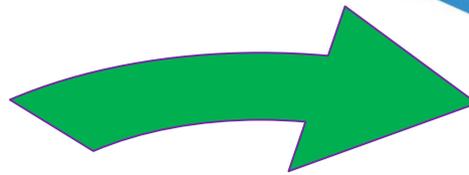
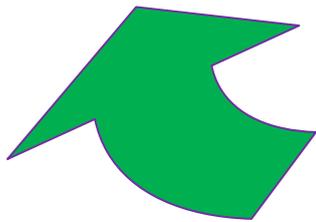


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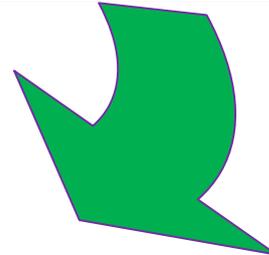


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Articles

The following abstracts are taken from a selection of recently published papers (January – June 2017)

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STROKE:

Stroke: ineffective tube securement reduces nutrition and drug treatment.

Author(s): Brazier, Sophie; Taylor, Stephen J.; Allan, Kaylee; Clemente, Rowan; Toher, Deirdre

Source: British Journal of Nursing; Jun 2017; vol. 26 (no. 12); p. 656-663

Publication Date: Jun 2017

Publication Type(s): Academic Journal

Available in full text at [British Journal of Nursing](#) - from EBSCOhost

Abstract:Stroke patients with dysphagia often depend on nutrition, hydration and medication via nasogastric (NG) feeding tubes. Securing tubes using tape is associated with repeated tube loss. In this study, the authors determined cause and effect by auditing tube placement methods, delays incurred, duration and costs. Of 202 NG tube placements in 75 patients, 67 placements occurred in 17 patients over a full course of enteral nutrition (EN) and 40 of these placements were tracked. Tubes were secured by tape in 100%, mittens 31% and special observation 5.4%. However, over an EN course, inadvertent tube loss occurred in 82% of patients and was associated with age ($p=0.049$) and mitten use ($p<0.001$): 64% of tubes were lost due to patients and 9% slipped. Average 'tube life' was 2 days, less than 25% of the EN episode ($p<0.001$). While tube placement occurred within 2.55 hours of request, X-ray confirmation led to a delay in feed and drugs of 8–9 hours per tube placement and loss of 18.8% of feeding time per EN episode. Delays exceeded the 1-hour and 4-hour limits for antibiotics and other medicines in 20% and 80%, respectively. In the 17 tracked patients, it was estimated that 55% of the £5979 direct costs could be saved by nasal bridle use. In conclusion, most tubes studied were lost to inadvertent tube removal, leading to clinically significant delays to nutrition, hydration and drug treatments; this may impair recovery. Reducing tube loss is likely to reduce patient distress, treatment cost and enhance recovery.

Database: CINAHL

Dietary Protein Intake and Stroke Risk in a General Japanese Population: The Hisayama Study.

Author(s): Mio Ozawa; Daigo Yoshida; Jun Hata; Tomoyuki Ohara; Naoko Mukai; Mao Shibata; Kazuhiro Uchida; Masashi Nagata; Takanari Kitazono; Yutaka Kiyohara; Toshiharu Ninomiya; Ozawa, Mio; Yoshida, Daigo; Hata, Jun; Ohara, Tomoyuki; Mukai, Naoko; Shibata, Mao; Uchida, Kazuhiro; Nagata, Masashi; Kitazono, Takanari

Source: Stroke (00392499); Jun 2017; vol. 48 (no. 6); p. 1478-1486

Publication Date: Jun 2017

Publication Type(s): Academic Journal

PubMedID: 28487340

Available in full text at [Stroke](#) - from Ovid

Abstract:Background and Purpose: The influence of dietary protein intake on stroke risk is an area of interest. We investigated the association between dietary protein intake and stroke risk in Japanese, considering sources of protein. Methods: A total of 2400 subjects aged 40 to 79 years were followed up for 19 years. Dietary protein intake was estimated using a 70-item semiquantitative food frequency questionnaire. The risk estimates for incident stroke and its subtypes were calculated using a Cox proportional hazards model. Results: During the follow-up, 254 participants experienced stroke events; of these, 172 had ischemic stroke, and 58 had intracerebral hemorrhage. Higher total protein intake was significantly associated with lower risks of stroke and intracerebral hemorrhage (both P for trend <0.05). With regard to sources of protein, the risks of total stroke and ischemic stroke significantly decreased by 40% (95% confidence interval, 12%-59%) and 40% (5%-62%), respectively, in subjects with the highest quartile of vegetable protein intake compared with those with the lowest one. In contrast, subjects with the highest quartile of animal protein intake had a 53% (4%-77%) lower risk of intracerebral hemorrhage. Vegetable protein intake was positively correlated with intakes of soybean products, vegetable, and algae, whereas animal protein intake was positively correlated with intakes of fish, meat, eggs, and milk/dairy products. Both types of protein intakes were negatively correlated with intakes of rice and alcohol. Conclusions: Our findings suggest that higher dietary protein intake is associated with a reduced risk of stroke in the general Japanese population.

Database: CINAHL

Seven Ways to Prevent a Stroke.

Author(s): TURNER, LISA

Source: Better Nutrition; May 2017; vol. 79 (no. 5); p. 26-27

Publication Date: May 2017

Publication Type(s): Periodical

Available in full text at [Better Nutrition](#) - from EBSCOhost

Abstract:The article focuses on the ways for the prevention of stroke. Topics discussed need to decrease the salt as the high sodium diet increases blood pressure which is risk factors for stroke, need of daily exercise as it reduces weight and lowers cholesterol which are the risk factors of stroke and need of eating more antioxidant-rich fruits and vegetables is which may reduce risk of stroke. It also mentions that a research which suggests that calcium may raise the risk of stroke.

Database: CINAHL

Sugar- and Artificially Sweetened Beverages and the Risks of Incident Stroke and Dementia: A Prospective Cohort Study.

Author(s): Pase, Matthew P.; Himali, Jayandra J.; Beiser, Alexa S.; Aparicio, Hugo J.; Satizabal, Claudia L.; Vasan, Ramachandran S.; Seshadri, Sudha; Jacques, Paul F.

Source: Stroke (00392499); May 2017; vol. 48 (no. 5); p. 1139-1146

Publication Date: May 2017

Publication Type(s): Academic Journal

PubMedID: 28428346

Available in full text at [Stroke](#) - from Ovid

Abstract:Background and Purpose: Sugar- and artificially-sweetened beverage intake have been linked to cardiometabolic risk factors, which increase the risk of cerebrovascular disease and dementia. We examined whether sugar- or artificially sweetened beverage consumption was associated with the prospective risks of incident stroke or dementia in the community-based Framingham Heart Study Offspring cohort.Methods: We studied 2888 participants aged >45 years for incident stroke (mean age 62 [SD, 9] years; 45% men) and 1484 participants aged >60 years for incident dementia (mean age 69 [SD, 6] years; 46% men). Beverage intake was quantified using a food-frequency questionnaire at cohort examinations 5 (1991-1995), 6 (1995-1998), and 7 (1998-2001). We quantified recent consumption at examination 7 and cumulative consumption by averaging across examinations. Surveillance for incident events commenced at examination 7 and continued for 10 years. We observed 97 cases of incident stroke (82 ischemic) and 81 cases of incident dementia (63 consistent with Alzheimer's disease).Results: After adjustments for age, sex, education (for analysis of dementia), caloric intake, diet quality, physical activity, and smoking, higher recent and higher cumulative intake of artificially sweetened soft drinks were associated with an increased risk of ischemic stroke, all-cause dementia, and Alzheimer's disease dementia. When comparing daily cumulative intake to 0 per week (reference), the hazard ratios were 2.96 (95% confidence interval, 1.26-6.97) for ischemic stroke and 2.89 (95% confidence interval, 1.18-7.07) for Alzheimer's disease. Sugar-sweetened beverages were not associated with stroke or dementia.Conclusions: Artificially sweetened soft drink consumption was associated with a higher risk of stroke and dementia.

Database: CINAHL

Homocysteine and Stroke Risk: Modifying Effect of Methylenetetrahydrofolate Reductase C677T Polymorphism and Folic Acid Intervention.

Author(s): Min Zhao; Xiaobin Wang; Mingli He; Xianhui Qin; Genfu Tang; Yong Huo; Jianping Li; Jia Fu; Xiao Huang; Xiaoshu Cheng; Binyan Wang; Fan Fan Hou; Ningling Sun; Yefeng Cai; Zhao, Min; Wang, Xiaobin; He, Mingli; Qin, Xianhui; Tang, Genfu; Huo, Yong

Source: Stroke (00392499); May 2017; vol. 48 (no. 5); p. 1183-1190

Publication Date: May 2017

Publication Type(s): Academic Journal

PubMedID: 28360116

Available in full text at [Stroke](#) - from Ovid

Abstract:Background and Purpose: Elevated blood homocysteine concentration increases the risk of stroke, especially among hypertensive individuals. Homocysteine is largely affected by the methylenetetrahydrofolate reductase C677T polymorphism and folate status. Among hypertensive patients, we aimed to test the hypothesis that the association between homocysteine and stroke can be modified by the methylenetetrahydrofolate reductase C677T polymorphism and folic acid intervention. Methods: We analyzed the data of 20 424 hypertensive adults enrolled in the China Stroke Primary Prevention Trial. The participants, first stratified by methylenetetrahydrofolate reductase genotype, were randomly assigned to receive double-blind treatments of 10-mg enalapril and 0.8-mg folic acid or 10-mg enalapril only. The participants were followed up for a median of 4.5 years. Results: In the control group, baseline log-transformed homocysteine was associated with an increased risk of first stroke among participants with the CC/CT genotype (hazard ratio, 3.1; 1.1-9.2), but not among participants with the TT genotype (hazard ratio, 0.7; 0.2-2.1), indicating a significant gene-homocysteine interaction (P=0.008). In the folic acid intervention group, homocysteine showed no significant effect on stroke regardless of genotype. Consistently, folic acid intervention significantly reduced stroke risk in participants with CC/CT genotypes and high homocysteine levels (tertile 3; hazard ratio, 0.73; 0.55-0.97). Conclusions: In Chinese hypertensive patients, the effect of homocysteine on the first stroke was significantly modified by the methylenetetrahydrofolate reductase C677T genotype and folic acid supplementation. Such information may help to more precisely predict stroke risk and develop folic acid interventions tailored to individual genetic background and nutritional status. Clinical Trial Registration: URL: <http://www.clinicaltrials.gov>. Unique identifier: NCT00794885.

Database: CINAHL

Research Roundup.

Author(s):

Source: Environmental Nutrition; Mar 2017; vol. 40 (no. 3); p. 8-8

Publication Date: Mar 2017

Publication Type(s): Periodical

Abstract:The article features various research on environmental nutrition which include the role of eggs in reducing stroke, the effectiveness of fermentable oligo-, di- and monosaccharides and polyols (FODMAP) diet in relieving irritable bowel syndrome (IBS), and the association of obesity to omega-6 omega-3 fatty acid ratio.

Database: CINAHL

OUR GH DO DIET PROMISE TO YOU.

Author(s): LONDON, JACLYN

Source: Good Housekeeping; Mar 2017; vol. 264 (no. 3); p. 99-101

Publication Date: Mar 2017

Publication Type(s): Periodical

Available in full text at [Good Housekeeping](#) - from ProQuest

Abstract:The article offers suggestions for necessary diet and practices that should be followed for healthiest and happiest track. Topics discussed include eating heart healthy superfoods such as citrus fruits for lower risk of ischemic stroke and mushrooms for regulating blood pressure; drinking water before meals for eating less and burning fat in order to loose more weight; and doing yoga breathing for lifting mood and improving memory.

Database: CINAHL

A Systematic Review and Meta-Analysis on Self-Management for Improving Risk Factor Control in Stroke Patients.

Author(s): Sakakibara, Brodie; Kim, Amy; Eng, Janice

Source: International Journal of Behavioral Medicine; Feb 2017; vol. 24 (no. 1); p. 42-53

Publication Date: Feb 2017

Publication Type(s): Academic Journal

Abstract:Purpose: The aims of this review were to describe the self-management interventions used to improve risk factor control in stroke patients and quantitatively assess their effects on the following: 1) overall risk factor control from lifestyle behaviour (i.e. physical activity, diet and nutrition, stress management, smoking, alcohol, and medication adherence), and medical risk factors (i.e. blood pressure, cholesterol, blood glucose) and (2) individual risk factors. Method: We systematically searched the PubMed, PsycINFO, CINAHL and Cochrane Database of Systematic Reviews databases to September 2015 to identify relevant randomized controlled trials investigating self-management to improve stroke risk factors. The self-management interventions were qualitatively described, and the data included in meta-analyses. Results: Fourteen studies were included for review. The model estimating an effect averaged across all stroke risk factors was not significant, but became significant when four low-quality studies were removed (SMD = 0.10 [95 % CI = 0.02 to 0.17], I = 0 %, p = 0.01). Subgroup analyses revealed a significant effect of self-management interventions on lifestyle behaviour risk factors (SMD = 0.15 [95 % CI = 0.04 to 0.25], I = 0 %, p = 0.007) but not medical risk factors. Medication adherence was the only individual risk factor that self-management interventions significantly improved (SMD = 0.31 [95 % CI = 0.07 to 0.56], I = 0 %, p = 0.01). Conclusion: Self-management interventions appear to be effective at improving overall risk factor control; however, more high-quality research is needed to corroborate this observation. Self-management has a greater effect on lifestyle behaviour risk factors than medical risk factors, with the largest effect at improving medication adherence.

Database: CINAHL

Combination of Low Body Mass Index and Low Serum Albumin Level Leads to Poor Functional Recovery in Stroke Patients.

