

Dietetics Update

January – June 2022



Welcome to the latest copy of the Dietetics Update. The aim of this publication is to bring together a range of recently published research and guidance that will help you make evidence-based decisions.

Accessing Articles

The following abstracts are taken from a selection of recently published articles.

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A selection of papers from Medline and CINHAL from January - June 2022

1. First steps towards transforming nutrition and health research in the UK

Item Type: Journal Article

First steps towards transforming nutrition and health research in the UK

Publication Date: 2022

Journal: Nutrition Bulletin 47(2), pp. 134-137

Abstract: An editorial is presented which discusses article on high quality, multidisciplinary nutrition research and effective collaborations which are key to improving global health but concluded that transformative thinking and action would be needed to ensure that this nutrition research remains innovative and forward-looking. It also mentions several recommendations that were aimed to reinvigorate and strengthen the field whilst capitalising on existing strengths.

Access or request full text: <https://libkey.io/10.1111/nbu.12550>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=157397340&custid=ns023446>

2. Effect of General Adiposity and Central Body Fat Distribution on the Circulating Metabolome: A Multicohort Nontargeted Metabolomics Observational and Mendelian Randomization Study

Item Type: Journal Article

Authors: Ahmad, Shafqat;Hammar, Ulf;Kennedy, Beatrice;Salihovic, Samira;Ganna, Andrea;Lind, Lars;Sundström, Johan;Ärnlöv, Johan;Berne, Christian;Risérus, Ulf;Magnusson, Patrik K. E.;Larsson, Susanna C. and Fall, Tove

Publication Date: 2022

Journal: Diabetes 71(2), pp. 329-339

Abstract: Obesity is associated with adverse health outcomes, but the metabolic effects have not yet been fully elucidated. We aimed to investigate the association between adiposity and circulating metabolites and to address causality with Mendelian randomization (MR). Metabolomics data were generated with nontargeted ultraperformance liquid chromatography coupled to time-of-flight mass spectrometry in plasma and serum from three population-based Swedish cohorts: ULSAM (N = 1,135), PIVUS (N = 970), and TwinGene (N = 2,059). We assessed associations of general adiposity measured as BMI and central body fat distribution measured as waist-to-hip ratio adjusted for BMI (WHRadjBMI) with 210 annotated metabolites. We used MR analysis to assess causal effects. Lastly, we attempted to replicate the MR findings in the KORA and TwinsUK cohorts (N = 7,373), the CHARGE Consortium (N = 8,631), the Framingham Heart Study (N = 2,076), and the DIRECT Consortium (N = 3,029). BMI was associated with 77 metabolites, while WHRadjBMI was associated with 11 and 3 metabolites in women and men, respectively. The MR analyses in the Swedish cohorts suggested a causal association (P value <0.05) of increased general adiposity and reduced levels of arachidonic acid, dodecanedioic acid, and lysophosphatidylcholine (P-16:0) as well as with increased creatine levels. The results of the replication effort provided support for a causal association of adiposity with reduced levels of arachidonic acid (P value = 0.03). Adiposity is associated with variation of large parts of the circulating metabolome; however, further investigation of causality is required in well-powered cohorts. (© 2022 by the American Diabetes Association.)

Access or request full text: <https://libkey.io/10.2337/db20-1120>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=34785567&custid=ns023446>

3. Parental nutrition in emergency surgery: A multicentre cross-sectional study

Item Type: Journal Article

Authors: Ashmore, Daniel;Lee, Matthew;Ball, William;Blanshard, Lucy;Craig, Andrew;Schinkwin, Michael;Nottingham, Chloe;Davies, Michael M.;Ahmad, Shahrukh;Kourdouli, Amar;Duff, Sarah;Fahmy, Sameh;Fowler, George E.;Manu, Nichola;Povey, Meical;Rozwadowski, Sophie;Smart, Neil;Vimalachandran, Dale;Blencowe, Natalie and Miller, Andrew

Publication Date: 2022

Journal: Journal of Human Nutrition & Dietetics 35(1), pp. 5-13

Abstract: Background: Emergency general surgical patients are inherently at high risk of malnutrition. Early decision-making with implementation is fundamental to patient recovery. For many patients, parenteral nutrition (PN) is the only feeding option available. The present study assessed the timing and outcomes of this decision-making process. Methods: A sample of at least 10 consecutive adult patients admitted as a general surgical emergency to eight UK hospitals over 1 year who had received PN was identified. Patient demographics, basic descriptors and nutritional data were captured. Process measures regarding dates decisions were made or activities completed were extracted from records, as were outcome measures including PN complications. Six time frames examining the process of PN delivery were analysed. Associations between categorical and binary variables were investigated with a chi-squared test with significance determined as $p < 0.05$. Results: In total, 125 patients were included. Intestinal obstruction was the most common diagnosis with 59% of all patients deemed high risk on nutritional assessment at admission. Median time to decision for PN was 5 days following admission ($n = 122$, interquartile range = 7). Patients received PN for a mean of 11 days. Eighty-five percent of patients developed a complication, with a phosphate abnormality being the most commonly reported (54%). Only altered blood glucose levels appeared to correlate with a delay in starting PN ($p < 0.01$). Conclusions: The present study shows there are delays in the decision to use PN in the acutely ill surgical patient. Once initiated, the pathway is relatively short. There are high rates of electrolyte abnormalities in this population.

Access or request full text: <https://libkey.io/10.1111/jhn.12902>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=154716185&custid=ns023446>

4. Family caregivers' and professionals' experiences of supporting people living with dementia's nutrition and hydration needs towards the end of life

Item Type: Journal Article

Authors: Barrado-Martín, Yolanda;Nair, Pushpa;Anantapong, Kanthee;Aker, Narin;Moore, Kirsten J.;Smith, Christina H.;Rait, Greta;Sampson, Elizabeth L.;Manthorpe, Jill and Davies, Nathan

Publication Date: 2022

Journal: Health & Social Care in the Community 30(1), pp. 307-318

Abstract: The aim of this paper was to understand the needs of family caregivers and professionals supporting people living with dementia with eating and drinking difficulties towards the end of life and the

strategies they use to overcome them. A total of 41 semi-structured interviews with family caregivers (n = 21) and professionals (n = 20) were conducted in London and surrounding areas of England. Interviews were audio-recorded and transcribed verbatim. Four themes were identified: caregivers accessing and seeking help, perceived priorities of care, professionals' supportiveness and educational role, and strategies. Caregivers often struggle as they are not aware of the eating and drinking difficulties associated with dementia's progression. Care can change over time with families prioritising a person's comfort towards the end of life rather than ensuring a particular level of nutrition. Mutual support is required by both professionals and caregivers to enhance the care of the person living with dementia. Cognitive difficulties are often behind initial eating and drinking challenges in dementia, whereas physical challenges take over towards the later stages. Flexibility and creativity are key to adapting to changing needs. There is a need to raise awareness of the eating and drinking challenges associated with the progression of dementia. Professionals can help caregivers embark on the transition towards focussing on comfort and enjoyment of eating and drinking near the end of life rather than nutrition. This is particularly relevant for those caring for a relative living at home. Caregivers' input is needed to tailor professionals' recommendations.

Access or request full text: <https://libkey.io/10.1111/hsc.13404>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=153993793&custid=ns023446>

5. Longitudinal Associations Between Fat-Derived Dietary Patterns and Early Markers of Cardiovascular Disease Risk in the UK Biobank Study

Item Type: Journal Article

Authors: Brayner, Barbara;Keske, Michelle A.;Kaur, Gunveen;Islam, Sheikh Mohammed Shariful;Perez-Cornago, Aurora;Piernas, Carmen and Livingstone, Katherine M.

