision of Ketogenic Diet (KD) for a 12 year old boy with Type 1 Diabetes (T1DM) and Epilepsy.

Crowley G, Beattie S

Background

CB (12-year-old boy) was diagnosed with epilepsy and encephalopathy in April 2017, followed by T1DM in May 2017. Despite numerous anti-epileptic medications and interventions CB had limited success in controlling his epilepsy. Longest period of seizure freedom was 2 weeks early in his diagnosis. CB required multiple daily injections of Humalog, and Levemir twice daily. He used his Dexcom to monitor his blood glucose and an AccuCheck Expert meter for advice on bolus doses.

Aims & Objectives

With declining cognitive function and risk of Sudden Unexpected Death in Epilepsy, CB was considered for Ketogenic Diet (KD) with the aim to reduce seizures.

Research Design

The Diabetes (DM) and KD dietitians began intensive research and networking. It was apparent this was an unfamiliar practice in Ireland and limited experience in the UK. To make this treatment plan a possibility we examined published individual case reports and developed protocols specific to CB (nursing, nutritional and medical management) which were reviewed by all team members (DM and KD). Carbohydrate was reduced and fat was increased in an effort to induce nutritional ketosis, whilst avoiding diabetic ketoacidosis. Target levels for BGs and Ketones determined.

Results

- Improved cognition
- Shorter seizures with improved recovery time
- Longest period of seizure freedom since diagnosis
- BG regularly showed a time in range of 100%
- HbA1c reduced from 59 to 45mmol/L
- Improved glucose variability
- Improved QOL

Conclusion

The success of this treatment plan highlights the importance of teamwork, planning and effective communication among all members of the DM and KD team.

Do snakes lurk in food ladders? Could allergen components banish them?

Griffin D, Trujillo J, Tobin C, Connery S

Background

While food allergy ladders are generally considered safe they are not without risk. The "4 A's" safety check list of age, active or poorly controlled Asthma, history of Anaphylaxis, and Adherence may mitigate but is the missing factor component analysis? Are α-lactalbumin, β-lactoglobulin, Casein, or some combination able predict milk tolerance (or lack of)? Can ovomucoid or ovalbumin levels stop you eating cake?

Aims & Objectives

1) To determine whether α-lactalbumin, β-lactoglobulin, Casein, or some combination able predict milk tolerance and milk ladder success 2) Whether ovomucoid or ovalbumin levels can predict egg tolerance and egg ladder success 3) If component testing enhances patient safety on food ladders.

Research Design

Retrospective medical chart review of all patients attending Paediatric Allergy services in Cork University Hospital with IgE milk and egg component testing and comparison to milk and egg tolerance based on relevant ladder ascension.

Results

Initial analysis of dietitian referred 115/218 total patients demonstrated that irrespective of the level baked milk and egg containing foods such as malted milk biscuits and cake were tolerated in age-appropriate amounts in almost all individuals following graded introduction.

Conclusion

Irrespective of the level baked milk and egg containing foods such as malted milk biscuits and cake were tolerated in age-appropriate amounts in almost all individuals following graded introduction. Lack of ladder progression in patients with low or insignificant component IgE levels demonstrated that other factors influence progression including possible non-IgE mediated allergy as well as sensory and behavioural feeding difficulties.

Food Habits among Children and Adolescents with Obesity and Parental Nutritional Knowledge Prior to Receiving Paediatric Obesity Treatment

Arthurs N, Geraghty L, McBean L, Shortall C, O'Malley G, Browne S.

Background

Clinical guidelines for paediatric obesity management recommend family-oriented treatments that support nutrition and play to assist behaviour change and enhance quality of life.Despite this,many parents struggle with food portion sizes and low cooking confidence.

Aims & Objectives

1.To examine the nutritional quality of children's reported food and fluid intakes and parent nutritional knowledge before receiving obesity treatment

2. To determine if there was a relationship between parental knowledge and children's dietary habits.

Research Design

Parents of children/adolescents aged 5-16years with a BMI≢98th centile referred to the paediatric obesity service at CHI Temple Street were recruited.Parents completed a 28-item food frequency questionnaire. Outcomes included frequency of consumption of meals, snacks, food groups (fruit and vegetables (FV), wholegrains, protein foods, dairy),takeaways,convenience foods,confectionary, and beverages. Data were analysed using IBM SPSS version 27.0.

Results

Questionnaires were completed by n=45 parents.The mean child-age was 11 years (SD 3.15) and there were no significant differences in BMI SDS (p=0.241) between younger (n=11) and older children (n=33).

73% reported daily consumption of FV with a median serving of 1.57. Most (79.5%) parents were aware of daily FV recommendations,yet 80% did not correctly identify common FV portion examples, and only 4.5% of children consumed the recommended 5-7portions of FV daily.
Almost half the sample (n=21; 47%) consumed ≢1 serving of dairy products daily.

Conclusion

Areas identified for targeting nutritional interventions included guidance on increasing FV and dairy intake.