Author(s): Kimura, Yosuke; Yamada, Minoru; Kakehi, Tomohiro; Itagaki, Atsunori; Tanaka, Naoki; Muroh, Yasushi

Source: Journal of Stroke & Cerebrovascular Diseases; Feb 2017; vol. 26 (no. 2); p. 448-453

Publication Date: Feb 2017

Publication Type(s): Academic Journal

PubMedID: 27856112

Abstract:Background: Nutritional status is associated with the functional recovery of stroke patients. This study aimed to examine the influence of the combination of body mass index (BMI) and serum albumin level on functional recovery in subacute stroke patients.Methods: This retrospective cohort study included 259 subacute stroke patients (mean age 68.9 ± 12.3 years). Patients were categorized into 4 groups according to their BMI and serum albumin level: group 1, low BMI (<18.5 kg/m²) and low serum albumin level (<3.5 g/dL); group 2, low BMI and high serum albumin level (≥ 3.5 g/dL); group 3, normal weight (≥ 18.5 kg/m²) and low serum albumin level; and group 4, normal weight and high serum albumin level. The outcome variable was the motor subscale of the Functional Independence Measure (M-FIM) effectiveness. We defined the first quartile of M-FIM effectiveness as poor functional recovery. Multivariate logistic regression analysis was performed to examine the influence of the combination of BMI and serum albumin level on poor functional recovery.Results: Multivariate logistic regression analysis adjusted for baseline characteristics (reference, group 4) showed that group 1 was mostly associated with a significant risk of poor functional recovery (odds ratio, 4.13; 95% confidence interval, 1.53-11.15).Conclusions: Our results suggested that the combination of low BMI and low serum albumin level was more significantly associated with poor functional recovery in subacute stroke patients than either factor alone. The combination of BMI and serum albumin level should be taken into account when predicting functional recovery in subacute stroke patients.

Database: CINAHL

Adherence to a Healthy Nordic Diet and Risk of Stroke: A Danish Cohort Study.

Author(s): Plambeck Hansen, Camilla; Overvad, Kim; Kyrø, Cecilie; Olsen, Anja; Tjønneland, Anne; Paaske Johnsen, Søren; Uhre Jakobsen, Marianne; Dahm, Christina Catherine; Hansen, Camilla Plambeck; Johnsen, Søren Paaske; Jakobsen, Marianne Uhre

Source: Stroke (00392499); Feb 2017; vol. 48 (no. 2); p. 259-264

Publication Date: Feb 2017

Publication Type(s): Academic Journal

PubMedID: 28049735

Available in full text at [Stroke](#) - from Ovid

Available in full text at [Stroke](#) - from Highwire Press

Abstract:Background and Purpose: Specific dietary patterns, including the Mediterranean diet, have been associated with stroke prevention. Our aim was to investigate whether adherence to a healthy Nordic diet, including fish, apples and pears, cabbages, root vegetables, rye bread, and oatmeal, was associated with risk of stroke.Methods: Incident cases of stroke among 55 338 men and women from the Danish Diet, Cancer and Health

cohort were identified from the Danish National Patient Register and verified by review of records. Cases of ischemic stroke were further subclassified based on etiology according to the TOAST classification system (Trial of Org 10172 in Acute Stroke Treatment). Information on diet was collected at baseline (1993-1997) using a semiquantitative food-frequency questionnaire. Cox proportional hazards models were used to estimate hazards ratios of total stroke and subtypes of ischemic and hemorrhagic stroke. Results: During a median follow-up of 13.5 years, 2283 cases of incident stroke were verified, including 1879 ischemic strokes. Adherence to a healthy Nordic diet, as reflected by a higher Healthy Nordic Food Index score, was associated with a lower risk of stroke. The hazards ratio comparing an index score of 4 to 6 (high adherence) with an index score of 0 to 1 (low adherence) was 0.86 (95% confidence interval 0.76-0.98) for total stroke. Inverse associations were observed for ischemic stroke, including large-artery atherosclerosis. No trend was observed for hemorrhagic stroke; however, a statistically insignificant trend was observed for intracerebral hemorrhage. Conclusions: Our findings suggest that a healthy Nordic diet may be recommended for the prevention of stroke.

Database: CINAHL

Oral dietary intake level in thrombolysed and non-thrombolysed patients after ischemic stroke.

Author(s): Avelino, Marcella Rachadel; Montibeller, Cristiane Gonçalves; Luchesi, Karen Fontes; Mituuti, Cláudia Tiemi; Ribeiro, Priscila Watson; Fagundes, Diego Antonio; Furkim, Ana Maria

Source: NeuroRehabilitation; Jan 2017; vol. 40 (no. 1); p. 49-55

Publication Date: Jan 2017

Publication Type(s): Academic Journal

Abstract:BACKGROUND: Dysphagia can be a stroke sequelae and may impact patient prognosis. Thrombolytic therapy has been used as a treatment of choice which aims to reduce sequelae. OBJECTIVE: Assess the ability of dietary intake orally in subjects undergoing thrombolytic therapy and compare it with non-thrombolytic subjects post-ischemic stroke. METHODS: Documentary cross-sectional study with 87 post-ischemic stroke patients. Subjects were divided as to the type of neurological intervention: group 1 consisted of subjects undergoing brain reperfusion therapy or thrombolysis and group 2 for those undergoing no such therapy or non-thrombolysed. Data was obtained from the subjects relative to age, sex, level of oral dietary intake at the beginning of hospitalization and at discharge, length of hospital stay, comorbidities and site of neurological lesion. RESULTS: Group 1 was composed of 39 patients while 48 patients were in group 2. Both groups consisted of subjects with similar mean age and balanced gender distribution. Both groups presented hypertension as the most frequent comorbidity. The individuals in group 1 demonstrated improvement of oral dietary intake ($p = 0.002$) and shorter hospital stay ($p = 0.007$) when compared with group 2. CONCLUSION: There was greater improvement of oral dietary intake and shorter hospital stay for patients undergoing thrombolytic therapy.

Database: CINAHL

CANCER:

Dietary Quality and Ovarian Cancer Risk in African-American Women.

Author(s): Bo Qin; Moorman, Patricia G.; Kelemen, Linda E.; Alberg, Anthony J.; Barnholtz-Sloan, Jill S.; Bondy, Melissa; Cote, Michele L.; Funkhouser, Ellen; Peters, Edward S.; Schwartz, Ann G.; Terry, Paul; Schildkraut, Joellen M.; Bandera, Elisa V.

Source: American Journal of Epidemiology; Jun 2017; vol. 185 (no. 12); p. 1281-1289

Publication Date: Jun 2017

Publication Type(s): Academic Journal

Abstract: This study evaluated 3 index-based dietary patterns--Healthy Eating Index (HEI)-2005, HEI-2010, and Alternate Healthy Eating Index (AHEI)-2010--in relation to ovarian cancer risk in African-American women. The study was conducted among 415 ovarian cancer cases and 629 age- and site-matched controls of African-American descent recruited from the population-based African American Cancer Epidemiology Study. Multivariable unconditional logistic regression models were used to estimate odds ratios and 95% confidence intervals between quartiles of dietary quality indices and ovarian cancer risk, adjusting for potential confounders. We found that higher AHEI-2010 scores, but not HEI-2005 or HEI-2010 scores, were associated with lower risk of ovarian cancer (comparing the highest quartile (4th) vs. lowest (1st), odds ratio (OR) = 0.66, 95% confidence interval (CI): 0.45, 0.98; P for trend = 0.05). When stratified by menopausal status, no noteworthy associations were observed among premenopausal women. However, among postmenopausal women, greater adherence to HEI-2010 (quartile 4 vs. quartile 1, OR = 0.57, 95% CI: 0.36, 0.92; P for trend = 0.03) and AHEI-2010 (quartile 4 vs. quartile 1, OR = 0.49, 95% CI: 0.31, 0.78; P for trend = 0.01) were inversely associated with ovarian cancer. Our findings indicate that adherence to an overall healthy dietary pattern may reduce ovarian cancer risk in African-American women, and particularly among postmenopausal African-American women.

Database: CINAHL

The association between Dietary Inflammatory Index scores and the prevalence of colorectal adenoma.

Author(s): Haslam, Alyson; Robb, Sara Wagner; Hébert, James R.; Hanwen Huang; Wirth, Michael D.; Shivappa, Nitin; Ebell, Mark H.; Wagner Robb, Sara; Huang, Hanwen

Source: Public Health Nutrition; Jun 2017; vol. 20 (no. 9); p. 1609-1616

Publication Date: Jun 2017

Publication Type(s): Academic Journal

PubMedID: 28345504

Abstract: Objective: The Dietary Inflammatory Index (DII)TM, which was developed to characterize the inflammatory potential of a person's diet, has been shown to be associated with inflammatory conditions such as cancer. The present study aimed to investigate the association between DII scores and colorectal adenoma (CRA), a pre-cancerous condition. Design: Responses to baseline dietary questionnaires were used to calculate DII scores. In a cross-sectional study design, the association between DII scores and CRA

prevalence was determined in men and women separately using logistic regression models. Setting: Ten cancer screening centres across the USA. Subjects: Participants were those included in the screening arm of the Prostate, Lung, Colorectal, and Ovarian (PLCO) Cancer Screening Trial. Results: Among the 44 278 individuals included in these analyses, men with diets in the most inflammatory quartile of DII scores had higher odds of all types of CRA (advanced, non-advanced and multiple (>1)) compared with those with diets in the least inflammatory quartile of DII scores. In fully adjusted models, compared with those with DII scores in quartile 1 (least inflammatory), males with DII scores in quartile 3 (adjusted odds ratio (aOR)=1.28; 95 % CI 1.12, 1.47) and quartile 4 (aOR=1.41; 95 % CI 1.23, 1.62) were more likely to have prevalent distal CRA. Higher DII scores, representing a more inflammatory diet, also were weakly associated with a higher prevalence of CRA in women. Conclusions: Implementing an anti-inflammatory diet may be an effective means of primary prevention of CRA, especially in men.

Database: CINAHL

Healthy cooking classes at a children's cancer hospital and patient/survivor summer camps: initial reactions and feasibility.

Author(s): Raber, Margaret; Crawford, Karla; Chandra, Joya

Source: Public Health Nutrition; Jun 2017; vol. 20 (no. 9); p. 1650-1656

Publication Date: Jun 2017

Publication Type(s): Academic Journal

PubMedID: 28463101

Abstract: Objective: Childhood cancer survivors (CCS) have been shown to practise suboptimal dietary intake and may benefit from nutrition interventions during and after treatment. Cooking classes have become popular for encouraging healthy eating behaviours in community-based programming and academic research; however, literature on teaching cooking classes in CCS is limited. The purpose of the present study was to address the development and implementation of classes for CCS based on a recently developed framework of healthy cooking behaviour. Design: A conceptual framework was developed from a systematic literature review and used to guide healthy cooking classes for CCS in different settings. Setting: One paediatric cancer hospital inpatient unit, one paediatric cancer in-hospital camp programme and two off-site paediatric cancer summer camp programmes. Subjects: One hundred and eighty-nine CCS of varying ages and thirteen parents of CCS. Results: Seventeen classes were taught at camps and seven classes in the hospital inpatient unit. Healthy cooking classes based on the conceptual framework are feasible and were well received by CCS. Conclusions: Cooking classes for CCS, both at the hospital and at camp, reinforced the principles of the conceptual framework. Future trials should assess the dietary and anthropometric impact of evidence-based healthy cooking classes in CCS.

Database: CINAHL

A qualitative study exploring 'nutrition'-related calls to a Cancer Helpline from people affected by cancer: what are they really about?

Author(s): Lane, Katherine; Kiddell, Eleanor; Sutton, Clare; Ugalde, Anna; Boltong, Anna

Source: Australian Journal of Cancer Nursing; Jun 2017; vol. 18 (no. 1); p. 20-25

Publication Date: Jun 2017

Publication Type(s): Academic Journal

Available in full text at [Australian Journal of Cancer Nursing](#) - from EBSCOhost

Abstract:Background: People affected by cancer often have concerns about the role nutrition plays in cancer prevention, treatment or recovery. Telephone support services can act as a support mechanism for people to access credible information on a range of topics. Aims: To explore the nature of nutrition-related enquiries to a telephone support service and the role of the oncology nurse in responding to these enquiries. Methods: Nutrition-related calls from September to November 2013 were audited, transcribed and analysed thematically. Results: From the 24 calls included, three key themes emerged: (i) Unmet needs revealed during contact; (ii) Nutrition as a conversation starter; and (iii) Nursing knowledge, intuition, assessment and scope of practice. Discussion: People used nutrition queries as a tangible reason to initiate contact with the telephone support service. In the absence of non-verbal cues, nurses must 'listen between the lines' to recognise when deeper issues may be hiding behind more overt reasons for information seeking.

Database: CINAHL

Tomato-based randomized controlled trial in prostate cancer patients: Effect on PSA.

Author(s): Paur, Ingvild; Lilleby, Wolfgang; Bøhn, Siv Kjølrsrud; Hulander, Erik; Klein, Willibrord; Vlatkovic, Ljiljana; Axcrona, Karol; Bolstad, Nils; Bjørø, Trine; Laake, Petter; Taskén, Kristin A.; Svindland, Aud; Eri, Lars Magne; Brennhovd, Bjørn; Carlsen, Monica H.; Fosså, Sophie D.; Smeland, Sigbjørn S.; Karlsen, Anette S.; Blomhoff, Rune

Source: Clinical Nutrition; Jun 2017; vol. 36 (no. 3); p. 672-679

Publication Date: Jun 2017

Publication Type(s): Academic Journal

Abstract:Summary Background & aims The effect of lycopene-containing foods in prostate cancer development remains undetermined. We tested whether a lycopene-rich tomato intervention could reduce the levels of prostate specific antigen (PSA) in prostate cancer patients. Methods Prior to their curative treatment, 79 patients with prostate cancer were randomized to a nutritional intervention with either 1) tomato products containing 30 mg lycopene per day; 2) tomato products plus selenium, omega-3 fatty acids, soy isoflavones, grape/pomegranate juice, and green/black tea (tomato-plus); or 3) control diet for 3 weeks. Results The main analysis, which included patients in all risk categories, did not reveal differences in changes of PSA-values between the intervention and control groups. Post-hoc, exploratory analyses within intermediate risk (n = 41) patients based on tumor classification and Gleason score post-surgery, revealed that median PSA decreased significantly in the tomato group as compared to controls (-2.9% and +6.5% respectively, p = 0.016). In separate post-hoc analyses, we observed that median PSA-values decreased by 1% in patients with the highest increases in plasma lycopene, selenium and C20:5 n-3 fatty acid, compared to an 8.5% increase in the patients with the lowest increase in lycopene, selenium and C20:5 n-3 fatty acid (p = 0.003). Also, PSA decreased in patients with the

highest increase in lycopene alone ($p = 0.009$). Conclusions Three week nutritional interventions with tomato-products alone or in combination with selenium and n-3 fatty acids lower PSA in patients with non-metastatic prostate cancer. Our observation suggests that the effect may depend on both aggressiveness of the disease and the blood levels of lycopene, selenium and omega-3 fatty acids.

Database: CINAHL

Dietary patterns and colorectal cancer.