Publication Date: 2022

Journal: Journal of the American Heart Association 11(11), pp. e024069

Abstract: Background Although the impact of dietary fats on cardiovascular disease (CVD) risk is widely researched, longitudinal associations between dietary patterns (DPs) based on fat type and early markers of CVD risk remain unclear. Methods and Results UK Biobank participants (46.9% men, mean age 55 years) with data on early markers of CVD risk (n=12 706) were followed longitudinally (2014-2020; mean 8.4 years). Two DPs (DP1, DP2) were derived using reduced rank regression (response variables: monounsaturated fat, polyunsaturated fat, and saturated fat based on two 24-hour dietary assessments. Multivariable logistic and linear regression were used to investigate associations between DPs and odds of elevated CVD risk (using the nonlaboratory Framingham Risk Score) and changes in early CVD markers, respectively. DP1 (characterized by higher nuts and seeds and lower fruit and legumes intake) was positively correlated with saturated fat, monounsaturated fat, and polyunsaturated fat; DP2 (characterized by higher butter and high-fat cheese, lower nuts and seeds intake) was positively correlated with saturated fat and negatively with polyunsaturated fat and monounsaturated fat. DP2 was associated with slightly higher odds of elevated CVD risk (odds ratio, 1.04 95% CI, 1.00-1.07). DP1 was associated with higher diastolic blood pressure (β , 0.20 95% CI, 0.01-0.37) and lower cardiac index (β , -0.02 95% CI, -0.04 to -0.01); DP2 was associated with higher carotid intima medial thickness (β , 1.80 95% CI, 0.01-3.59) and lower left ventricular ejection fraction (β , -0.15 95% CI, -0.24 to -0.07) and cardiac index (β , -0.01 95% CI, -0.02 to -0.01). Conclusions This study suggests small but statistically significant associations between DPs based on fat type and some early markers of CVD risk. Further research is needed to confirm these associations.

Access or request full text: <https://libkey.io/10.1161/JAHA.121.024069>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35621194&custid=ns023446>

stid=ns023446

6. Dietary strategies for remission of type 2 diabetes: A narrative review

Item Type: Journal Article

Authors: Brown, Adrian;McArdle, Paul;Taplin, Julie;Unwin, David;Unwin, Jennifer;Deakin, Trudi;Wheatley, Sean;Murdoch, Campbell;Malhotra, Aseem and Mellor, Duane

Publication Date: 2022

Journal: Journal of Human Nutrition & Dietetics 35(1), pp. 165-178

Abstract: Type 2 diabetes (T2DM) is a growing health issue globally, which, until recently, was considered to be both chronic and progressive. Although having lifestyle and dietary changes as core components, treatments have focused on optimising glycaemic control using pharmaceutical agents. With data from bariatric surgery and, more recently, total diet replacement (TDR) studies that have set out to achieve remission, remission of T2DM has emerged as a treatment goal. A group of specialist dietitians and medical practitioners was convened, supported by the British Dietetic Association and Diabetes UK, to discuss dietary approaches to T2DM and consequently undertook a review of the available clinical trial and practice audit data regarding dietary approaches to remission of T2DM. Current available evidence suggests that a range of dietary approaches, including low energy diets (mostly using TDR) and low carbohydrate diets, can be used to support the achievement of euglycaemia and potentially remission. The most significant predictor of remission is weight loss and, although euglycaemia may occur on a low carbohydrate diet without weight loss, which does not meet some definitions of remission, it may rather constitute a 'state of mitigation' of T2DM. This technical point may not be considered as important for people living with T2DM, aside from that it may only last as long as the carbohydrate restriction is maintained. The possibility of actively treating T2DM along with the possibility of achieving remission should be discussed by healthcare professionals with people living with T2DM, along with a range of different dietary approaches that can help to achieve this. Practice points: Type 2 diabetes (T2DM) remission should be considered as a treatment goal for people living with T2DM (especially for those within 6 years from being diagnosed). The ability to achieve this may be influenced by duration of diabetes, weight loss and gender. Therefore, it should be positively discussed with this in mind. Based on the evidence from clinical trials weight loss (typically 15 kg or greater) is the main driver and predictor of remission. However, more data are needed so that it is more reflective of an ethnically diverse population. Based on evidence from clinical trials, maintenance of weight loss appears to be the main driver of continued remission, and this therefore needs to be a key focus of the planning and delivery of all services designed to achieve remission. If a diet low in carbohydrate is sustainable to the individual, normoglycaemia may be maintained in the absence of weight loss, although evidence is limited and loss of remission is likely to occur if carbohydrate restriction ceases. Total dietary replacements (TDR) and low carbohydrate diets have been demonstrated as being effective in facilitating weight loss and remission of T2DM. Evidence of effectiveness beyond 2 years is limited. The dietary approach should be one which the individual can maintain for the long term. TDR and low carbohydrate diets, if appropriately supported, are considered safe and should not be avoided in suitable individuals who find these approaches acceptable. Clinicians should therefore aim to support their use within clinical practice as part of person-centred diabetes care. Programmes supporting people toward achieving remission need to be structured and offer continued, regular support, including the involvement of dietitians (mandated by the National Health Service England).

Access or request full text: <https://libkey.io/10.1111/jhn.12938>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=154716199&cu stid=ns023446>

7. Educators' experiences and perspectives of child weight discussions with parents in primary school settings

Item Type: Journal Article

Authors: Coupe, Nia;Peters, Sarah;Ayres, Matilda;Clabon, Katie;Reilly, Alexandra and Chisholm, Anna

Publication Date: 2022

Journal: BMC Public Health 22(1), pp. 1-10

Abstract: Background: The role of schools in addressing rising childhood obesity levels has been acknowledged, and numerous diet- and physical activity-related interventions exist. Aside from formal interventions, opportunistic parent-educator conversations about child weight can arise, particularly in primary school settings, yet little is known about how useful these are. This study aimed to understand the utility of child weight related conversations with parents through exploring educators' experiences and perspectives. Methods: This qualitative study consisted of semi-structured interviews conducted with primary school teaching staff in the United Kingdom (N = 23), recruited through purposive and subsequent snowball sampling. Interviews were audio-recorded, transcribed, and analysed using thematic analysis. Results: Participants identified opportunities and need for child weight discussions in schools. However, conversations were prevented by the indirect and sensitive nature of conversations, and educators' professional identity beliefs. Using pre-existing face-to-face opportunities, good parent-teacher relationships and holistic approaches to child health and wellbeing were reported as important in optimising these conversations. Conclusions: Whilst educator-parent child weight discussions are necessary, discussions are highly challenging, with contradictory views on responsibility sometimes resulting in avoidance. Educators' roles should be clarified, and communication training tailored to increase teacher confidence and skills. Current social distancing will likely reduce opportunistic encounters, highlighting a need to further improve communication routes.

Access or request full text: <https://libkey.io/10.1186/s12889-022-13210-z>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=156494860&custid=ns023446>

8. Associations Between Dietary Patterns and Incident Type 2 Diabetes: Prospective Cohort Study of 120,343 UK Biobank Participants

Item Type: Journal Article

Authors: Gao, Min;Jebb, Susan A.;Aveyard, Paul;Ambrosini, Gina L.;Perez-Cornago, Aurora;Papier, Keren;Carter, Jennifer and Piernas, Carmen

Publication Date: 2022

Journal: Diabetes Care 45(6), pp. 1315-1325

Abstract: Objective: To identify dietary patterns (DPs) characterized by a set of nutrients of concern and their association with incident type 2 diabetes (T2D).; Research Design and Methods: A total of 120,343 participants from the U.K. Biobank study with at least two 24 h dietary assessments were studied. Reduced rank regression was used to derive DPs explaining variability in energy density, free sugars, saturated fat, and fiber intakes. We investigated prospective associations with T2D using Cox proportional hazard models.; Results: Over 8.4 years of follow-up from the latest dietary assessment, 2,878 participants developed T2D. Two DPs were identified that jointly explained a total of 63% variation in four nutrients. DP1 was characterized by high intakes of chocolate and confectionery, butter, low-fiber bread, and sugars and preserves, and low intakes of fruits and vegetables. DP1 was linearly associated with T2D in multivariable models without BMI adjustment (per z score, hazard ratio HR] 1.11 95% CI 1.08-1.14]) and after BMI

adjustment (HR 1.09 95% CI 1.06-1.12]). DP2 was characterized by high intakes of sugar-sweetened beverages, fruit juice, table sugars and preserves, and low intakes of high-fat cheese and butter, but showed no clear association with T2D. There were significant interactions between both DPs and age, with increased risks among younger people in DP1 (HR 1.13 95% CI 1.09-1.18]) and DP2 (HR 1.10 95% CI 1.05-1.15]), as well as with DP1 and BMI, with increased risks among people with obesity (HR 1.11 95% CI 1.07-1.16]).; Conclusions: A DP characterized by high intakes of chocolate and confectionery, butter, low-fiber bread, and added sugars, and low in fresh fruits and vegetables intake is associated with a higher incidence of T2D, particularly among younger people and those with obesity. (© 2022 by the American Diabetes Association.)

Access or request full text: <https://libkey.io/10.2337/dc21-2258>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35299247&custid=ns023446>

9. Is glycaemic control associated with dietary patterns independent of weight change in people newly diagnosed with type 2 diabetes? Prospective analysis of the Early-ACTivity-In-Diabetes trial

Item Type: Journal Article

Authors: Garbutt, James;England, C.;Jones, A. G.;Andrews, R. C.;Salway, R. and Johnson, L.

Publication Date: 2022

Journal: BMC Medicine 20(1), pp. 1-12

Abstract: Background: It is unclear whether diet affects glycaemic control in type 2 diabetes (T2D), over and above its effects on bodyweight. We aimed to assess whether changes in dietary patterns altered glycaemic control independently of effects on bodyweight in newly diagnosed T2D. Methods: We used data from 4-day food diaries, HbA1c and potential confounders in participants of the Early-ACTivity-In-Diabetes trial measured at 0, 6 and 12 months. At baseline, a 'carb/fat balance' dietary pattern and an 'obesogenic' dietary pattern were derived using reduced-rank regression, based on hypothesised nutrient-mediated mechanisms linking dietary intake to glycaemia directly or via obesity. Relationships between 0 and 6 month change in dietary pattern scores and baseline-adjusted HbA1c at 6 months (n = 242; primary outcome) were assessed using multivariable linear regression. Models were repeated for periods 6-12 months and 0-12 months (n = 194 and n = 214 respectively; secondary outcomes). Results: Reductions over 0-6 months were observed in mean bodyweight (- 2.3 (95% CI: - 2.7, - 1.8) kg), body mass index (- 0.8 (- 0.9, - 0.6) kg/m²), energy intake (- 788 (- 953, - 624) kJ/day), and HbA1c (- 1.6 (- 2.6, - 0.6) mmol/mol). Weight loss strongly associated with lower HbA1c at 0-6 months (β = - 0.70 95% CI - 0.95, - 0.45] mmol/mol/kg lost). Average fat and carbohydrate intakes changed to be more in-line with UK healthy eating guidelines between 0 and 6 months. Dietary patterns shifting carbohydrate intakes higher and fat intakes lower were characterised by greater consumption of fresh fruit, low-fat milk and boiled/baked potatoes and eating less of higher-fat processed meats, butter/animal fats and red meat. Increases in standardised 'carb/fat balance' dietary pattern score associated with improvements in HbA1c at 6 months independent of weight loss (β = - 1.54 - 2.96, - 0.13] mmol/mol/SD). No evidence of association with HbA1c was found for this dietary pattern at other time-periods. Decreases in 'obesogenic' dietary pattern score were associated with weight loss (β = - 0.77 - 1.31, - 0.23] kg/SD) but not independently with HbA1c during any period. Conclusions: Promoting weight loss should remain the primary nutritional strategy for improving glycaemic control in early T2D. However, improving dietary patterns to bring carbohydrate and fat intakes closer to UK guidelines may provide small, additional improvements in glycaemic control. Trial Registration: ISRCTN92162869 . Retrospectively registered on 25 July 2005.

Access or request full text: <https://libkey.io/10.1186/s12916-022-02358-5>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=156398017&custid=ns023446>

stid=ns023446

10. Association of serum 25-hydroxyvitamin D concentrations with risk of dementia among individuals with type 2 diabetes: A cohort study in the UK Biobank

Item Type: Journal Article

Authors: Geng, Tingting;Lu, Qi;Wan, Zhenzhen;Guo, Jingyu;Liu, Liegang;Pan, An and Liu, Gang

Publication Date: 2022

Journal: PLoS Medicine 19(1), pp. e1003906

Abstract: Background: Several epidemiological studies have suggested that vitamin D status is associated with risk of dementia in general populations. However, due to the synergistic effect between diabetic pathology and neuroinflammation, and the prothrombotic profile in patients with diabetes, whether vitamin D is associated with risk of dementia among patients with diabetes is unclear. This study aimed to investigate the associations of circulating vitamin D levels with risks of all-cause dementia, Alzheimer disease (AD), and vascular dementia (VD) among adults with type 2 diabetes (T2D).; Methods and Findings: This study included 13,486 individuals (≥ 60 years) with T2D and free of dementia at recruitment (2006-2010) from the UK Biobank study. Serum 25-hydroxyvitamin D (25(OH)D) concentrations were measured using the chemiluminescent immunoassay method at recruitment. Serum 25(OH)D ≥ 75 nmol/L was considered sufficient, according to the Endocrine Society Clinical Practice Guidelines. Incidence of all-cause dementia, AD, and VD cases was ascertained using electronic health records (EHRs). Each participant's person-years at risk were calculated from the date of recruitment to the date that dementia was reported, date of death, date of loss to follow-up, or 28 February 2018, whichever occurred first. Among the 13,486 individuals with T2D (mean age, 64.6 years; men, 64.3%), 38.3% had vitamin D ≥ 50 nmol/L and only 9.1% had vitamin D ≥ 75 nmol/L. During a mean follow-up of 8.5 years, we observed 283 cases of all-cause dementia, including 101 AD and 97 VD cases. Restricted cubic spline analysis demonstrated a nonlinear relationship between serum 25(OH)D and risk of all-cause dementia (Pnonlinearity < 0.001) and VD (Pnonlinearity = 0.007), and the nonlinear association reached borderline significance for AD (Pnonlinearity = 0.06), with a threshold at around a serum 25(OH)D value of 50 nmol/L for all the outcomes. Higher serum levels of 25(OH)D were significantly associated with a lower risk of all-cause dementia, AD, and VD. The multivariate hazard ratios and 95% confidence intervals for participants who had serum 25(OH)D ≥ 50 nmol/L, compared with those who were severely deficient (25(OH)D < 25 nmol/L), were 0.41 (0.29-0.60) for all-cause dementia (Ptrend < 0.001), 0.50 (0.27-0.92) for AD (Ptrend = 0.06), and 0.41 (0.22-0.77) for VD (Ptrend = 0.01). The main limitation of the current analysis was the potential underreporting of dementia cases, as the cases were identified via EHRs.; Conclusions: In this study, we observed that higher concentrations of serum 25(OH)D were significantly associated with a lower risk of all-cause dementia, AD, and VD among individuals with T2D. Our findings, if confirmed by replication, may have relevance for dementia prevention strategies that target improving or maintaining serum vitamin D concentrations among patients with T2D.; Competing Interests: The authors have declared that no competing interests exist.