Author(s): Tayyem, Reema F.; Bawadi, Hiba A.; Shehadah, Ihab; Agraib, Lana M.; AbuMweis, Suhad S.; Al-Jaberi, Tareq; Al-Nusairr, Majed; Bani-Hani, Kamal E.; Heath, Dennis D.

Source: Clinical Nutrition; Jun 2017; vol. 36 (no. 3); p. 848-852

Publication Date: Jun 2017

Publication Type(s): Academic Journal

Abstract: Summary Background & aims Dietary pattern and lifestyle have been reported to be important risk factors in the development of colorectal cancer (CRC). However, the mechanism of action of dietary factors in CRC disease is unclear. The aim of this study is the examination of several dietary choices and their potential association with the risk of developing CRC. Methods Dietary data was collected from 220 subjects who were previously diagnosed with CRC, and 281 control subjects (matched by age, gender, occupation and marital status). The data was collected between January 2010 and December 2012, using interview-based questionnaires. Multivariate logistic regression was used to estimate the relationship between dietary choices and risk of developing colorectal cancer. Results Factor analysis revealed three major dietary patterns. The first pattern we identified as the "Healthy Pattern", the second was identified as "High Sugar/High Tea Pattern" and the third as "Western Pattern". In the Healthy Pattern group we found a 10.54% variation in food intake, while the intake variation was 11.64% in the Western Pattern. After adjusting for confounding factors, the Western Pattern food choice was found to be significantly associated with an increased risk of developing CRC (OR = 1.88; 95% CI = 1.12–3.16). The results for the Healthy and High-Sugar/High Tea Patterns showed a decrease, but the statistic was not significant for the risk of CRC development. Conclusion The Western Pattern of dietary choice was directly associated with CRC. The association between the dietary food choice in the Healthy and High-Sugar/High Tea Patterns and colorectal cancer needs further study in our Jordanian population.

Database: CINAHL

Carbohydrate nutrition and risk of adiposity-related cancers: results from the Framingham Offspring cohort (1991–2013).

Author(s): Makarem, Nour; Bandera, Elisa V.; Lin, Yong; Jacques, Paul F.; Hayes, Richard B.; Parekh, Niyati

Source: British Journal of Nutrition; Jun 2017; vol. 117 (no. 11); p. 1603-1614

Publication Date: Jun 2017

Publication Type(s): Academic Journal

Abstract:Higher carbohydrate intake, glycaemic index (GI), and glycaemic load (GL) are hypothesised to increase cancer risk through metabolic dysregulation of the glucose-insulin axis and adiposity-related mechanisms, but epidemiological evidence is inconsistent. This prospective cohort study investigates carbohydrate quantity and quality in relation to risk of adiposity-related cancers, which represent the most commonly diagnosed preventable cancers in the USA. In exploratory analyses, associations with three site-specific cancers: breast, prostate and colorectal cancers were also examined. The study sample consisted of 3184 adults from the Framingham Offspring cohort. Dietary data were collected in 1991–1995 using a FFQ along with lifestyle and medical information. From 1991 to 2013, 565 incident adiposity-related cancers, including 124 breast, 157 prostate and sixty-eight colorectal cancers, were identified. Cox proportional hazards models were used to evaluate the role of carbohydrate nutrition in cancer risk. GI and GL were not associated with risk of adiposity-related cancers or any of the site-specific cancers. Total carbohydrate intake was not associated with risk of adiposity-related cancers combined or prostate and colorectal cancers. However, carbohydrate consumption in the highest v. lowest quintile was associated with 41 % lower breast cancer risk (hazard ratio (HR) 0.59; 95 % CI 0.36, 0.97). High-, medium- and low-GI foods were not associated with risk of adiposity-related cancers or prostate and colorectal cancers. In exploratory analyses, low-GI foods, were associated with 49 % lower breast cancer risk (HR 0.51; 95 % CI 0.32, 0.83). In this cohort of Caucasian American adults, associations between carbohydrate nutrition and cancer varied by cancer site. Healthier low-GI carbohydrate foods may prevent adiposity-related cancers among women, but these findings require confirmation in a larger sample.

Database: CINAHL

Demographic, lifestyle, and genetic determinants of circulating concentrations of 25-hydroxyvitamin D and vitamin D--binding protein in African American and European American women.

Author(s): Song Yao; Chi-Chen Hong; Bandera, Elisa V.; Qianqian Zhu; Song Liu; Ting-Yuan David Cheng; Zirpoli, Gary; Haddad, Stephen A.; Lunetta, Kathryn L.; Ruiz-Narvaez, Edward A.; McCann, Susan E.; Troester, Melissa A.; Rosenberg, Lynn; Palmer, Julie R.; Olshan, Andrew F.; Ambrosone, Christine B.

Source: American Journal of Clinical Nutrition; Jun 2017; vol. 105 (no. 6); p. 1362-1371

Publication Date: Jun 2017

Publication Type(s): Academic Journal

Available in full text at [American journal of clinical nutrition \[Am J Clin Nutr\] NLMUID: 0376027, The](#) - from EBSCOhost

Abstract:Background: Vitamin D may have anticancer activities. The high prevalence of vitamin D deficiency in African Americans (AAs) may be a contributing factor to the cancer health disparities between AAs and European Americans (EAs). Objectives: We compared concentrations of 25(OH)D and vitamin D--binding protein (VDBP) in AA and EA women and investigated determinants of the vitamin D--biomarker concentrations in both populations. Design: We used data and biospecimens from 909 AA and 847 EA healthy control subjects from the Carolina Breast Cancer Study (CBCS) and the Women's Circle of Health Study (WCHS) in the African American Breast Cancer Epidemiology and Risk Consortium. We measured plasma 25(OH)D and VDBP concentrations in all participants and genotyped 67

vitamin D--related genes in AA women only. Results: AA women had lower 25(OH)D concentrations than did EA women (mean \pm SD: 14.2 \pm 8.1 compared with 21.1 \pm 11.5 ng/mL, respectively; P 0.05) in AAs, AA women who carried the allele of a functional single nucleotide polymorphism rs4988235, which has been previously associated with lactase expression and lactose tolerance, had higher dietary vitamin D intake and higher measured 25(OH)D concentrations. Conclusions: AA women have lower concentrations of total 25(OH)D than EA women do, but both groups have similar VDBP concentrations, suggesting that there are lower concentrations of free 25(OH)D in AAs. Although demographic and lifestyle determinants of 25(OH)D concentrations are similar between the 2 groups, genetic determinants may be ethnicity specific. Larger studies in AAs will be needed to fully elucidate the underlying determinants of low vitamin D concentrations in AA populations.

Database: CINAHL

Meat intake and risk of colorectal polyps: results from a large population-based screening study in Germany.

Author(s): Carr, Prudence R.; Holleczeck, Bernd; Stegmaier, Christa; Brenner, Hermann; Hoffmeister, Michael

Source: American Journal of Clinical Nutrition; Jun 2017; vol. 105 (no. 6); p. 1453-1461

Publication Date: Jun 2017

Publication Type(s): Academic Journal

Available in full text at [American journal of clinical nutrition \[Am J Clin Nutr\] NLMUID: 0376027, The](#) - from EBSCOhost

Abstract:Background: Red and processed meats have been shown to be associated with colorectal adenomas in many, but not all, studies, and the association according to the type of colorectal adenoma or the location in the colorectum is unclear. Objectives: We investigated the association of meat intake in relation to colorectal polyps and further investigated the association according to histologic subtypes and subsites in a large population-based screening study in Germany. Design: In this cross-sectional study, 15,950 participants aged \geq 55 y underwent a screening colonoscopy. We calculated prevalence ratios (PRs) and 95% CIs for associations between meat intake and the most-advanced findings from a colonoscopy with the use of log binomial regression. Results: Overall, 3340 participants (20.4%) had nonadvanced adenomas, 1643 participants (10.0%) had advanced adenomas, and 189 participants (1.2%) had colorectal cancer. We observed no statistically significant association between red or processed meat consumption and the prevalence of any adenomas or advanced adenomas [highest compared with lowest: red meat, PR: 1.07 (95% CI: 0.83, 1.37); processed meat, PR: 1.11 (95% CI: 0.91, 1.36)]. In site-specific analyses, although no dose-response relation was observed, processed meat was positively associated with the prevalence of advanced adenomas in the rectum only (multiple times per day compared with <1 time/wk, PR: 1.87; 95% CI: 1.19, 2.95). Poultry intake was not associated with any outcome. Conclusions: On the basis of this large colonoscopy-based study, there are no significant associations between red or processed meat intake and the prevalence of any adenomas or advanced adenomas. However, processed meat may be positively associated with the prevalence of advanced adenomas in the rectum, but prospective cohort studies are needed to further clarify this association. There is no

association between poultry consumption and the prevalence of colorectal polyps in this study.

Database: CINAHL

Dietary mineral intake and lung cancer risk: the Rotterdam Study.

Author(s): Kraja, Bledar; Ruiters, Rikje; Lahousse, Lies; Keyser, Catherine; Stricker, Bruno; Kiefte-de Jong, Jessica; Muka, Taulant; Hofman, Albert; Franco, Oscar; Brusselle, Guy

Source: European Journal of Nutrition; Jun 2017; vol. 56 (no. 4); p. 1637-1646

Publication Date: Jun 2017

Publication Type(s): Academic Journal

Abstract:Objective: Limited data are available on the role of mineral intake in the development of lung cancer (LC). We investigated whether dietary calcium, copper, iron, magnesium, selenium and zinc intake were associated with LC risk. Methods: We analyzed data from 5435 participants of the Rotterdam Study, a prospective population-based cohort study among subjects aged 55 years and older. At baseline (1990-1993), diet was measured by a validated food frequency questionnaire. LC events were diagnosed on the basis of pathology data and medical records. Hazard ratios (HRs) on LC for energy-adjusted mineral intake were calculated using Cox regression models while adjusting for potential confounders. Results: During a follow-up period of 22 years, we identified 211 incident cases of LC. A higher zinc intake was associated with 42 % reduction in risk of LC (top tertile vs. first tertile: HR 0.58, 95 % CI 0.35; 0.94, P-for trend = 0.039). Similarly, high intake of iron was associated with reduced risk of LC (top tertile vs. first tertile: HR 0.58, 95 % CI 0.37; 0.92, P-for trend = 0.021). There was no association between dietary intake of calcium, copper, magnesium and selenium and LC risk. Conclusions: Our results suggest that dietary zinc and iron intake are associated with reduced risk of LC. No evidence was found for an association between calcium, copper, magnesium and selenium intake and LC risk.

Database: CINAHL

Grilled, Barbecued, and Smoked Meat Intake and Survival Following Breast Cancer.

Author(s): Parada Jr., Humberto; Steck, Susan E.; Bradshaw, Patrick T.; Engel, Lawrence S.; Conway, Kathleen; Teitelbaum, Susan L.; Neugut, Alfred I.; Santella, Regina M.; Gammon, Marilie D.; Parada, Humberto Jr

Source: JNCI: Journal of the National Cancer Institute; Jun 2017; vol. 109 (no. 6); p. 1-8

Publication Date: Jun 2017

Publication Type(s): Academic Journal

PubMedID: 28052933

Abstract:Background: Grilled, barbecued, and smoked meat intake, a prevalent dietary source of polycyclic aromatic hydrocarbon (PAH) carcinogens, may increase the risk of incident breast cancer. However, no studies have examined whether intake of this PAH source influences survival after breast cancer. Methods: We interviewed a population-based cohort of 1508 women diagnosed with first primary invasive or in situ breast cancer in 1996 and 1997 at baseline and again approximately five years later to assess grilled/barbecued and smoked meat intake. After a median of 17.6 years of follow-up, 597 deaths, of which

237 were breast cancer related, were identified. Multivariable Cox regression was used to estimate adjusted hazard ratios (HRs) and 95% confidence intervals (CIs) for mortality as related to prediagnosis intake, comparing high (above the median) to low intake, as well as postdiagnosis changes in intake, comparing every combination of pre-/postdiagnosis intake to low pre-/postdiagnosis intake. All statistical tests were two-sided. Results: High prediagnosis grilled/barbecued and smoked meat intake was associated with increased risk of all-cause mortality (HR = 1.23, 95% CI = 1.03 to 1.46). Other associations were noted, but estimates were not statistically significant. These include high prediagnosis smoked beef/lamb/pork intake and increased all-cause (HR = 1.17, 95% CI = 0.99 to 1.38, Ptrend = .10) and breast cancer-specific (HR = 1.23, 95% CI = 0.95 to 1.60, Ptrend = .09) mortality. Also, among women with continued high grilled/barbecued and smoked meat intake after diagnosis, all-cause mortality risk was elevated 31% (HR = 1.31, 95% CI = 0.96 to 1.78). Further, breast cancer-specific mortality was decreased among women with any pre- and postdiagnosis intake of smoked poultry/fish (HR = 0.55, 95% CI = 0.31 to 0.97). Conclusion: High intake of grilled/barbecued and smoked meat may increase mortality after breast cancer.

Database: CINAHL

Vegetarianism and breast, colorectal and prostate cancer risk: an overview and meta-analysis of cohort studies.

Author(s): Godos, J.; Bella, F.; Sciacca, S.; Grosso, G.; Galvano, F.

Source: Journal of Human Nutrition & Dietetics; Jun 2017; vol. 30 (no. 3); p. 349-359

Publication Date: Jun 2017

Publication Type(s): Academic Journal

Available in full text at [Journal of Human Nutrition and Dietetics](#) - from John Wiley and Sons

Abstract: Background Vegetarian diets may be associated with certain benefits toward human health, although current evidence is scarce and contrasting. In the present study, a systematic review and meta-analysis of prospective cohort studies was performed with respect to the association between vegetarian diets and breast, colorectal and prostate cancer risk. Methods Studies were systematically searched in Pubmed and EMBASE electronic databases. Eligible studies had a prospective design and compared vegetarian, semi- and pesco-vegetarian diets with a non-vegetarian diet. Random-effects models were applied to calculate relative risks (RRs) of cancer between diets. Statistical heterogeneity and publication bias were explored. Results A total of nine studies were included in the meta-analysis. Studies were conducted on six cohorts accounting for 686 629 individuals, and 3441, 4062 and 1935 cases of breast, colorectal and prostate cancer, respectively. None of the analyses showed a significant association of vegetarian diet and a lower risk of either breast, colorectal, and prostate cancer compared to a non-vegetarian diet. By contrast, a lower risk of colorectal cancer was associated with a semi-vegetarian diet (RR = 0.86, 95% confidence interval = 0.79-0.94; I² = 0%, Pheterogeneity = 0.82) and a pesco-vegetarian diet (RR = 0.67, 95% confidence interval = 0.53, 0.83; I² = 0%, Pheterogeneity = 0.46) compared to a non-vegetarian diet. The subgroup analysis by cancer localisation showed no differences in summary risk estimates between colon and rectal cancer. Conclusions A summary of the existing evidence from cohort studies on vegetarian diets

showed that complete exclusion of any source of protein from the diet is not associated with further benefits for human health.