Access or request full text: <https://libkey.io/10.1371/journal.pmed.1003906>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35025861&custid=ns023446>

11. Use of Granulox, a topical haemoglobin spray, to 'kick start' the healing of a static pressure ulcer

Item Type: Journal Article

Authors: JEFFREY, KATIE

Publication Date: 2022

Journal: Wounds UK 18(2), pp. 58-63

Abstract: Pressure ulcers (PU) are caused when persistent pressure and/or friction/shear force is applied to an area of skin, generally over bony prominences, e.g., heel, trochanter, and sacrum, sufficient to impair the blood supply (National Health Service (NHS) Improvement, 2018; European Pressure Ulcer Advisory Panel (EPUAP), National Pressure Injury Advisory Panel (NPIAP), and Pan Pacific Pressure Injury Alliance (PPPIA), 2019). PUs are characterised on a severity scale that ranges from discoloured skin to open wounds with exposed underlying muscle and bone (NPUAP, 2017). Those at risk for the development of a PU are people that are unable to move regularly, especially the critically ill, the elderly, or anyone with a lack of sensory perception, e.g., spinal cord injury or neurological impairment. In addition, the condition of the soft tissue and its microclimate, as well as the nutrition status and comorbidities of the patient, can influence PU formation (NPUAP, 2017). Once a PU has developed, especially if it proves hard-to-heal, it can significantly impact on the quality of life of the patient. Patients report that their emotional, mental, physical, and social wellbeing is affected, especially when an PU proves hard to manage and fails to heal (Gorecki et al, 2012). Therefore, it is imperative that patients are provided with a comprehensive PU treatment plan that ensures the best possible healing outcome for the patient, with the best economic outcome for the healthcare provider.

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=157722658&custid=ns023446>

12. A qualitative exploration of how oral trials are used in dysphagia management in one inpatient hospital

Item Type: Journal Article

Authors: Julier, Rebecca and Benfield, Jacqueline K.

Publication Date: 2022

Journal: International Journal of Language & Communication Disorders 57(2), pp. 340-351

Abstract: Background: The lack of high-quality evidence to support specific treatment approaches has been widely documented in the existing literature, with evidence suggesting speech and language therapists (SLTs) frequently rely on experience and expert opinion to inform treatment. One approach that is commonly used within dysphagia management, in spite of a lack of existing evidence to support its efficacy, is the use of oral trials, otherwise known as swallow trials or tasters. This approach involves offering specified, limited amounts of oral diet or fluids for those at risk of aspiration or choking if full amounts are taken orally and may be recommended for rehabilitation or quality of life. Methods & Procedures: A total of nine SLTs working in one acute hospital volunteered to participate in focus groups in order to discuss their experience and clinical reasoning for using oral trials within one inpatient hospital setting in the UK. The objectives of this study were (1) to explore how oral trials are used within one inpatient hospital; (2) to consider the barriers and facilitators to the approach; and (3) to consider why this approach may be favoured over other evidenced dysphagia therapies. A grounded theory approach was used to guide data analysis, using two independent coders to identify themes within the focus groups. Outcomes & Results: Analysis of data revealed the following themes: (1) delivering oral trials requires 'a whole team approach'; (2) SLTs vary recommendations based on patient and environmental factors; and (3) oral trials as a holistic approach. Conclusions & Implications: The use of oral trials was considered by SLTs to be a holistic and flexible approach which can be adapted to a range of patient and environmental factors. Although clinical experience guided rationale, an understanding of the principles of neuroplasticity and swallow physiology was also integral to the approach. Further research is warranted to investigate the use and efficacy of oral trials across the SLT community and within specific patient groups and different environments.

Access or request full text: <https://libkey.io/10.1111/1460-6984.12698>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=155836079&custid=ns023446>

13. Consumption and effects of caffeinated energy drinks in young people: an overview of systematic reviews and secondary analysis of UK data to inform policy

Item Type: Journal Article

Authors: Khouja, Claire;Kneale, Dylan;Brunton, Ginny;Raine, Gary;Stansfield, Claire;Sowden, Amanda;Sutcliffe, Katy and Thomas, James

Publication Date: 2022

Journal: BMJ Open 12(2), pp. e047746

Abstract: Background: This overview and analysis of UK datasets was commissioned by the UK government to address concerns about children's consumption of caffeinated energy drinks and their effects on health and behaviour.; Methods: We searched nine databases for systematic reviews, published between 2013 and July 2021, in English, assessing caffeinated energy drink consumption by people under 18 years old (children). Two reviewers rated or checked risk of bias using AMSTAR2, and extracted and synthesised findings. We searched the UK Data Service for country-representative datasets, reporting children's energy-drink consumption, and conducted bivariate or latent class analyses.; Results: For the overview, we included 15 systematic reviews; six reported drinking prevalence and 14 reported associations between drinking and health or behaviour. AMSTAR2 ratings were low or critically low. Worldwide, across reviews, from 13% to 67% of children had consumed energy drinks in the past year. Only two of the 74 studies in the reviews were UK-based. For the dataset analysis, we identified and included five UK cross-sectional datasets, and found that 3% to 32% of children, across UK countries, consumed energy drinks weekly, with no difference by ethnicity. Frequent drinking (5 or more days per week) was associated with low psychological, physical, educational and overall well-being. Evidence from reviews and datasets suggested that boys drank more than girls, and drinking was associated with more headaches, sleep problems, alcohol use, smoking, irritability, and school exclusion. GRADE (Grading of Recommendations, Assessment, Development and Evaluation) assessment suggests that the evidence is weak.; Conclusions: Weak evidence suggests that up to a third of children in the UK consume caffeinated energy drinks weekly; and drinking 5 or more days per week is associated with some health and behaviour problems. Most of the evidence is from surveys, making it impossible to distinguish cause from effect. Randomised controlled trials are unlikely to be ethical; longitudinal studies could provide stronger evidence.; Prospero Registrations: CRD42018096292 - no deviations. CRD42018110498 - one deviation - a latent class analysis was conducted.; Competing Interests: Competing interests: None declared. (© Author(s) (or their employer(s)) 2022. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.)

Access or request full text: <https://libkey.io/10.1136/bmjopen-2020-047746>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35131813&custid=ns023446>

14. Running a weight-management programme with a psychological focus within a lymphoedema service

Item Type: Journal Article

Authors: Lawrence, Paula

Publication Date: 2022

Journal: British Journal of Nursing 31(3), pp. 114-118

Abstract: Weight management and psychological health are intertwined. Patients in this context are often mindful of how to eat healthily and what they need to do to lose weight, but frequently self-sabotage, with external influences often impact any attempted weight-loss approach. Consequently, any form of lymphoedema management is also thwarted and vicious cycles between success and rebound occur. This article describes a 6-week weight-management programme that took place before the COVID-19 pandemic. The programme focused exclusively on the expectation that, if a patient's psychological health could be improved, weight reduction would occur as a result, and, in turn, any positive effects on adherence with lymphoedema treatments could be observed.