Database: CINAHL

Possible role of diet in cancer: systematic review and multiple meta-analyses of dietary patterns, lifestyle factors, and cancer risk.

Author(s): Grosso, Giuseppe; Bella, Francesca; Godos, Justyna; Sciacca, Salvatore; Del Rio, Daniele; Ray, Sumantra; Galvano, Fabio; Giovannucci, Edward L.

Source: Nutrition Reviews; Jun 2017; vol. 75 (no. 6); p. 405-419

Publication Date: Jun 2017

Publication Type(s): Academic Journal

Available in full text at [Nutrition Reviews](#) - from Highwire Press

Abstract:Context: Evidence of an association between dietary patterns derived a posteriori and risk of cancer has not been reviewed comprehensively. Objective: The aim of this review was to investigate the relation between a posteriori-derived dietary patterns, grouped as healthy or unhealthy, and cancer risk. The relation between cancer risk and background characteristics associated with adherence to dietary patterns was also examined. Data Sources: PubMed and Embase electronic databases were searched. Study Selection: A total of 93 studies including over 85 000 cases, 100 000 controls, and 2 000 000 exposed individuals were selected. Data Extraction: Data were extracted from each identified study using a standardized form by two independent authors. Results: The most convincing evidence (significant results from prospective cohort studies) supported an association between healthy dietary patterns and decreased risk of colon and breast cancer, especially in postmenopausal, hormone receptor-negative women, and an association between unhealthy dietary patterns and increased risk of colon cancer. Limited evidence of a relation between an unhealthy dietary pattern and risk of upper aerodigestive tract, pancreatic, ovarian, endometrial, and prostatic cancers relied only on case-control studies. Unhealthy dietary patterns were associated with higher body mass index and energy intake, while healthy patterns were associated with higher education, physical activity, and less smoking. Potential differences across geographical regions require further evaluation. Conclusions: The results suggest a potential role of diet in certain cancers, but the evidence is not conclusive and may be driven or mediated by lifestyle factors.

Database: CINAHL

Carbohydrates, glycemic index, glycemic load, and breast cancer risk: a systematic review and dose-response meta-analysis of prospective studies.

Author(s): Schlesinger, Sabrina; Chan, Doris S. M.; Vingeliene, Snieguole; Vieira, Ana R.; Abar, Leila; Polemiti, Elli; Stevens, Christophe A. T.; Greenwood, Darren C.; Aune, Dagfinn; Norat, Teresa

Source: Nutrition Reviews; Jun 2017; vol. 75 (no. 6); p. 420-441

Publication Date: Jun 2017

Publication Type(s): Academic Journal

Available in full text at [Nutrition Reviews](#) - from Highwire Press

Abstract:Context: The investigation of dose-response associations between carbohydrate intake, glycemic index, glycemic load, and risk of breast cancer stratified by menopausal status, hormone receptor status, and body mass index (BMI) remains inconclusive. Objective: A systematic review and dose-response meta-analysis was conducted to investigate these associations. Data Sources: As part of the World Cancer Research Fund/American Institute for Cancer Research Continuous Update Project, PubMed was searched up to May 2015 for relevant studies on these associations. Study Selection: Prospective studies reporting associations between carbohydrate intake, glycemic index, or glycemic load and breast cancer risk were included. Data Extraction: Two investigators independently extracted data from included studies. Results: Random-effects models were used to summarize relative risks (RRs) and 95% CIs. Heterogeneity between subgroups, including menopausal status, hormone receptor status, and BMI was explored using meta-regression. Nineteen publications were included. The summary RRs (95% CIs) for breast cancer were 1.04 (1.00-1.07) per 10 units/d for glycemic index, 1.01 (0.98-1.04) per 50 units/d for glycemic load, and 1.00 (0.96-1.05) per 50g/d for carbohydrate intake. For glycemic index, the association appeared slightly stronger among postmenopausal women (summary RR per 10 units/d, 1.06; 95%CI, 1.02-1.10) than among premenopausal women, though the difference was not statistically significant (Pheterogeneity = 0.15). Glycemic load and carbohydrate intake were positively associated with breast cancer among postmenopausal women with estrogen-negative tumors (summary RR for glycemic load, 1.28; 95%CI, 1.08-1.52; and summary RR for carbohydrates, 1.13; 95%CI, 1.02-1.25). No differences in BMI were detected. Conclusions: Menopausal and hormone receptor status, but not BMI, might be potential influencing factors for the associations between carbohydrate intake, glycemic index, glycemic load, and breast cancer.

Database: CINAHL

The association between beliefs about vitamin D and skin cancer risk-related behaviors.

Author(s): Holman, Dawn M.; Berkowitz, Zahava; JrGuy, Gery P.; Lunsford, Natasha Buchanan; Coups, Elliot J.; Guy, Gery P Jr

Source: Preventive Medicine; Jun 2017; vol. 99 ; p. 326-331

Publication Date: Jun 2017

Publication Type(s): Academic Journal

PubMedID: 28322879

Abstract:Major health organizations recommend obtaining most of one's vitamin D through dietary sources rather than from sun exposure, given the link between sun exposure and increased skin cancer risk. The purpose of this study is to examine the association between beliefs about vitamin D and skin cancer risk-related behaviors, a topic on which research is limited. We analyzed cross-sectional online survey data collected in the summer of 2015 from 4127 U.S. adults aged 18 years and older. Overall, 19.7% of adults believed that sun protection would put them at risk of not getting enough vitamin D. However, less than half (43.1%) thought they could get enough vitamin D from dietary sources. Individuals with this belief were more likely to protect their skin when spending time outdoors (71.3%) compared with those who were neutral or disagreed (56.5%; $P < 0.001$). Only 5.1% of adults

believed that indoor tanning is an effective way to get vitamin D. Compared to those who disagreed or were neutral, those who thought it was effective were more likely to be outdoor tanners (45.1% vs. 28.5%; $P < 0.001$) and indoor tanners (13.8% vs 1.9%; $P < 0.001$). Beliefs about vitamin D were associated with skin cancer risk-related behaviors. Including information about vitamin D in skin cancer prevention messages may be beneficial.

Database: CINAHL

Get Healthy after Breast Cancer - examining the feasibility, acceptability and outcomes of referring breast cancer survivors to a general population telephone-delivered program targeting physical activity, healthy diet and weight loss.

Author(s): Lawler, S.; Maher, G.; Brennan, M.; Goode, A.; Reeves, M.; Eakin, E.; Reeves, M M

Source: Supportive Care in Cancer; Jun 2017; vol. 25 (no. 6); p. 1953-1962

Publication Date: Jun 2017

Publication Type(s): Academic Journal

PubMedID: 28161788

Abstract: Purpose: This pilot study assessed the feasibility, acceptability and outcomes of referring breast cancer survivors to the 'Get Healthy Service' (GHS), a state health-funded 6-month telephone-delivered lifestyle program. Methods: Pre-post study with eligible and consenting women following treatment for stages I-III breast cancer referred by nurses in a cancer treatment centre to the GHS. Feasibility was assessed via GHS uptake and completion; acceptability was assessed via patient satisfaction and nurse feedback. Changes in weight, physical activity, diet, quality of life (QoL) and fatigue from baseline to 6 months were examined. Results: Fifty-three women (mean \pm SD body mass index, 31.0 ± 5.5 kg/m²; age, 57.3 ± 10.0 years; 14.0 ± 7.1 months post-diagnosis; 43.4% born outside Australia, 49% high school or less education, 32.1% English as a second language) took up the GHS, with 62% completing the program. Almost all (92%) completers had high satisfaction ratings and breast nurses provided positive feedback. Findings from GHS completers ($n = 33$) show a statistically significant effect from baseline to 6 months for weight loss (mean \pm SE; -2.4 ± 0.7 kg; $p = 0.002$) and total physical activity minutes per week (55 ± 18 min/week; $p = 0.006$). No significant changes in fruit or vegetable servings per day or takeaways and fast food frequency per week were observed. A significant improvement in mental QoL was observed (3.5 ± 1.6 ; $p = 0.041$), but not for physical QoL or fatigue. Conclusion: GHS referral appeared feasible, acceptable and effective for a diverse group of women following completion of treatment for breast cancer, yet more remains to be done to fully integrate GHS screening and referral into usual care.

Database: CINAHL

Metabolomics of cancer cell cultures to assess the effects of dietary phytochemicals.

Author(s): Brasili, Elisa; Filho, Valdir Cechinel

Source: Critical Reviews in Food Science & Nutrition; May 2017; vol. 57 (no. 7); p. 1328-1339

Publication Date: May 2017

Publication Type(s): Academic Journal

PubMedID: 25975425

Abstract:Cancer is a multi-factorial disease and is a major cause of morbidity and mortality worldwide. Dietary phytochemicals have been used for the treatment of cancer throughout history due to their safety, low toxicity, and general availability. Several studies have been performed to elucidate the effects of dietary phytochemicals on cancer metabolism, and many molecular targets of phytochemicals have been discovered. In spite of remarkable progress, their effects on cancer metabolism have not yet been fully clarified. Recent developments in metabolomics allowed to probe much further the metabolism of cancer, highlighting altered metabolic pathways and offering a new powerful tool to investigate cancer disease. In this review, we discuss the main metabolic alterations of cancer cells and the potentiality of phytochemicals as promising modulators of cancer metabolism. We will focus on the application of nuclear magnetic resonance-based metabolomics on breast and hepatocellular cancer cell lines to evaluate the impact of curcumin and resveratrol on cancer metabolome with the aim to demonstrate the premise of this approach to provide useful information for a better understanding of impact of diet components on cancer disease.

Database: CINAHL

The relationship of red meat with cancer: Effects of thermal processing and related physiological mechanisms.

Author(s): Chiang, Vic Shao-Chih; Quek, Siew-Young

Source: Critical Reviews in Food Science & Nutrition; May 2017; vol. 57 (no. 6); p. 1153-1173

Publication Date: May 2017

Publication Type(s): Academic Journal

PubMedID: 26075652

Abstract:Red meat is consumed globally and plays an important role in the Western diet. Its consumption is however linked with various types of diseases. This review focuses on the relationship of red meat with cancer, its dependency on the thermal processing methodology and the subsequent physiological effects. The epidemiological evidence is discussed, followed by introduction of the species that were hypothesized to contribute to these carcinogenic effects including polycyclic aromatic hydrocarbons (PAHs), heterocyclic amines (HCAs), N-nitroso compounds (NOCs), heme iron, and macromolecular oxidation products. Their carcinogenic mechanisms were then addressed with further emphasis on the involvement of inflammation and oxidative stress. The thermal processing dependency of the carcinogen generation and the partially elucidated carcinogenic mechanism both represent doorways of opportunities available for the scientific manipulation of their impact after human consumption, to minimize the cancer risks associated with red meat.

Database: CINAHL

METABOLISM AND DIABETES:

Impact of dietary fat composition on prediabetes: a 12-year follow-up study.

Author(s): Krishnan, Sridevi; Steffen, Lyn M.; Paton, Chad M.; Cooper, Jamie A.

Source: Public Health Nutrition; Jun 2017; vol. 20 (no. 9); p. 1617-1626

Publication Date: Jun 2017

Publication Type(s): Academic Journal

PubMedID: 28137328

Abstract:Objective: Dietary fatty acid composition likely affects prediabetic conditions such as isolated impaired fasting glucose (IFG) or impaired glucose tolerance (IGT); however, this risk has not been evaluated in a large population nor has it been followed prospectively.Design: Diet, physical activity, anthropometric, socio-economic and blood glucose data from the Atherosclerosis Risk in Communities (ARIC) study were obtained from BioLINCC. Cox proportional hazards regression models were used to evaluate associations of dietary SFA, MUFA, PUFA, n-3 fatty acid (FA) and n-6 FA intakes with incidence of one (isolated IFG) or two (IFG with IGT) prediabetic conditions at the end of 12-year follow-up.Setting: Study volunteers were from counties in North Carolina, Mississippi, Minnesota and Maryland, USA.Subjects: Data from 5288 volunteers who participated in the ARIC study were used for all analyses reported herein.Results: The study population was 62% male and 84 % white, mean age 53.5 (sd 5.7) years and mean BMI 26.2 (sd 4.6) kg/m². A moderately high intake of dietary MUFA (10-15 % of total daily energy) was associated with a 10 % reduced risk of isolated IFG incidence, while a high intake of n-3 FA (>0.15 % of total daily energy) was associated with a 10 % increase in risk. Curiously, moderately high intake of n-6 PUFA (4-5 % of total daily energy) was associated with a 12 % reduction in IFG and IGT incidence.Conclusions: MUFA, n-3 and n-6 FA contribute differently to the development of isolated IFG v. IFG with IGT; and their mechanism may be more complex than originally proposed.

Database: CINAHL

Food Insecurity and Depression Among Adults With Diabetes: Results From the National Health and Nutrition Examination Survey (NHANES).

Author(s): Montgomery, Joshua; Lu, Juan; Ratliff, Scott; Mezuk, Briana

Source: Diabetes Educator; Jun 2017; vol. 43 (no. 3); p. 260-271

Publication Date: Jun 2017

Publication Type(s): Academic Journal

Abstract:Purpose While both food insecurity and depression have been linked to risk of type 2 diabetes, little is known about the relationship between food insecurity and depression among adults with diabetes. Research Design and Methods Cross-sectional analyses of the National Health and Nutrition Examination Survey (2011-2014), a nationally representative, population-based survey. Analytic sample was limited to adults aged ≥ 20 with diabetes determined by either fasting plasma glucose (≥ 126 mg/dL) or self-report (n = 1724) and adults age ≥ 20 with prediabetes determined by fasting plasma glucose (100-125 mg/dL) or self-report (n = 2004). Food insecurity was measured using the US Food Security

Survey Module. Depression was assessed using the Patient Health Questionnaire-9 (PHQ-9). Logistic regression was used to assess the relationship between food insecurity and depression while accounting for sociodemographic characteristics and health behaviors. Results Approximately 10% of individuals with diabetes and 8.5% of individuals with prediabetes had severe food insecurity in the past year; an additional 20.3% of individuals with diabetes and 14.3% of those with prediabetes had mild food insecurity. Among individuals with diabetes, both mild and severe food insecurity were associated with elevated odds of depression. These relationships were similar in magnitude among individuals with prediabetes. Conclusions Food insecurity is significantly associated with depressive symptoms in people with diabetes and prediabetes. Results point to the need to address economic issues in conjunction with psychosocial issues for comprehensive diabetes care.

Database: CINAHL

Management of people with diabetes receiving artificial nutrition: A review.

Author(s): Jones, Sarah; Honnor, Madeleine; Castro, Erwin; Alsmadi, Abdulrhman

Source: Journal of Diabetes Nursing; Jun 2017; vol. 21 (no. 5); p. 179-183

Publication Date: Jun 2017

Publication Type(s): Academic Journal

Abstract: Nutrition support via oral, enteral or parenteral routes should be considered in surgical patients who are malnourished or at risk of malnutrition. Hyperglycaemia is common in postoperative patients, owing to the stress response, and is of particular concern in people with pre-existing diabetes, in whom it has been associated with adverse outcomes such as infection and death. This article discusses the implications of artificial nutrition in people with diabetes and offers recommendations on the management of the hyperglycaemia that can result. Case studies are included to highlight some strategies utilised in managing this cohort of patients.

Database: CINAHL

From Pyramids to Plates to Patterns: Perspectives on Meal Planning.

Author(s): Maryniuk, Melinda D.

Source: Diabetes Spectrum; Apr 2017; vol. 30 (no. 2); p. 67-70

Publication Date: Apr 2017

Publication Type(s): Academic Journal

Available in full text at [Diabetes Spectrum](#) - from Highwire Press

Abstract: The article presents the views of the American Diabetes Association (ADA) and the U.S. Agriculture Department's Dietary Guidelines (USDA) on the right meal plan for persons with diabetes. Topics discussed include the meal plan's dependence on what the diabetic is willing and able to do, the focus on more food patterns and less on nutrients, and the Dietary Approaches to Stop Hypertension (DASH) eating pattern. Also noted is the 2015 USDA table of dietary recommendations.

Database: CINAHL

Mediterranean Eating Pattern.

Author(s): Boucher, Jackie L.

Source: Diabetes Spectrum; Apr 2017; vol. 30 (no. 2); p. 72-76

Publication Date: Apr 2017

Publication Type(s): Academic Journal

Available in full text at [Diabetes Spectrum](#) - from Highwire Press

Abstract:The Mediterranean-style eating pattern (MEP) has long been touted as a healthful way of eating. However, the health benefits of the eating pattern and key elements contributing to those benefits are still being researched. In people with type 2 diabetes, the majority of studies report that the MEP improves glycemic control and cardiovascular risk factors. In people at risk for diabetes, the majority of studies report a protective effect of the MEP against the development of type 2 diabetes. Although more research is needed to determine whether study results can be achieved outside the Mediterranean geographical region, and especially in the United States, the high-quality individual foods and combinations of foods included in the MEP can be recommended as a healthful eating approach.

Database: CINAHL

Mindful Eating With Diabetes.

Author(s): Miller, Carla K.

Source: Diabetes Spectrum; Apr 2017; vol. 30 (no. 2); p. 89-94

Publication Date: Apr 2017

Publication Type(s): Academic Journal

Available in full text at [Diabetes Spectrum](#) - from Highwire Press

Abstract:This article provides a description of mindfulness and mindful eating and addresses the application of mindful eating as a component of diabetes self-management education. Mindful eating helps individuals cultivate awareness of both internal and external triggers to eating, interrupt automatic eating, and eat in response to the natural physiological cues of hunger and satiety. Mindful eating interventions have been effective in facilitating improvement in dysregulated eating and dietary patterns. Through practice over time, eating mindfully can interrupt habitual eating behaviors and provide greater regulation of food choice. More research is needed to determine the long-term impact of mindful eating programs.

Database: CINAHL

Paraoxonase Activity in Type 2 Diabetes Mellitus Malay Patients in Hospital Universiti Sains Malaysia (HUSM).

Author(s): Ibrahim, Hanim Afzan; Omar, Julia; Mustapha, Mohd Rafi; Sirajudeen, K. N. S.; Mohamed, Wan Mohd Izani Wan

Source: International Medical Journal; Apr 2017; vol. 24 (no. 2); p. 174-176

Publication Date: Apr 2017

Publication Type(s): Academic Journal

Abstract:Introduction: Paraoxonase (PON) is an antioxidant associated with high density lipoprotein (HDL) and provides protection against lipoproteins from oxidation. Type 2 diabetes mellitus (T2DM) is a disease of metabolic dysregulation and reduction in activity of PON towards paraoxon and it was associated with a significant increase in risk for complications in diabetic patients. Objective: Since basal PON activity was not well studied with respect to the diabetic control, this study was carried out to compare the PON activities in Malay T2DM of good control HbA1c and poor control HbA1c with healthy control and correlate with their lipid profile. Design: This is a case controlled study that consists of three study groups. Materials and methods: A total of 99 subjects were chosen for three groups, healthy control (n = 33), good diabetic control (HbA1c 6.5%) (n = 33). 5 ml of fasting blood was collected for the analysis of serum lipid profile and PON activity. The results were analyzed by one way ANOVA and Pearson correlation. Results: The basal PON activity was not statistically significant ($p > 0.05$) among three groups. PON activity showed significant ($p < 0.05$) but weak correlation with HDL for poor control T2DM group. The correlation between total cholesterol, low density lipoprotein (LDL), triglycerides and PON activity were not significant. Conclusion: Although the basal PON activity showed no significant difference among the three groups, poor control T2DM group had lesser PON activity when compared with healthy control and good control T2DM. This could be one of the reasons to account for high complication rates in patients with poorly controlled T2DM.

Database: CINAHL

Perceptions of the Healthfulness of Foods of New Zealand Adults Living With Prediabetes and Type 2 Diabetes: A Pilot Study.

Author(s): Lawrence, Hannah; Nathan Reynolds, Andrew; Venn, Bernard Joseph

Source: Journal of Nutrition Education & Behavior; Apr 2017; vol. 49 (no. 4); p. 339-345

Publication Date: Apr 2017

Publication Type(s): Academic Journal

Abstract:Objective To investigate dietary perceptions of adults with prediabetes and type 2 diabetes. Methods Three discussion groups (n = 12) were conducted to investigate how participants source dietary information and evaluate the healthfulness of foods. Participants were men and women with prediabetes or type 2 diabetes. White board notes were photographed and audio recordings transcribed. Codes were applied and themes generated using an inductive approach. Results Four themes emerged: (1) perception of food components, (2) factors perceived to influence the healthfulness of foods, (3) perceptions of dietary information, and (4) challenges to forming accurate perceptions. Participants perceived the healthfulness of food to be influenced largely by carbohydrates, fat, and sugar. Conclusions and Implications Perception of the healthfulness of food varied among participants and at times was contrary to dietary guidelines. Participants were wary of dietary advice and sought consistent, reliable, and up-to-date sources of information to guide food choices.

Database: CINAHL

Protein Turnover and Metabolism in the Elderly Intensive Care Unit Patient.

Author(s): Phillips, Stuart M.; Dickerson, Roland N.; Moore, Frederick A.; Paddon-Jones, Douglas; Weijs, Peter J. M.

Source: Nutrition in Clinical Practice; Apr 2017; vol. 32 ; p. 112S

Publication Date: Apr 2017

Publication Type(s): Academic Journal

Abstract: Many intensive care unit (ICU) patients do not achieve target protein intakes particularly in the early days following admittance. This period of iatrogenic protein undernutrition contributes to a rapid loss of lean, in particular muscle, mass in the ICU. The loss of muscle in older (aged >60 years) patients in the ICU may be particularly rapid due to a perfect storm of increased catabolic factors, including systemic inflammation, disuse, protein malnutrition, and reduced anabolic stimuli. This loss of muscle mass has marked consequences. It is likely that the older patient is already experiencing muscle loss due to sarcopenia; however, the period of stay in the ICU represents a greatly accelerated period of muscle loss. Thus, on discharge, the older ICU patient is now on a steeper downward trajectory of muscle loss, more likely to have ICU-acquired muscle weakness, and at risk of becoming sarcopenic and/or frail. One practice that has been shown to have benefit during ICU stays is early ambulation and physical therapy (PT), and it is likely that both are potent stimuli to induce a sensitivity of protein anabolism. Thus, recommendations for the older ICU patient would be provision of at least 1.2-1.5 g protein/kg usual body weight/d, regular and early utilization of ambulation (if possible) and/or PT, and follow-up rehabilitation for the older discharged ICU patient that includes rehabilitation, physical activity, and higher habitual dietary protein to change the trajectory of ICU-mediated muscle mass loss and weakness. (Nutr Clin Pract. 2017;32(suppl 1):112S-120S)

Database: CINAHL

Social Representations of the Diet in Patients with Diabetes Mellitus.

Author(s): Casas Patino, Donovan; Rodriguez Torres, Alejandra; Contreras Landgrave, Georgina; Casas Patiño, Isaac; Maya Martinez, Maria de los Angeles

Source: Diversity & Equality in Health & Care; Mar 2017; vol. 14 (no. 2); p. 46-52

Publication Date: Mar 2017

Publication Type(s): Academic Journal

Abstract: The "diet" is part of the collective's worldview, where culture shapes the webs of significance, giving way to a collective ideology internalised in each individual, which is fully accepted, assigned and assimilated by the collective. The diabetes mellitus is a condition whose importance lies in being one of the main causes of morbidity and mortality worldwide. This pathology is complex, but their struggle leads to the most basic and elemental: the "diet". Methodology: Explore the common sense in relation to "diet" in patients with diabetes mellitus, via the Theory of Social Representations (SR). Semi-

structured surveys were applied to 100 patients in three units of the Mexican Institute of Social Security of the State of Mexico, to define on the basis of the diabetic patients to the "diet". Results: The term "diet" is a social construct, which builds and reinforces a social reality: poverty, inequality, and decontextualized biomedical control and public policies without social inclusive. Conclusion: The end of this research reveals the thin threads of marginalization and ignomia of our collective suffering from diabetes, expose a inequality and insecurity, perpetuating a "diet" desregionalizada inadequate, contextualized, and far from the truth.

Database: CINAHL

Supporting patients to self-manage their diabetes in the community.

Author(s): Burden, Mary

Source: British Journal of Community Nursing; Mar 2017; vol. 22 (no. 3); p. 120-122

Publication Date: Mar 2017

Publication Type(s): Academic Journal

Available in full text at [British Journal of Community Nursing](#) - from EBSCOhost

Abstract:The article discusses how community nurses can support diabetics with the self-management of treatments for type 1 and type 2 diabetes in Great Britain, and it mentions how some patients also suffer from diabetes mellitus-related complications and other health problems such as dementia, stroke, and learning disabilities. According to the article, self-care improves the outcomes for people with type 1 diabetes. Diabetes-related education for patients is assessed, along with networking.

Database: CINAHL

Zinc Supplementation for Prediabetes.

Author(s): Kiefer, David

Source: Integrative Medicine Alert; Mar 2017; vol. 20 (no. 3); p. 6-9

Publication Date: Mar 2017

Publication Type(s): Periodical

Abstract:Thirty milligrams of zinc sulphate over six months improved a variety of metabolic parameters in a Bangladeshi population with prediabetes.

Database: CINAHL

Diabetes and eating disorders: Update to the NICE guideline.

Author(s): Allan, Jacqueline

Source: Journal of Diabetes Nursing; Mar 2017; vol. 21 (no. 3); p. 103-107

Publication Date: Mar 2017

Publication Type(s): Academic Journal

Database: CINAHL

Empowerment-Based Diabetes Self-Management Education to Maintain Glycemic Targets During Ramadan Fasting in People With Diabetes Who Are on Conventional Insulin: A Feasibility Study.

Author(s): Eid, Yara M.; Sahmoud, Sahar I.; Abdelsalam, Mona M.; Eichorst, Barbara

Source: Diabetes Spectrum; Jan 2017; vol. 30 (no. 1); p. 36-42

Publication Date: Jan 2017

Publication Type(s): Academic Journal

Available in full text at [Diabetes Spectrum](#) - from Highwire Press

Abstract:Objective. This study aims to assess the feasibility of promoting safe Ramadan fasting through diabetes self-management education (DSME) and to determine the effect of such education on hypoglycemic episodes. Design and methods. This prospective study included subjects attending Ramadan reinforcement sessions for participants in the Educational Program for People with Diabetes (EPPWD) at the Ain-Shams University Diabetes Center in Cairo, Egypt. The DSME sessions started 2-3 weeks before Ramadan and included one experimental fasting day during the first week and one during the second week. Participants' A1C and serum fructosamine levels were measured before and after Ramadan, and they completed weekly self-monitoring of blood glucose (SMBG) logs. Results. Among 21 participants who were intending to fast for Ramadan, 14 completed the program. Their mean A1C was $6.7 \pm 1.6\%$, and SMBG results showed a statistically nonsignificant difference in mean blood glucose levels before and after Ramadan (123.84 ± 39.96 and 123.84 ± 25.92 mg/dL, respectively; $P > 0.05$). Serum fructosamine after Ramadan declined by 10% from pre-Ramadan levels. The mean number of hypoglycemic events before Ramadan was 3 ± 1.04 , which declined to 1.4 ± 0.5 during Ramadan. Differences between group 1 (those without hypoglycemia, $n = 8$) and group 2 (those with hypoglycemia, $n = 6$) were nonsignificant for all variables, including A1C. Conclusion. Ramadan fasting is feasible for people with diabetes who are on a multiple daily injection insulin regimen and participate in the EPPWD. The number of hypoglycemic events per month declined with the attainment of DSME.

Database: CINAHL

REHABILITATION:

Undernutrition in nursing home rehabilitation patients.

Author(s): van Zwiene-Pot, J.I.; Visser, M.; Kuijpers, M.; Grimmerink, M.F.A.; Kruijzena, H.M.