Access or request full text: <https://libkey.io/10.12968/bjon.2022.31.3.114>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=155187112&custid=ns023446>

15. Self-conscious emotions and breastfeeding support: A focused synthesis of UK qualitative research

Item Type: Journal Article

Authors: Leeming, Dawn; Marshall, Joyce and Hinsliff, Sophie

Publication Date: 2022

Journal: Maternal & Child Nutrition 18(1), pp. e13270

Abstract: Research on women's experiences of infant feeding and related moral discourse suggests that self-conscious emotions may be highly relevant to breastfeeding support interactions. However, the emotional impact of receiving support has not been fully explored. The aim of this review is to re-examine qualitative UK research on receiving breastfeeding support, in order to explore the role of self-conscious emotions and related appraisals in interactions with professional and peer supporters. From 2007 to 2020, 34 studies met criteria for inclusion. Using template analysis to identify findings relevant to self-conscious emotions, we focused on shame, guilt, embarrassment, humiliation and pride. Because of cultural aversion to direct discussion of self-conscious emotions, the template also identified thoughts about self-evaluation, perceptions of judgement and sense of exposure. Self-conscious emotions were explicitly mentioned in 25 papers, and related concerns were noted in all papers. Through thematic synthesis, three themes were identified, which suggested that (i) breastfeeding 'support' could present challenges to mothering identity and hence to emotional well-being; (ii) many women managed interactions in order to avoid or minimise uncomfortable self-conscious emotions; and (iii) those providing support for breastfeeding could facilitate women's emotion work by validating their mothering, or undermine this by invalidation, contributing to feelings of embarrassment, guilt or humiliation. Those supporting breastfeeding need good emotional 'antennae' if they are to ensure they also support transition to motherhood. This is the first study explicitly examining self-conscious emotions in breastfeeding support, and further research is needed to explore the emotional nuances of women's interactions with supporters. (© 2021 The Authors. Maternal & Child Nutrition published by John Wiley & Sons Ltd.)

Access or request full text: <https://libkey.io/10.1111/mcn.13270>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=34651437&custid=ns023446>

16. Position guidelines and evidence base concerning determinants of childhood obesity with a European perspective

Item Type: Journal Article

Authors: Martinez, J. A.;Sassi, Franco;Moreno, Luis A. and Tur, Josep A.

Publication Date: 2022

Journal: Obesity Reviews : An Official Journal of the International Association for the Study of Obesity 23 Suppl 1, pp. e13391

Abstract: Childhood obesity is one of the most pressing global public health issues, with rates increasing fastest in countries at low levels of income. Obesity occurring during childhood is likely to persist throughout the life course, and it is a cause of increased disease risk from the early years of life. This supplement is the result of collaborations involving a large and multidisciplinary group of researchers that were established in the context of the ongoing European Horizon 2020 project Science and Technology in childhood Obesity Policy (STOP). The aim, as in the entire STOP project, is to generate evidence that can support better policies to tackle the problem of childhood obesity in Europe and elsewhere. Quality of life and health well-being concerning children needs to consider personalized, population, and planetary facets to tackle childhood obesity at early stages of life, for in-deep phenotyping, integrating personalized medicine and precision public health interventions at global levels. This supplement contributes to this aim. (© 2021 The Authors. Obesity Reviews published by John Wiley & Sons Ltd on behalf of World Obesity Federation.)

Access or request full text: <https://libkey.io/10.1111/obr.13391>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=34797021&custid=ns023446>

17. The FEED1 trial: protocol for a randomised controlled trial of full milk feeds versus intravenous fluids with gradual feeding for preterm infants (30-33 weeks gestational age)

Item Type: Journal Article

Authors: Mitchell, Eleanor J.;Meakin, Garry;Anderson, Josie;Dorling, Jon;Gale, Chris;Haines, Rachel;Kenyan, Charlotte;Johnson, Mark J.;McGuire, William;Mistry, Hema;Montgomery, Alan;Oddie, Sam;Ogollah, Reuben;Pallotti, Phoebe;Partlett, Christopher;Walker, Kate F. and Ojha, Shalini

Publication Date: 2022

Journal: Trials 23(1), pp. 1-12

Abstract: Background: In the UK, approximately 8% of live births are preterm (before 37 weeks gestation), more than 90% of whom are born between 30 and 36 weeks, forming the largest proportion of a neonatal units' workload. Neonatologists are cautious in initiating full milk feeds for preterm infants due to fears of necrotising enterocolitis (NEC). There is now evidence to dispute this fear. Small studies have shown that feeding preterm infants full milk feeds enterally from birth could result in a shorter length of hospital stay, which is important to parents, clinicians and NHS services without increasing the risk of NEC. This trial aims to investigate whether full milk feeds initiated in the first 24 h after birth reduces the length of hospital stay in comparison to introduction of gradual milk feeding with IV fluids or parenteral nutrition. Methods: FEED1 is a multi-centre, open, parallel group, randomised, controlled superiority trial of full milk feeds initiated on the day of birth versus gradual milk feeds for infants born at 30+0 to 32+6 (inclusive) weeks gestation. Recruitment will take place in around 40 UK neonatal units. Mothers will be randomised 1:1 to full milk feeds, starting at 60 ml/kg day, or gradual feeds, as per usual local practice. Mother's expressed

breast milk will always be the first choice of milk, though will likely be supplemented with formula or donor breast milk in the first few days. Feeding data will be collected until full milk feeds are achieved (≥ 140 ml/kg/day for 3 consecutive days). The primary outcome is length of infant hospital stay. Additional data will be collected 6 weeks post-discharge. Follow-up at 2 years (corrected gestational age) is planned. The sample size is 2088 infants to detect a between group difference in length of stay of 2 days. Accounting for multiple births, this requires 1700 women to be recruited. Primary analysis will compare the length of hospital stay between groups, adjusting for minimisation variables and accounting for multiple births. Discussion: This trial will provide high-quality evidence on feeding practices for preterm infants. Full milk feeds from day of birth could result in infants being discharged sooner. Trial Registration: ISRCTN ISRCTN89654042 . Prospectively registered on 23 September 2019: ISRCTN is a primary registry of the WHO ICTRP network, and all items from the WHO Trial Registration dataset are included.

Access or request full text: <https://libkey.io/10.1186/s13063-021-05994-z>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=154791866&cuclid=ns023446>

18. Exploring dietitians' practice and views of giving advice on dietary patterns to patients with type 2 diabetes mellitus: A qualitative study

Item Type: Journal Article

Authors: Moutou, Konstantina E.;England, Clare;Gutteridge, Callum;Toumpakari, Zoi;McArdle, Paul D. and Papadaki, Angeliki

Publication Date: 2022

Journal: Journal of Human Nutrition & Dietetics 35(1), pp. 179-190

Abstract: Background: Dietary guidelines for type 2 diabetes mellitus (T2DM) emphasise weight management and individualised total carbohydrate intake. Evidence on the most effective dietary patterns (DPs) for T2DM management is mixed, potentially leading to variations in the advice that dietitians provide. The present study aimed to explore dietitians' practice of DP advice provision to adults with T2DM, as well as understand their views when advising their patients on the DPs deemed effective for glycaemic management or recommended by current guidelines. Methods: Semi-structured interviews were conducted with 12 UK-registered dietitians, with experience in consulting adults with T2DM. Dietitians were asked for their views on five DPs recommended for glycaemic management of T2DM. Interview transcripts were analysed using deductive and inductive thematic analysis. Results: Nine themes were identified that draw attention to DP advice provision practices, the five DPs (low-carbohydrate, low-fat, low-glycaemic index, Mediterranean diet and Dietary Approaches to Stop Hypertension diet), other DPs, the barriers and facilitators to DP advice provision and following this advice, and the factors affecting the provision of DP advice. Participants' current practice of DP advice provision to patients with T2DM was perceived to be individualised and patient-centred. Participants discussed their current practice and perceptions of available evidence and how patients respond to advice on the DPs shown to be effective for glycaemic management. Several barriers to providing advice on specific DPs, including safety and compliance challenges, were identified. Participants also highlighted factors that would facilitate the provision of advice on specific DPs and would help patients to follow this advice, including social support, educational resources and more robust scientific evidence. Conclusions: The findings of the present study provide important insights regarding dietitians' views of promoting whole DPs to patients with T2DM. Emerged barriers and facilitators should be considered when developing future guidance for dietetic practice to support patients with following whole DPs for T2DM management.