Source: Clinical Nutrition; Jun 2017; vol. 36 (no. 3); p. 755-759

Publication Date: Jun 2017

Publication Type(s): Academic Journal

Abstract:Summary Objective To examine the prevalence of undernutrition, received dietetic treatment and self-perception of nutritional status in older patients admitted to Dutch nursing home rehabilitation wards. Methods Between December 2012–February

2014, we included 190 patients (≥ 65 y) admitted to seven nursing home rehabilitation wards. Nutritional status in the first week of admission was characterized as: severely undernourished ($>10\%$ unintentional weight loss in the past six months and/or $>5\%$ unintentional weight loss in the past month and/or BMI 28 kg/m^2). Primary diagnosis was categorized as: trauma, elective orthopaedics, stroke and other. Perceived nutritional status was determined with the question: 'Do you currently consider yourself undernourished?' (yes/no). Information regarding dietetic treatment was obtained from medical records. Results A complete dataset was obtained from 179 patients (70% female, age 81 ± 8 y). 26% of the patients was found to be severely undernourished and 14% moderately undernourished. Prevalence of undernutrition did not differ by sex or age. Of all undernourished patients, 56% had been treated by a dietitian. Only one out of five of undernourished patients considered themselves undernourished. Elective orthopaedics patients had the lowest prevalence of undernutrition (19%) while patients categorised as 'other' had the highest prevalence (51%). Conclusion More than one in three older patients in Dutch nursing home rehabilitation wards are moderately to severely undernourished. Out of these patients the majority does not consider themselves undernourished and almost half has not received dietetic treatment. More attention to undernutrition in nursing home rehabilitation patients seems necessary.

Database: CINAHL

Transthyretin Concentrations in Acute Stroke Patients Predict Convalescent Rehabilitation.

Author(s): Isono, Naofumi; Imamura, Yuki; Ohmura, Keiko; Ueda, Norihide; Kawabata, Shinji; Furuse, Motomasa; Kuroiwa, Toshihiko

Source: Journal of Stroke & Cerebrovascular Diseases; Jun 2017; vol. 26 (no. 6); p. 1375-1382

Publication Date: Jun 2017

Publication Type(s): Academic Journal

PubMedID: 28314625

Abstract: Objective: For stroke patients, intensive nutritional management is an important and effective component of inpatient rehabilitation. Accordingly, acute care hospitals must detect and prevent malnutrition at an early stage. Blood transthyretin levels are widely used as a nutritional monitoring index in critically ill patients. Here, we had analyzed the relationship between the transthyretin levels during the acute phase and Functional Independence Measure in stroke patients undergoing convalescent rehabilitation. Methods: We investigated 117 patients who were admitted to our hospital with acute ischemic or hemorrhagic stroke from February 2013 to October 2015 and subsequently transferred to convalescent hospitals after receiving acute treatment. Transthyretin concentrations were evaluated at 3 time points as follows: at admission, and 5 and 10 days after admission. After categorizing patients into 3 groups according to the minimum transthyretin level, we analyzed the association between transthyretin and Functional Independence Measure. Results: In our patients, transthyretin levels decreased during the first 5 days after admission and recovered slightly during the subsequent 5 days. Notably, Functional Independence Measure efficiency was significantly associated with the decrease in transthyretin levels during the 5 days after admission. Patients with lower transthyretin

levels had poorer Functional Independence Measure outcomes and tended not to be discharged to their own homes. Discussion: A minimal transthyretin concentration (<10 mg/dL) is predictive of a poor outcome in stroke patients undergoing convalescent rehabilitation. In particular, an early decrease in transthyretin levels suggests restricted rehabilitation efficiency. Accordingly, transthyretin levels should be monitored in acute stroke patients to indicate mid-term rehabilitation prospects.

Database: CINAHL

Poor preoperative nutritional status is an important predictor of the retardation of rehabilitation after cardiac surgery in elderly cardiac patients.

Author(s): Ogawa, Masato; Izawa, Kazuhiro; Satomi-Kobayashi, Seimi; Kitamura, Aki; Ono, Rei; Sakai, Yoshitada; Okita, Yutaka

Source: Aging Clinical & Experimental Research; Apr 2017; vol. 29 (no. 2); p. 283-290

Publication Date: Apr 2017

Publication Type(s): Academic Journal

Abstract: Background: Preoperative nutritional status and physical function are important predictors of mortality and morbidity after cardiac surgery. However, the influence of nutritional status before cardiac surgery on physical function and the progress of postoperative rehabilitation requires clarification. Aims: To determine the effect of preoperative nutritional status on preoperative physical function and progress of rehabilitation after elective cardiac surgery. Methods: We enrolled 131 elderly patients with mean age of 73.7 ± 5.8 years undergoing cardiac surgery. We divided them into two groups by nutritional status as measured by the Geriatric Nutritional Risk Index (GNRI): high GNRI group (GNRI ≥ 92 , n = 106) and low GNRI group (GNRI < 92, n = 25). Physical function was estimated by handgrip strength, knee extensor muscle strength (KEMS), the Short Physical Performance Battery (SPPB), and 6-minute walk test (6MWT). Progress of postoperative rehabilitation was evaluated by the number of days to independent walking after surgery, length of stay in the ICU, and length of hospital stay. Results: After adjusting for potential confounding factors, preoperative handgrip strength (P = 0.034), KEMS (P = 0.009), SPPB (P < 0.0001), and 6MWT (P = 0.012) were all significantly better in the high GNRI group. Multiple regression analysis revealed that a low GNRI was an independent predictor of the retardation of postoperative rehabilitation. Conclusions: Preoperative nutritional status as assessed by the GNRI could reflect perioperative physical function. Preoperative poor nutritional status may be an independent predictor of the retardation of postoperative rehabilitation in patients undergoing elective cardiac surgery.

Database: CINAHL

Tongue Strength is Associated with Grip Strength and Nutritional Status in Older Adult Inpatients of a Rehabilitation Hospital.

Author(s): Sakai, Kotomi; Nakayama, Enri; Tohara, Haruka; Maeda, Tomomi; Sugimoto, Motonobu; Takehisa, Takahiro; Takehisa, Yozo; Ueda, Koichiro

Source: Dysphagia (0179051X); Apr 2017; vol. 32 (no. 2); p. 241-249

Publication Date: Apr 2017

Publication Type(s): Academic Journal

PubMedID: 27687521

Abstract:The aim of this cross-sectional study was to investigate whether tongue strength observed in older adult inpatients of a rehabilitation hospital is associated with muscle function, nutritional status, and dysphagia. A total of 174 older adult inpatients aged 65 years and older in rehabilitation (64 men, 110 women; median age, 84 years; interquartile range, 80-89 years) who were suspected of having reduced tongue strength due to sarcopenia were included in this study. Isometric tongue strength was measured using a device fitted with a disposable oral balloon probe. We evaluated age, muscle function as assessed by the Barthel index and grip strength, nutritional status as measured by the Mini Nutritional Assessment-short form (MNA-SF), body mass index, serum albumin, controlling nutritional status, and calf circumference and arm muscle area to assess muscle mass. In addition, the functional oral intake scale (FOIS) was used as an index of dysphagia. Multivariate linear regression analysis revealed that isometric tongue strength was independently associated with grip strength (coefficient = 0.33, 95 % confidence interval (CI) 0.12-0.54, $p = 0.002$), MNA-SF (coefficient = 0.74, 95 % CI 0.12-1.35, $p = 0.019$), and FOIS (coefficient = 0.02, 95 % CI 0.00-0.15, $p = 0.047$). To maintain and improve tongue strength in association with sarcopenic dysphagia, exercise therapy and nutritional therapy interventions, as well as direct interventions to address tongue strength, may be effective in dysphagia rehabilitation in older adult inpatients.

Database: CINAHL

Assistance at mealtimes in hospital settings and rehabilitation units for patients (>65 years) from the perspective of patients, families and healthcare professionals: A mixed methods systematic review.

Author(s): Edwards, Deborah; Carrier, Judith; Hopkinson, Jane

Source: International Journal of Nursing Studies; Apr 2017; vol. 69 ; p. 100-118

Publication Date: Apr 2017

Publication Type(s): Academic Journal

Abstract:Background Malnutrition is one of the key issues affecting the health of older people (>65 years). With an aging population the problem is expected to increase further since the prevalence of malnutrition increases with age. Studies worldwide have identified that some older patients with good appetites do not receive sufficient nourishment because of inadequate feeding assistance. Mealtime assistance can enhance nutritional intake, clinical outcomes and patient experience. Objectives/Aim To determine the effectiveness of meal time assistance initiatives for improving nutritional intake and nutritional status for older adult patients (>65 years) in hospital settings and rehabilitation units. The review also sought to identify and explore the perceptions and experiences of older adult patients and those involved with their care. Design Mixed methods systematic review. Data sources A search of electronic databases to identify published studies (CINAHL, MEDLINE, British Nursing Index, Cochrane Central Register of Controlled Trials, EMBASE, PsychINFO, Web of Science (1998–2015) was conducted. Relevant journals were hand-

searched and reference lists from retrieved studies were reviewed. The search was restricted to English language papers. The key words used were words that described meal time assistance for adult patients in hospital units or rehabilitation settings. Review methods The review considered qualitative, quantitative and mixed methods studies that included interventions for mealtime assistance, observed mealtime assistance or discussed experiences of mealtime assistance with staff, patients, relatives, volunteers or stakeholders. Extraction of data was undertaken independently by two reviewers. A further two reviewers assessed the methodological quality against agreed criteria. Findings Twenty one publications covering 19 studies were included. Three aggregated mixed methods syntheses were developed: 1) Mealtimes should be viewed as high priority. 2a) Nursing staff, employed mealtime assistants, volunteers or relatives/visitors can help with mealtime assistance. 2b) Social interaction at mealtimes should be encouraged. 3) Communication is essential. Conclusions A number of initiatives were identified which can be used to support older patients (>65 years) at mealtimes in hospital settings and rehabilitation units. However, no firm conclusions can be drawn in respect to the most effective initiatives. Initiatives with merit include those that encourage social interaction. Any initiative that involves supporting the older patient (>65 years) at mealtimes is beneficial. A potential way forward would be for nurses to focus on the training and support of volunteers and relatives to deliver mealtime assistance, whilst being available at mealtimes to support patients with complex nutritional needs.

Database: CINAHL

The nutrition and food-related roles, experiences and support needs of female family carers of malnourished older rehabilitation patients.

Author(s): Marshall, S.; Reidlinger, D. P.; Young, A.; Isenring, E.

Source: Journal of Human Nutrition & Dietetics; Feb 2017; vol. 30 (no. 1); p. 16-26

Publication Date: Feb 2017

Publication Type(s): Academic Journal

Available in full text at [Journal of Human Nutrition and Dietetics](#) - from John Wiley and Sons

Abstract:Background To improve perceived value of nutrition support and patient outcomes, the present study aimed to determine the nutrition and food-related roles, experiences and support needs of female family carers of community-dwelling malnourished older adults admitted to rehabilitation units in rural New South Wales, Australia, both during admission and following discharge. Methods Four female family carers of malnourished rehabilitation patients aged ≥ 65 years were interviewed during their care-recipients' rehabilitation admission and again at 2 weeks post-discharge. The semi-structured interviews were audiotaped, transcribed and analysed reflecting an interpretative phenomenological approach by three researchers. A series of 'drivers' relevant to the research question were agreed upon and discussed. Results Three drivers were identified. 'Responsibility' was related to the agency who assumed responsibility for providing nutrition support and understanding family carer obligation to provide nutrition support. 'Family carer nutrition ethos' was related to how carer nutrition beliefs, knowledge and values impacted the nutrition support they provided, the high self-efficacy of family carers and an incongruence with an evidence-based approach for treating malnutrition.

'Quality of life' was related to the carers' focus upon quality of life as a nutrition strategy and outcome for their care-recipients, as well as how nutrition support impacted upon carer burden. Conclusions Rehabilitation units and rehabilitation dietitians should recognise and support family carers of malnourished patients, which may ultimately lead to an improved perceived benefit of care and patient outcomes. Intervention research is required to make strong recommendations for practice.

Database: CINAHL

CARDIOVASCULAR:

Protective effect of homovanillyl alcohol on cardiovascular disease and total mortality: virgin olive oil, wine, and catechol-methylthion.

Author(s): De la Torre, Rafael; Corella, Dolores; Castañer, Olga; Martínez-González, Miguel A.; Salas-Salvador, Jordi; Vila, Joan; Estruch, Ramón; Sorli, José V.; Arós, Fernando; Fiol, Miquel; Ros, Emili; Serra-Majem, Lluís; Pintó, Xavier; Gómez-Gracia, Enrique; Lapetra, José; Ruiz-Canela, Miguel; Basora, José; Asensio, Eva Maria; Covas, Maria Isabel; Fitó, Montserrat

Source: American Journal of Clinical Nutrition; Jun 2017; vol. 105 (no. 6); p. 1297-1304

Publication Date: Jun 2017

Publication Type(s): Academic Journal

Available in full text at [American journal of clinical nutrition \[Am J Clin Nutr\] NLMUID: 0376027, The](#) - from EBSCOhost

Abstract:Background: Hydroxytyrosol is a phenolic compound that is present in virgin olive oil (VOO) and wine. Hydroxytyrosol-related foods have been shown to protect against cardiovascular disease (CVD). Objective: We investigated the associations between hydroxytyrosol and its biological metabolite, 3-O-methyl-hydroxytyrosol, also known as homovanillyl alcohol (HVAL), with CVD and total mortality. Design: We included 1851 men and women with a mean \pm SD age of 66.8 ± 6 y at high risk of CVD from prospective cohort data. The primary endpoint was a composite of myocardial infarction, stroke, and death from cardiovascular causes; the secondary endpoint was all-cause mortality. Twenty-four-hour urinary hydroxytyrosol and HVAL and catechol-O-methyltransferase (COMT) rs4680 genotypes were measured. Results: After multivariable adjustment, all biomarkers were associated, as a continuous variable, with lower CVD risk, but only HVAL showed a strong inverse association (HR: 0.44; 95% CI: 0.25, 0.80) for the comparison between quintiles. Only HVAL, as a continuous variable, was associated with total mortality (HR: 0.81; 95% CI: 0.70, 0.95). Individuals in the highest quintile of HVAL compared with the lowest had 9.2 (95% CI: 3.5, 20.8) and 6.3 (95% CI: 2.3, 12.1) additional years of life or years free of CVD, respectively, after 65 y. Individuals with the rs4680GG genotype had the highest HVAL concentrations ($P = 0.05$). There was no association between COMT genotypes and events or interaction between COMT genotypes and HVAL concentrations. Conclusions: We report, for the first time to our knowledge, an independent association between high urinary HVAL concentrations and a lower risk of CVD and total mortality in elderly individuals. VOO and wine consumption and a high metabolic COMT capacity for methylation are key factors for high HVAL concentrations. The association that stems from our results reinforces the benefits of 2 key components of the Mediterranean diet (wine and VOO). This trial was registered at www.predimed.es as ISRCTN35739639.