Access or request full text: <https://libkey.io/10.1111/jhn.12939>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=154716200&cuclid=ns023446>

stid=ns023446

19. **Experiences of Carers and People with Dementia from Ethnic Minority Groups Managing Eating and Drinking at Home in the United Kingdom**

Item Type: Journal Article

Authors: Nair, Pushpa;Barrado-Martín, Yolanda;Anantapong, Kanthee;Moore, Kirsten;Smith, Christina;Sampson, Elizabeth;Manthorpe, Jill;Walters, Kate and Davies, Nathan

Publication Date: 2022

Journal: Nutrients 14(12)

Abstract: Eating and drinking difficulties, such as loss of appetite and swallowing problems, are common in dementia, but little is known about the experiences of ethnic minority groups who are managing these difficulties at home. The purpose of our study was to explore the meaning of food, the impact of dementia on eating and drinking, and carers' experiences of support. We undertook semi-structured interviews with 17 carers and people with dementia from ethnic minority backgrounds living in England, using thematic analysis to analyse the data. Food/drink had strong links to identity, culture and emotions. Providing culturally familiar foods, celebrating traditional festivals and supporting previous food-related roles promoted reminiscence, which encouraged the people living with dementia to eat and drink, as did social interactions, although these could lead to distress in those with more advanced dementia. Food choices were also influenced by carer strain, generational differences and the impact of health conditions. Despite a strong sense of duty to care for relatives at home, there was low awareness of community support services. The carers expressed a need for culturally tailored support for managing dementia-related eating and drinking difficulties at home. Healthcare professionals must provide contextually relevant advice to carers, being mindful of how cultural backgrounds can affect dietary choices.

Access or request full text: <https://libkey.io/10.3390/nu14122395>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35745124&cu&stid=ns023446>

20. **UK Nutrition Research Partnership workshop: Nutrition and frailty—opportunities for prevention and treatment**

Item Type: Journal Article

Authors: Ni Lochlainn, Mary and Robinson, Sian

Publication Date: 2022

Journal: Nutrition Bulletin 47(1), pp. 123-129

Abstract: Frailty is a syndrome of growing importance given the global increase in the number of older people. While frailty is a complex, multifactorial process, poor nutritional status is considered to be a key contributor to its pathophysiology. However, the role of nutrition and its influence on the development and progression of frailty is poorly understood. As nutrition is a modifiable risk factor for frailty, future prevention and treatment strategies should consider the potential of diet and dietary change as a component of interventions. This article reports on a UK Nutrition Research Partnership 'Hot Topic' workshop on nutrition and frailty. The aim of the workshop was to bring together experts and early career researchers from a range of disciplines to synthesise current understanding of dietary influences on frailty, with a focus on opportunities for prevention and treatment.

Access or request full text: <https://libkey.io/10.1111/nbu.12538>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=155325665&custid=ns023446>

21. Assessment and management of a person experiencing pain from pancreatic cancer ascites: a case study

Item Type: Journal Article

Authors: Otterwell, Siouxsie and Baker, Mark J.

Publication Date: 2022

Journal: British Journal of Nursing 31(5), pp. S16-S20

Abstract: The most common type of pancreatic cancer is pancreatic adenocarcinoma, which affects the exocrine ducts. There are many risk factors associated with pancreatic cancer, including smoking, obesity, poor diet, diabetes, inactivity and genetics. In the UK, pancreatic cancer is the 10th most common cancer with a poor prognosis, with only 24% of people surviving the first year after diagnosis and 7% surviving for 5 years. The lives of those with the condition are impacted in a number of ways. This case study of a patient with pancreatic cancer explores the nursing assessment, management and evaluation of care provided from a student nurse perspective under the supervision of a qualified nurse.

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=155636505&custid=ns023446>

22. Association of meat, vegetarian, pescatarian and fish-poultry diets with risk of 19 cancer sites and all cancer: findings from the UK Biobank prospective cohort study and meta-analysis

Item Type: Journal Article

Authors: Parra-Soto, Solange;Ahumada, Danay;Petermann-Rocha, Fanny;Boonpoor, Jirapitcha;Gallegos, Jose Lara;Anderson, Jana;Sharp, Linda;Malcomson, Fiona C.;Livingstone, Katherine M.;Mathers, John C.;Pell, Jill P.;Ho, Frederick K. and Celis-Morales, Carlos

Publication Date: 2022

Journal: BMC Medicine 20(1), pp. 79

Abstract: Background: The associations of cancer with types of diets, including vegetarian, fish, and poultry-containing diets, remain unclear. The aim of this study was, therefore, to investigate the association of type of diet with all cancers and 19 site-specific incident cancers in a prospective cohort study and then in a meta-analysis of published prospective cohort studies.; Methods: A total of 409,110 participants from the UK Biobank study, recruited between 2006 and 2010, were included. The outcomes were incidence of all cancers combined and 19 cancer sites. Associations between the types of diets and cancer were investigated using Cox proportional hazards models. Previously published prospective cohort studies were identified from four databases, and a meta-analysis was conducted using random-effects models.; Results: The mean follow-up period was 10.6 years (IQR 10.0; 11.3). Compared with meat-eaters, vegetarians (hazard ratio (HR) 0.87 95% CI: 0.79 to 0.96]) and pescatarians (HR 0.93 95% CI: 0.87 to 1.00]) had lower overall cancer risk. Vegetarians also had a lower risk of colorectal and prostate cancers compared with meat-eaters. In the meta-analysis, vegetarians (Risk Ratio (RR): 0.90 0.86 to 0.94]) and pescatarians (RR 0.91 0.86; 0.96]) had lower risk of overall and colorectal cancer. No associations between the types of diets and prostate, breast, or lung cancers were found.; Conclusions: Compared with meat-eaters, vegetarians and pescatarians had a lower risk of overall, colorectal, and prostate cancer. When results were pooled in a

meta-analysis, the associations with overall and colorectal cancer persisted, but the results relating to other specific cancer sites were inconclusive. (© 2022. The Author(s).)

Access or request full text: <https://libkey.io/10.1186/s12916-022-02257-9>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=35655214&custid=ns023446>

23. Optimising the management of children with cystic fibrosis

Item Type: Journal Article

Authors: Patel, Deepa and Gaillard, Erol A.

Publication Date: 2022

Journal: Practitioner 266(1855), pp. 17-21

Abstract: The article focuses on the Optimizing the management of children with cystic fibrosis. Topics discussed include the median age of death for CF patients has been rising and is 36 years according to the latest UK Cystic Fibrosis Registry (2020) data; and most deaths in young people are the result of rapidly progressing lung disease caused by chronic respiratory infections and the associated airway inflammation.

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=156146931&custid=ns023446>

24. Delivering the Diabetes Remission Clinical Trial (DiRECT) in primary care: Experiences of healthcare professionals

Item Type: Journal Article

Authors: Rehackova, Lucia;Taylor, Roy;Lean, Mike;Barnes, Alison;McCombie, Louise;Thom, George;Brosnahan, Naomi;Leslie, Wilma S. and Sniehotta, Falko F.