Database: CINAHL

Characterizing Cardiovascular Health and Evaluating a Low-Intensity Intervention to Promote Smoking Cessation in a Food-Assistance Population.

Author(s): Perkett, Mackenzie; Robson, Shannon; Kripalu, Varsha; Wysota, Christina; McGarry, Charlotte; Weddle, David; Papas, Mia; Patterson, Freda

Source: Journal of Community Health; Jun 2017; vol. 42 (no. 3); p. 605-611

Publication Date: Jun 2017

Publication Type(s): Academic Journal

Abstract: Food assistance recipients are at higher risk for poor cardiovascular health given their propensity to poor dietary intake and tobacco use. This study sought to evaluate the cardiovascular health status, and determine the impact of a low-intensity smoking cessation education intervention that connected mobile food pantry participants to state quit-smoking resources. A pre-post design with a 6-week follow-up was used to evaluate the impact of a 10-12 min smoking cessation education session implemented in five food pantries in Delaware. Baseline cardiovascular health, smoking behaviors and food security status were assessed. Smoking cessation knowledge, intention to quit and use of the state quit line were also assessed at follow-up. Of the 144 participants 72.3% reported having hypertension, 34.3% had diabetes, 13.9% had had a stroke. 50.0% were current smokers. The low-intensity intervention significantly increased smoking cessation knowledge but not intention to quit at follow-up. Seven percent of current smokers reported calling the quit line. Current tobacco use was five times more likely in food insecure versus food secure adults (OR 4.98; $p = 0.006$), even after adjustment for demographic factors. Systems based approaches to address tobacco use and cardiovascular health in low-income populations are needed. The extent to which smoking cessation could reduce food insecurity and risk for cardiovascular disease in this population warrants investigation.

Database: CINAHL

Plasma Ceramides, Mediterranean Diet, and Incident Cardiovascular Disease in the PREDIMED Trial.

Author(s): Wang, Dong D.; Toledo, Estefanía; Hruby, Adela; Rosner, Bernard A.; Willett, Walter C.; Qi Sun; Razquin, Cristina; Yan Zheng; Ruiz-Canela, Miguel; Guasch-Ferré, Marta; Corella, Dolores; Gómez-Gracia, Enrique; Fiol, Miquel; Estruch, Ramón; Ros, Emilio; Lapetra, José; Fito, Montserrat; Aros, Fernando; Serra-Majem, Luis; Chih-Hao Lee

Source: Circulation; May 2017; vol. 135 (no. 21); p. 2028-2040

Publication Date: May 2017

Publication Type(s): Academic Journal

PubMedID: 28280233

Available in full text at [Circulation](#) - from Ovid

Available in full text at [Circulation](#) - from Highwire Press

Abstract: Background -Although in vitro studies and investigations in animal models and small clinical populations have suggested that ceramides may represent an intermediate

link between over-nutrition and certain pathological mechanisms underlying cardiovascular disease (CVD), no prospective studies have investigated the association between plasma ceramides and risk of CVD. **Methods** -The study population consisted of 980 participants from the PREDIMED trial, including 230 incident cases of CVD and 787 randomly selected participants at baseline (including 37 overlapping cases), followed for up to 7.4 years. Participants were randomized to a Mediterranean diet (MedDiet) supplemented with extra-virgin olive oil, a MedDiet supplemented with nuts, or a control diet. Plasma ceramide concentrations were measured on a liquid chromatography tandem mass spectrometry metabolomics platform. The primary outcome was a composite of non-fatal acute myocardial infarction, non-fatal stroke, or cardiovascular death. Hazard Ratios (HRs) were estimated with weighted Cox regression models, using Barlow weights to account for the case-cohort design. **Results** -The multivariable HRs [95% confidence interval (CI)] comparing the extreme quartiles of plasma concentrations of C16:0, C22:0, C24:0 and C24:1 ceramides were 2.39 (1.49-3.83, Ptrend <0.001), 1.91 (1.21-3.01, Ptrend =0.003), 1.97 (1.21-3.01, Ptrend =0.004), and 1.73 (1.09-2.74, Ptrend=0.011), respectively. The ceramide score, calculated as a weighted sum of concentrations of four ceramides, was associated with a 2.18-fold higher risk of CVD across extreme quartiles (HR =2.18, 95% CI, 1.36-3.49, Ptrend <0.001). The association between baseline ceramide score and incident CVD varied significantly by treatment groups (Pinteraction =0.010). Participants with a higher ceramide score and assigned to either of the two active intervention arms of the trial showed similar CVD risk to those with a lower ceramide score, whereas participants with a higher ceramide score and assigned to the control arm presented significantly higher CVD risk. Changes in ceramide concentration were not significantly different between MedDiet and control groups during the first year of follow-up. **Conclusions** -Our study documented a novel positive association between baseline plasma ceramide concentrations and incident CVD. In addition, a Mediterranean dietary intervention may mitigate potential deleterious effects of elevated plasma ceramide concentrations on CVD. Clinical Trial Registration - <http://www.isrctn.com/> Identifier: ISRCTN35739639.

Database: CINAHL

Is your salad dressing hurting your healthy diet? Bottled dressings are often rich sources of saturated fat, calories, sodium, and added sugar.

Author(s):

Source: Harvard Health Letter; May 2017; vol. 42 (no. 7); p. 5-5

Publication Date: May 2017

Publication Type(s): Periodical

Available in full text at [Harvard Health Publications. Harvard Health Letter](#) - from ProQuest

Available in full text at [Harvard Health Letter](#) - from EBSCOhost

Available in full text at [Harvard health letter / from Harvard Medical School \[Harv Health Lett\]](#) NLMUID: 9425764 - from EBSCOhost

Available in full text at [Harvard Health Letter](#) - from EBSCOhost

Abstract:The article discusses how salad dressing can hurt one's healthy diet. Topics discussed include the store-bought salad dressings are made with soybean or canola oils; ways in which eating too much sodium on a regular basis can increase the risk of a heart

attack or a stroke in some people; and impact of much saturated fat in your diet may drive up your cholesterol.

Database: CINAHL

Whole dairy matrix or single nutrients in assessment of health effects: current evidence and knowledge gaps.

Author(s): Thorning, Tanja Kongerslev; Bertram, Hanne Christine; Bonjour, Jean-Philippe; de Groot, Lisette; Dupont, Didier; Feeney, Emma; Ipsen, Richard; Lecerf, Jean Michel; Mackie, Alan; McKinley, Michelle C.; Michalski, Marie-Caroline; Rémond, Didier; Risérus, Ulf; Soedamah-Muthu, Sabita S.; Tholstrup, Tine; Weaver, Connie; Astrup, Arne; Givens, Ian

Source: American Journal of Clinical Nutrition; May 2017; vol. 105 (no. 5); p. 1033-1045

Publication Date: May 2017

Publication Type(s): Academic Journal

Available in full text at [American journal of clinical nutrition \[Am J Clin Nutr\] NLMUID: 0376027, The](#) - from EBSCOhost

Abstract: Foods consist of a large number of different nutrients that are contained in a complex structure. The nature of the food structure and the nutrients therein (i.e., the food matrix) will determine the nutrient digestion and absorption, thereby altering the overall nutritional properties of the food. Thus, the food matrix may exhibit a different relation with health indicators compared to single nutrients studied in isolation. The evidence for a dairy matrix effect was presented and discussed by an expert panel at a closed workshop, and the following consensus was reached: 1) Current evidence does not support a positive association between intake of dairy products and risk of cardiovascular disease (i.e., stroke and coronary heart disease) and type 2 diabetes. In contrast, fermented dairy products, such as cheese and yogurt, generally show inverse associations. 2) Intervention studies have indicated that the metabolic effects of whole dairy may be different than those of single dairy constituents when considering the effects on body weight, cardiometabolic disease risk, and bone health. 3) Different dairy products seem to be distinctly linked to health effects and disease risk markers. 4) Different dairy structures and common processing methods may enhance interactions between nutrients in the dairy matrix, which may modify the metabolic effects of dairy consumption. 5) In conclusion, the nutritional values of dairy products should not be considered equivalent to their nutrient contents but, rather, be considered on the basis of the biofunctionality of the nutrients within dairy food structures. 6) Further research on the health effects of whole dairy foods is warranted alongside the more traditional approach of studying the health effects of single nutrients. Future diet assessments and recommendations should carefully consider the evidence of the effects of whole foods alongside the evidence of the effects of individual nutrients. Current knowledge gaps and recommendations for priorities in future research on dairy were identified and presented.

Database: CINAHL

Cardiometabolic Mortality by Supplemental Nutrition Assistance Program Participation and Eligibility in the United States.

Author(s): Conrad, Zach; Rehm, Colin D.; Wilde, Parke; Mozaffarian, Dariush

Source: American Journal of Public Health; Mar 2017; vol. 107 (no. 3); p. 466-474

Publication Date: Mar 2017

Publication Type(s): Academic Journal

Available in full text at [American Journal of Public Health](#) - from EBSCOhost

Available in full text at [American Journal of Public Health](#) - from EBSCOhost

Available in full text at [American journal of public health \[Am J Public Health\] NLMUID: 1254074](#) - from EBSCOhost

Available in full text at [American Journal of Public Health](#) - from ProQuest

Abstract: Objectives. To investigate total and cause-specific cardiometabolic mortality among Supplemental Nutrition Assistance Program (SNAP) participants, SNAP-eligible non-participants, and SNAP-ineligible individuals overall and by age, gender, race/ethnicity, and other characteristics. Methods. We performed a prospective study with nationally representative survey data from the National Health Interview Survey (2000-2009), merged with subsequent Public-Use Linked Mortality Files (2000-2011). We used survey-weighted Cox proportional hazards models adjusted for age and gender to estimate hazard ratios of total and cause-specific cardiometabolic mortality for 499 741 US adults aged 25 years or older. Results. Over a mean of 6.8 years of follow-up (maximum 11.9 years), 39 293 deaths occurred, including 7408 heart disease, 2185 stroke, and 1376 diabetes deaths. Individuals participating in SNAP exhibited higher total and cardiovascular disease mortality, largely limited to non-Hispanic Whites and non-Hispanic Blacks, than both SNAP-eligible nonparticipants and SNAP-ineligible individuals, and higher diabetes mortality across races/ethnicities ($P < .01$). Conclusions. Participants in SNAP require greater focus to understand and further address their poor health outcomes. Public Health Implications. Low-income Americans require even greater efforts to improve their health than they currently receive, and such efforts should be a priority for public health policymakers.

Database: CINAHL

Dietary soy and natto intake and cardiovascular disease mortality in Japanese adults: the Takayama study.

Author(s): Chisato Nagata; Keiko Wada; Takashi Tamura; Kie Konishi; Yuko Goto; Sachi Koda; Toshiyuki Kawachi; Michiko Tsuji; Kozue Nakamura

Source: American Journal of Clinical Nutrition; Feb 2017; vol. 105 (no. 2); p. 426-431

Publication Date: Feb 2017

Publication Type(s): Academic Journal

Available in full text at [American journal of clinical nutrition \[Am J Clin Nutr\] NLMUID: 0376027, The](#) - from EBSCOhost

Abstract: Background: Whether soy intake is associated with a decreased risk of cardiovascular disease (CVD) remains unclear. A traditional Japanese soy food, natto, contains a potent fibrinolytic enzyme. However, its relation to CVD has not been studied. Objective: We aimed to examine the association of CVD mortality with the intake of natto, soy protein, and soy isoflavones in a population-based cohort study in Japan. Design: The

study included 13,355 male and 15,724 female Takayama Study participants aged ≥ 35 y. At recruitment in 1992, each subject was administered a validated semiquantitative food-frequency questionnaire. Deaths from CVD were ascertained over 16 y. Results: A total of 1678 deaths from CVD including 677 stroke and 308 ischemic heart disease occurred during follow-up. The highest quartile of natto intake compared with the lowest intake was significantly associated with a decreased risk of mortality from total CVD after control for covariates: the HR was 0.75 (95% CI: 0.64, 0.88, P-trend = 0.0004). There were no significant associations between the risk of mortality from total CVD and intakes of total soy protein, total soy isoflavone, and soy protein or soy isoflavone from soy foods other than natto. The highest quartiles of total soy protein and natto intakes were significantly associated with a decreased risk of mortality from total stroke (HR = 0.75, 95% CI: 0.57, 0.99, P-trend = 0.03 and HR = 0.68, 95% CI: 0.52, 0.88, P-trend = 0.0004, respectively). The highest quartile of natto intake was also significantly associated with a decreased risk of mortality from ischemic stroke (HR = 0.67, 95% CI: 0.47, 0.95, P-trend = 0.03). Conclusion: Data suggest that natto intake may contribute to the reduction of CVD mortality.

Database: CINAHL

Mediterranean diet score and total and cardiovascular mortality in Eastern Europe: the HAPIEE study.

Author(s): Stefler, Denes; Peasey, Anne; Pikhart, Hynek; Brunner, Eric; Bobak, Martin; Maljutina, Sofia; Kubinova, Ruzena; Pajak, Andrzej

Source: European Journal of Nutrition; Feb 2017; vol. 56 (no. 1); p. 421-429

Publication Date: Feb 2017

Publication Type(s): Academic Journal

Abstract: Purpose: Mediterranean-type dietary pattern has been associated with lower risk of cardiovascular (CVD) and other chronic diseases, primarily in Southern European populations. We examined whether Mediterranean diet score (MDS) is associated with total, CVD, coronary heart disease (CHD) and stroke mortality in a prospective cohort study in three Eastern European populations. Methods: A total of 19,333 male and female participants of the Health Alcohol and Psychosocial factors in Eastern Europe (HAPIEE) study in the Czech Republic, Poland and the Russian Federation were included in the analysis. Diet was assessed by food frequency questionnaire, and MDS was derived from consumption of nine groups of food using absolute cut-offs. Mortality was ascertained by linkage with death registers. Results: Over the median follow-up time of 7 years, 1314 participants died. The proportion of participants with high adherence to Mediterranean diet was low (25 %). One standard deviation (SD) increase in the MDS (equivalent to 2.2 point increase in the score) was found to be inversely associated with death from all causes (HR, 95 % CI 0.93, 0.88-0.98) and CVD (0.90, 0.81-0.99) even after multivariable adjustment. Inverse but statistically not significant link was found for CHD (0.90, 0.78-1.03) and stroke (0.87, 0.71-1.07). The MDS effects were similar in each country cohort. Conclusion: Higher adherence to the Mediterranean diet was associated with reduced risk of total and CVD deaths in these large Eastern European urban populations. The application of MDS with absolute cut-offs appears suitable for non-Mediterranean populations.