Publication Date: 2022

Journal: Diabetic Medicine : A Journal of the British Diabetic Association 39(3), pp. e14752

Abstract: Objective: The Diabetes Remission Clinical Trial (DiRECT) used a formula total diet replacement programme followed by structured weight loss maintenance to induce and sustain weight loss and remission of type 2 diabetes (T2D) in 36% of participants after 2 years. Nurses and dietitians delivering DiRECT in 22 primary care practices in Tyneside and Scotland provided behavioural support to participants. Participant experiences with DiRECT highlighted the key role of support by healthcare professionals (HCPs). We evaluated HCPs' experiences with DiRECT.; Research Design and Methods: Healthcare professionals delivering DiRECT were interviewed at 12 months, while general practices (GPs) were sent an implementation questionnaire. The interviews were analysed thematically. The questionnaires were analysed using frequencies and a narrative synthesis.; Results: Healthcare professionals representing 11 of 22 intervention practices were interviewed and 10 of 22 GPs completed questionnaires. HCPs' initial concerns over perceived potential negative intervention effects, particularly withdrawing anti-diabetes and anti-hypertensive medications, were barriers to engagement. Trust of HCPs towards the research team and perceived credibility of the study facilitated engagement and adoption. Ongoing support by research dietitians was key to the management of participants. Involvement in DiRECT inspired more focus on behaviour modification in the treatment of other people living with T2D in routine practice.; Conclusions: Diabetes Remission Clinical Trial was considered highly appropriate for the management of T2D in primary

care when supported by trained dietitians. Addressing limitations, including varying training needs of HCPs may improve intervention scale-up and tailoring to clinical contexts. (© 2021 Diabetes UK.)

Access or request full text: <https://libkey.io/10.1111/dme.14752>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=34837259&custid=ns023446>

25. Dietetic Management of Adults with Phenylketonuria (PKU) in the UK: A Care Consensus Document

Item Type: Journal Article

Authors: Robertson, Louise;Adam, Sarah;Ellerton, Charlotte;Ford, Suzanne;Hill, Melanie;Randles, Gemma;Woodall, Alison;Young, Carla and MacDonald, Anita

Publication Date: 2022

Journal: Nutrients 14(3), pp. 576

Abstract: There is an increasing number of adults and elderly patients with phenylketonuria (PKU) who are either early, late treated, or untreated. The principal treatment is a phenylalanine-restricted diet. There is no established UK training for dietitians who work with adults within the specialty of Inherited Metabolic Disorders (IMDs), including PKU. To address this, a group of experienced dietitians specializing in IMDs created a standard operating procedure (SOP) on the dietetic management of adults with PKU to promote equity of care in IMD dietetic services and to support service provision across the UK. The group met virtually over a period of 12 months until they reached 100% consensus on the SOP content. Areas of limited evidence included optimal blood phenylalanine reporting times to patients, protein requirements in older adults, management of weight and obesity, and management of disordered eating and eating disorders. The SOP does not include guidance on maternal PKU management. The SOP can be used as a tool for training dietitians new to the specialty and to raise the standard of education and care for patients with PKU in the UK.

Access or request full text: <https://libkey.io/10.3390/nu14030576>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=155263894&custid=ns023446>

26. Estimated energy and nutrient intake for infants following baby-led and traditional weaning approaches

Item Type: Journal Article

Authors: Rowan, Hannah;Lee, Michelle and Brown, Amy

Publication Date: 2022

Journal: Journal of Human Nutrition & Dietetics 35(2), pp. 325-336

Abstract: Background: Baby-led weaning (BLW), where infants self-feed without the use of spoon-feeding by a caregiver, continues to be a popular approach for starting solids. However, concerns remain amongst health professionals that infants using this method may not consume sufficient energy or nutrients from solid foods. Little research has examined how different weaning approaches shape dietary intake. The present study aimed to use a 3-day weighed diet diary to measure estimated energy and nutrient intake in infants aged 6–12 months. Methods: Diet diaries were completed by 71 parents and analysed to compare estimated infant intake from milk and solid foods for those either following a BLW or traditional spoon-

feeding approach (TW). Intake was analysed for each weaning group in two age groups: 26–39 and 40–52 weeks, to account for different eating patterns at the start and end of the weaning process. Results: For the younger infants, significant differences in estimated energy intake were found, with TW infants consuming 285 kcal from solid foods compared with 120 kcal for BLW infants. Conversely, BLW infants consumed more calories and nutrients from breast or formula milk, consistent with a slower transition to solid foods. No differences were found in estimated intake amongst older infants, suggesting that BLW infants had 'caught up' with their spoon-fed peers. Conclusions: Overall, few infants regardless of weaning group met recommended intake guidelines for energy (either over or under consuming) with many deficient in iron and zinc intake. The findings are important for those supporting parents through the transition to solid foods. Key points: At 6–9 months, infants following a baby-led weaning (BLW) consumed less energy from solid foods compared to traditionally weaned (TW) infants with over three-quarters of TW infants consuming more than World Health Organisation (WHO) guidelines. Infants following a BLW approach had a more gradual transition to solid foods than those following a TW approach more closely supporting WHO guidelines. However, some parents may need further support with respect to offering more solid food exposures. No differences were found in energy, macro- or micronutrient intake for infants aged 10–12 months for infants following BLW or TW approaches, suggesting a convergence of intake towards later infancy. Many infants, regardless of weaning approach, did not meet the recommended guidelines for iron or zinc intake, suggesting that there is a need to focus on promoting the intake of these micronutrients.

Access or request full text: <https://libkey.io/10.1111/jhn.12981>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=155938844&custid=ns023446>

27. A meta-synthesis exploring caregiver experiences of home enteral tube feeding

Item Type: Journal Article

Authors: Serjeant, Sarah and Tighe, Bernice

Publication Date: 2022

Journal: Journal of Human Nutrition & Dietetics 35(1), pp. 23-32

Abstract: Background: It is estimated that 18,232 people received home enteral tube feeding (HETF) in the UK in 2013 and HETF often requires reliance on a caregiver. Caregivers are an essential resource, and so research is needed to explore their perspectives to inform how best to support them. Therefore, this meta-synthesis aimed to explore caregiver experiences of HETF. Methods: A systematic search and a meta-synthesis of the literature relating to caregiver experiences of HETF were undertaken. Ethical approval was obtained from Coventry University Ethics. A comprehensive search of CINAHL, MEDLINE, Academic Search Complete and SCOPUS databases was conducted, followed by a reference list search of included studies. Studies were screened for eligibility using a priori inclusion criteria. Included studies used qualitative methodology, were in English, and explored caregivers' experiences of supporting an adult or child receiving HETF for at least 1 month. The meta-synthesis was conducted using a thematic-synthesis method. Included studies were assessed for quality, and rigour was ensured via transparent reporting of methodology, peer review and reflexivity. Results: In total, 328 records were screened, with 10 studies included and a total of 97 caregivers' experiences were reported. Four analytical themes were developed: loss of a normal life, psychological impact, practical challenges and becoming the 'expert'. Overall quality of the included studies was assessed as good. Conclusions: This meta-synthesis highlighted the challenges experienced by caregivers, and revealed the need for improved HETF training for caregivers and psychological support from healthcare professionals, with the aim of providing personalised advice and regimes as part of holistic care.

Access or request full text: <https://libkey.io/10.1111/jhn.12913>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=154716189&custid=ns023446>

28. Lower carbohydrate diets for adults with type 2 diabetes

Item Type: Journal Article

Authors: Singh, Mamta; Hung, Estella S.; Cullum, Adrienne; Allen, Rachel E.; Aggett, Peter J.; Dyson, Pamela; Forouhi, Nita G.; Greenwood, Darren C.; Pryke, Rachel; Taylor, Roy; Twenefour, Douglas; Waxman, Ruth and Young, Ian S.

Publication Date: 2022

Journal: Diabetic Medicine 39(3), pp. 1-5

Abstract: In the article, the author discusses the study which examined the effects of lower carbohydrate diets for adult people with type 2 diabetes (T2D). Other topics include the United Kingdom (UK) government advice for T2D patients, how elevated blood glucose concentrations or hyperglycaemia damages blood vessels and nerves, and the recommendations by the Scientific Advisory Committee on Nutrition (SACN) on carbohydrate intake.