Database: CINAHL

Legume consumption and CVD risk: a systematic review and meta-analysis.

Author(s): Marventano, Stefano; Izquierdo Pulido, Maria; Sánchez-González, Claudia; Godos, Justyna; Speciani, Attilio; Galvano, Fabio; Grosso, Giuseppe; Sánchez-González, Claudia

Source: Public Health Nutrition; Feb 2017; vol. 20 (no. 2); p. 245-254

Publication Date: Feb 2017

Publication Type(s): Academic Journal

PubMedID: 28077199

Abstract:Objective: The aim of the present study was to systematically review and perform a meta-analysis of prospective cohort studies exploring the association between dietary legume consumption and CVD risk, including CHD and stroke.Design: The PubMed and EMBASE databases were searched up to December 2015. A meta-analysis of the highest v. lowest (reference) category of dietary legume consumption was performed through random-effects models.Results: Fourteen studies conducted on eleven cohorts and accounting for a total of 367 000 individuals and 18 475 cases of CVD (7451 CHD and 6336 stroke cases) were considered for the analyses. Compared with lower legume consumption, the highest category of exposure was associated with a decreased risk of 10 % in both CVD and CHD (relative risk=0.90; 95 % CI 0.84, 0.97) with no or little evidence of heterogeneity and no publication bias. Null results were found regarding legume consumption and stroke risk. No substantial confounding factors were evident in stratified analyses.Conclusions: Legume consumption was associated with lower risk of CVD. Legumes' intrinsic characteristics, because they are often part of an overall healthy diet, or because they are a substitute for unhealthy sources of protein may potentially explain the current findings.

Database: CINAHL

OTHER:

THE DIET AND 15-YEAR DEATH RATE IN THE SEVEN COUNTRIES STUDY.

Author(s): KEYS, ANCEL; MENOTTI, ALESSANDRO; KARVONEN, MARTTI J.; ARAVANIS, CHRIST; BLACKBURN, HENRY; BUZINA, RATKO; DJORDJEVIC, B. S.; DONTAS, A. S.; FIDANZA, FLAMINIO; KEYS, MARGARET H.; KROMHOUT, DAAN; NEDELJKOVIC, SRECKO; PUNSAR, SVEN; SECCARECCIA, FULVIA; TOSHIMA, HIRONORI

Source: American Journal of Epidemiology; Jun 2017; vol. 185 (no. 11); p. 1130-1142

Publication Date: Jun 2017

Publication Type(s): Academic Journal

Abstract:In 15 cohorts of the Seven Countries Study, comprising 11,579 men aged 40-59 years and "healthy" at entry, 2,288 died in 15 years. Death rates differed among cohorts. Differences in mean age, blood pressure, serum cholesterol, and smoking habits "explained" 46% of variance in death rate from all causes, 80% from coronary heart disease, 35% from cancer, and 45% from stroke. Death rate differences were unrelated to cohort differences in mean relative body weight, fatness, and physical activity. The cohorts differed in average diets. Death rates were related positively to average percentage of

dietary energy from saturated fatty acids, negatively to dietary energy percentage from monounsaturated fatty acids, and were unrelated to dietary energy percentage from polyunsaturated fatty acids, proteins, carbohydrates, and alcohol. AJI death rates were negatively related to the ratio of monounsaturated to saturated fatty acids. Inclusion of that ratio with age, blood pressure, serum cholesterol, and smoking habits as independent variables accounted for 85% of variance in rates of deaths from all causes, 96% coronary heart disease, 55% cancer, and 66% stroke. Oleic acid accounted for almost all differences in monounsaturates among cohorts. All-cause and coronary heart disease death rates were low in cohorts with olive oil as the main fat. Causal relationships are not claimed but consideration of characteristics of populations as well as of individuals within populations is urged in evaluating risks.

Database: CINAHL

MAGNESIUM PREVENTS LIFESTYLE-RELATED DISEASES.

Author(s): TWEED, VERA

Source: Better Nutrition; Jun 2017; vol. 79 (no. 6); p. 15-15

Publication Date: Jun 2017

Publication Type(s): Periodical

Available in full text at [Better Nutrition](#) - from EBSCOhost

Abstract: The article discusses study in the journal BMC Medicine revealing role of higher levels of magnesium in reducing risk for diseases tied closely to diet and lifestyle such as type 2 diabetes, heart disease and stroke.

Database: CINAHL

Quality Improvement Interventions for Nutritional Assessment among Pregnant Mothers in Northeastern Uganda.

Author(s): Izudi, Jonathan; Epidu, Calvin; Katawera, Andrew; Kekitiinwa, Adeodata

Source: BioMed Research International; May 2017 ; p. 1-6

Publication Date: May 2017

Publication Type(s): Academic Journal

Available in full text at [BioMed Research International](#) - from EBSCOhost

Available in full text at [BioMed Research International](#) - from ProQuest

Available in full text at [BioMed research international \[Biomed Res Int\]](#) NLMUID: 101600173 - from EBSCOhost

Abstract: Introduction. Assessment of pregnant mothers for nutritional status is a neglected intervention. In Kaabong Hospital, nutritional status of pregnant mothers was not assessed during antenatal care (ANC) visits. A quality improvement (QI) project was initiated to increase nutritional assessment using midupper arm circumference (MUAC) among pregnant mothers during ANC visits from 0 to 90% between April and September 2015. Method. Baylor-Uganda formed ANC Work Improvement Team (WIT) that reviewed ANC register, identified gaps in quality of care, analyzed root causes using cause-effect diagram,

developed solutions, and tested and implemented the solution using Plan-Do-Study-Act cycles. Planned and tested changes included the provision of anthropometric tools, integrated ANC register, and data use. Result. In April 2015 (baseline), none (0/235) of the pregnant women were assessed for nutritional status using MUAC. Following QI interventions, nutritional assessment improved to 79% (200/252) in May 2015 and to 100% (241/241) in June 2015. The 100% performance was sustained until August 2016. Overall, 39 cases of malnutrition—1 (2.6%) severe (MUAC < 19.0 cm) and 38 (97.4%) moderate acute malnutrition (MUAC 19–22.0 cm)—were identified and linked to nutritional rehabilitation program. Conclusion. QI interventions are critical in achieving high rates of nutritional status assessment and identifying malnourished pregnant women during ANC visits.

Database: CINAHL

High Prevalence of Dehydration and Inadequate Nutritional Knowledge Among University and Club Level Athletes.

Author(s): Magee, Pamela Jane; Gallagher, Alison M.; McCormack, Jacqueline M.

Source: International Journal of Sport Nutrition & Exercise Metabolism; Apr 2017; vol. 27 (no. 2); p. 158-168

Publication Date: Apr 2017

Publication Type(s): Academic Journal

Abstract: Although dehydration of $\geq 2\%$ body weight (BW) loss significantly impairs endurance performance, dehydration remains prevalent among athletes and may be owing to a lack of knowledge in relation to fluid requirements. The aim of this study was to assess the hydration status of university/club level athletes ($n = 430$) from a range of sports/activities (army officer cadet training; bootcamp training; cycling; Gaelic Athletic Association camogie, football and hurling; golf; hockey; netball; rugby; running (sprinting and endurance); Shotokan karate and soccer) immediately before and after training/competition and to assess their nutritional knowledge. Urine specific gravity (USG) was measured immediately before and after exercise and BW loss during exercise was assessed. Nutritional knowledge was assessed using a validated questionnaire. 31.9% of athletes commenced exercise in a dehydrated state (USG >1.020) with 43.6% of participants dehydrated posttraining/competition. Dehydration was particularly prevalent ($>40\%$ of cohort) among karateka, female netball players, army officer cadets, and golfers. Golfers that commenced a competitive 18 hole round dehydrated took a significantly higher number of strokes to complete the round in comparison with their euhydrated counterparts (79.5 ± 2.1 vs. 75.7 ± 3.9 strokes, $p = .049$). Nutritional knowledge was poor among participants (median total score [IQR]; 52.9% [46.0, 59.8]), albeit athletes who were euhydrated at the start of exercise had a higher overall score in comparison with dehydrated athletes (55.2% vs. 50.6%, $p = .001$). Findings from the current study, therefore, have significant implications for the education of athletes in relation to their individual fluid requirements around exercise.

Database: CINAHL

Newly Discovered Longevity Benefits of Mediterranean Diet.

Author(s): CAMPBELL, MICHAEL

Source: Life Extension; Apr 2017; vol. 23 (no. 4); p. 24-32

Publication Date: Apr 2017

Publication Type(s): Periodical

Abstract:The article reports that according to a study there are number of benefits associated with mediterranean diet such as reduction in the risk of acute heart attack, stroke and cardiovascular death. Topics discussed include information on positive influence of healthy diet over human physiology; benefits of high amounts of polyphenols found in the typical Mediterranean diet; and adequate amounts of important nutrients supplied by polyphenols.

Database: CINAHL

Association between diet-related inflammation, all-cause, all-cancer, and cardiovascular disease mortality, with special focus on prediabetics: findings from NHANES III.

Author(s): Deng, Fang; Shivappa, Nitin; Tang, YiFan; Mann, Joshua; Hebert, James

Source: European Journal of Nutrition; Apr 2017; vol. 56 (no. 3); p. 1085-1093

Publication Date: Apr 2017

Publication Type(s): Academic Journal

Abstract:Introduction: Chronic inflammation is associated with increased risk of cancer, cardiovascular disease (CVD), and diabetes. The role of pro-inflammatory diet in the risk of cancer mortality and CVD mortality in prediabetics is unclear. We examined the relationship between diet-associated inflammation, as measured by dietary inflammatory index (DII) score, and mortality, with special focus on prediabetics. Methods: This prospective cohort study used data from the Third National Health and Nutrition Examination Survey (NHANES III). We categorized 13,280 eligible participants, ages 20-90 years, according to glycosylated hemoglobin (HgbA1c) level and identified 2681 with prediabetes, defined as a glycosylated hemoglobin percentage of 5.7-6.4. Computation of DII scores and all statistical analyses were conducted in 2015. The DII was computed based on baseline dietary intake assessed using 24-h dietary recalls (1988-1994). Mortality was determined from the National Death Index records through 2006. Over follow-up ranging between 135 and 168 person-months, a total of 3016 deaths were identified, including 676 cancer, 192 lung cancer, 176 digestive-tract cancer, and 1328 CVD deaths. Cox proportional hazard regression was used to estimate hazard ratios. Results: The prevalence of prediabetes was 20.19 %. After controlling for age, sex, race, HgbA1c, current smoking, physical activity, BMI, and systolic blood pressure, DII scores in tertile III (vs tertile I) was significantly associated with mortality from all causes (HR 1.39, 95 % CI 1.13, 1.72), CVD (HR 1.44, 95 % CI 1.02, 2.04), all cancers (HR 2.02, 95 % CI 1.27, 3.21), and digestive-tract cancer (HR 2.89, 95 % CI 1.08, 7.71). Findings for lung cancer (HR 2.01, 95 % CI 0.93, 4.34) suggested a likely effect. These results were moderately enhanced after additional adjustment for serum low-density lipoprotein and triglyceride and following eliminating deaths during the first year. Conclusions: A pro-inflammatory diet, as indicated by higher DII scores, is associated with an increased risk of all-cause, CVD, all-cancer, and digestive-tract cancer mortality among prediabetic subjects.

Database: CINAHL

Changes in serum phosphate and potassium and their effects on mortality in malnourished African HIV-infected adults starting antiretroviral therapy and given vitamins and minerals in lipid-based nutritional supplements: secondary analysis from the

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Author(s): Rehman, Andrea Mary; Woodd, Susannah Louise; Heimbürger, Douglas Corbett; Koethe, John Robert; Friis, Henrik; PrayGod, George; Kasonka, Lackson; Kelly, Paul; Filteau, Suzanne

Source: British Journal of Nutrition; Mar 2017; vol. 117 (no. 6); p. 814-821

Publication Date: Mar 2017

Publication Type(s): Academic Journal

Abstract: Malnourished HIV-infected patients starting antiretroviral therapy (ART) are at high risk of early mortality, some of which may be attributed to altered electrolyte metabolism. We used data from a randomised controlled trial of electrolyte-enriched lipid-based nutritional supplements to assess the association of baseline and time-varying serum phosphate and K concentrations with mortality within the first 12 weeks after starting ART. Baseline phosphate results were available from 1764 patients and there were 9096 subsequent serum phosphate measurements, a median of 6 per patient. For serum K there were 1701 baseline and 8773 subsequent measures, a median of 6 per patient. Abnormally high or low serum phosphate was more common than high or low serum K. Controlling for other factors found to affect mortality in this cohort, low phosphate which had not changed from the previous time interval was associated with increased mortality; the same was not true for high phosphate or for high or low K. Both increases and decreases in serum electrolytes from the previous time interval were generally associated with increased mortality, particularly in the electrolyte-supplemented group. The results suggest that changes in serum electrolytes, largely irrespective of the starting point and the direction of change, were more strongly associated with mortality than were absolute electrolyte levels. Although K and phosphate are required for tissue deposition during recovery from malnutrition, further studies are needed to determine whether specific supplements exacerbate physiologically adverse shifts in electrolyte levels during nutritional rehabilitation of ill malnourished HIV patients.

Database: CINAHL

Nutrition and Lifestyle Intervention on Mood and Neurological Disorders.

Author(s): Null, Gary; Pennesi, Luanne; Feldman, Martin

Source: Journal of Evidence-Based Complementary & Alternative Medicine; Jan 2017; vol. 22 (no. 1); p. 68-74

Publication Date: Jan 2017

Publication Type(s): Academic Journal

Abstract: This group study explored how an intervention of diet and lifestyle, including a vegan diet, fruit and vegetable juicing, nutritional supplements, regular exercise, and destressing techniques, would affect 27 subjects with anxiety, depression, poor memory, dementia, Alzheimer's disease, Parkinson's disease, history of stroke, or multiple sclerosis. Several subjects had overlapping conditions. Videotaped testimonials were obtained describing subjective results. Testimonials stated multiple benefits across all conditions addressed by the study, with subjects often reporting substantial benefits. These results demonstrate that an intervention of diet, juicing, supplements, exercise, and lifestyle may provide considerable benefits for all conditions addressed.

Database: CINAHL

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