Access or request full text: <https://libkey.io/10.1111/dme.14674>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=155927074&custid=ns023446>

29. Dietetic-Led Nutrition Interventions in Patients with COVID-19 during Intensive Care and Ward-Based Rehabilitation: A Single-Center Observational Study

Item Type: Journal Article

Authors: Terblanche, Ella; Hills, Jessica; Russell, Edie; Lewis, Rhiannon and Rose, Louise

Publication Date: 2022

Journal: Nutrients 14(5), pp. N.PAG

Abstract: Background: In this study, a report of dietitian-led nutrition interventions for patients with COVID-19 during ICU and ward-based rehabilitation is provided. As knowledge of COVID-19 and its medical treatments evolved through the course of the pandemic, dietetic-led interventions were compared between surge 1 (S1) and surge 2 (S2). Methods: A prospective observational study was conducted of patients admitted to the ICU service in a large academic hospital (London, UK). Clinical and nutrition data were collected during the first surge (March–June 2020; n = 200) and the second surge (November 2020–March 2021; n = 253) of COVID-19. Results: A total of 453 patients were recruited. All required individualized dietetic-led interventions during ICU admission as the ICU nutrition protocol did not meet nutritional needs. Feed adjustments for deranged renal function (p = 0.001) and propofol calories (p = 0.001) were more common in S1, whereas adjustment for gastrointestinal dysfunction was more common in S2 (p = 0.001). One-third of all patients were malnourished on ICU admission, and all lost weight in ICU, with a mean (SD) total percentage loss of 8.8% (6.9%). Further weight loss was prevented over the remaining hospital stay with continued dietetic-led interventions. Conclusions: COVID-19 patients have complex nutritional needs due to malnutrition on admission and ongoing weight loss. Disease complexity and evolving nature of medical management required multifaceted dietetic-led nutritional strategies, which differed between surges.

Access or request full text: <https://libkey.io/10.3390/nu14051062>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=155734834&custid=ns023446>

30. Adherence to a healthy lifestyle and multiple sclerosis: a case-control study from the UK Biobank

Item Type: Journal Article

Authors: Veronese, Nicola;Yang, Lin;Piccio, Laura;Smith, Lee;Firth, Joseph;Marx, Wolfgang;Giannelli, Gianluigi;Caruso, Maria Gabriella;Cisternino, Anna Maria;Notarnicola, Maria;Donghia, Rossella;Barbagallo, Mario and Fontana, Luigi

Publication Date: 2022

Journal: Nutritional Neuroscience 25(6), pp. 1231-1239

Abstract: Background: Multiple sclerosis (MS) is a common and disabling condition. The importance of healthy lifestyle for this disease is poorly explored.; Objective: To test whether adherence to healthier lifestyle patterns is associated with a lower presence of multiple sclerosis (MS).; Methods: By using a case-control design, we investigated the combined association of four healthy lifestyle-related factors (no current smoking, healthy diet, exercising regularly, body mass index $<30 \text{ kg/m}^2$) and the prevalence of MS. A logistic regression analysis, adjusted for potential confounders, was used and data reported as odds ratios (ORs) with their 95% confidence intervals (CIs).; Results: 728 participants with MS were matched with healthy controls ($n = 2,912$) using a propensity score approach. In a multivariable analysis, compared to those who scored low in the composite lifestyle score (0-1 healthy lifestyle factors), people who adopted all four low risk lifestyle factors showed a 71% lower odds of having MS (OR = 0.29; 95% CI: 0.15-0.56). Moreover, there was a strong linear trend, suggesting that the higher number of healthy lifestyle behaviors was associated with lower odds of having MS.; Conclusion: Following a healthy lifestyle is associated with a lower prevalence of MS. This association should be explored further in cohort studies.

Access or request full text: <https://libkey.io/10.1080/1028415X.2020.1846357>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=33297884&custid=ns023446>

31. Risk of cancer in regular and low meat-eaters, fish-eaters, and vegetarians: a prospective analysis of UK Biobank participants

Item Type: Journal Article

Authors: Watling, Cody Z.;Schmidt, Julie A.;Dunneram, Yashvee;Tong, Tammy Y. N.;Kelly, Rebecca K.;Knuppel, Anika;Travis, Ruth C.;Key, Timothy J. and Perez-Cornago, Aurora

Publication Date: 2022

Journal: BMC Medicine 20(1), pp. 1-13

Abstract: Background: Following a vegetarian diet has become increasingly popular and some evidence suggests that being vegetarian may be associated with a lower risk of cancer overall. However, for specific cancer sites, the evidence is limited. Our aim was to assess the associations of vegetarian and non-vegetarian diets with risks of all cancer, colorectal cancer, postmenopausal breast cancer, and prostate cancer and to explore the role of potential mediators between these associations. Methods: We conducted a prospective analysis of 472,377 UK Biobank participants who were free from cancer at recruitment.

Participants were categorised into regular meat-eaters (n = 247,571), low meat-eaters (n = 205,385), fish-eaters (n = 10,696), and vegetarians (n = 8685) based on dietary questions completed at recruitment. Multivariable-adjusted Cox regressions were used to estimate hazard ratios (HR) and 95% confidence intervals (CI) for all cancer incidence and separate cancer sites across diet groups. Results: After an average follow-up of 11.4 years, 54,961 incident cancers were identified, including 5882 colorectal, 7537 postmenopausal breast, and 9501 prostate cancers. Compared with regular meat-eaters, being a low meat-eater, fish-eater, or vegetarian were all associated with a lower risk of all cancer (HR: 0.98, 95% CI: 0.96-1.00; 0.90, 0.84-0.96; 0.86, 0.80-0.93, respectively). Being a low meat-eater was associated with a lower risk of colorectal cancer in comparison to regular meat-eaters (0.91, 0.86-0.96); however, there was heterogeneity in this association by sex (p = 0.007), with an inverse association across diet groups in men, but not in women. Vegetarian postmenopausal women had a lower risk of breast cancer (0.82, 0.68-0.99), which was attenuated and non-significant after adjusting for body mass index (BMI; 0.87, 0.72-1.05); in mediation analyses, BMI was found to possibly mediate the observed association. In men, being a fish-eater or a vegetarian was associated with a lower risk of prostate cancer (0.80, 0.65-0.99 and 0.69, 0.54-0.89, respectively). Conclusion: The lower risk of colorectal cancer in low meat-eaters is consistent with previous evidence suggesting an adverse impact of meat intake. The lower risk of postmenopausal breast cancer in vegetarian women may be explained by their lower BMI. It is not clear whether the other differences observed for all cancers and for prostate cancer reflect any causal relationships or are due to other factors such as residual confounding or differences in cancer detection.

Access or request full text: <https://libkey.io/10.1186/s12916-022-02256-w>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=156271969&custid=ns023446>

32. **Cardiometabolic diseases, total mortality, and benefits of adherence to a healthy lifestyle: a 13-year prospective UK Biobank study**

Item Type: Journal Article

Authors: Xu, Chenjie and Cao, Zhi

Publication Date: 2022

Journal: Journal of Translational Medicine 20(1), pp. 1-9

Abstract: Background: Cardiometabolic disease (CMD) increases the risk of mortality, but the extent to which this can be offset by adherence to a healthy lifestyle is unknown. We aimed to investigate whether and to what extent a combination of healthy lifestyle is associated with lower risk of total mortality that related to CMD. Methods: Data for this prospective analysis was sourced from the UK Biobank with 356,967 participants aged 37 to 73 years between 2006 and 2010. Adherence to a healthy lifestyle was determined on the basis of four factors: no smoking, healthy diet, body mass index < 30 kg/m², and regular physical activity. CMD was defined as any of incidence of diabetes, coronary heart disease and stroke at baseline. Cox proportional hazards models were used to calculate hazard ratios (HRs) and confidence intervals (CIs) of the associations of CMDs and lifestyle factors with total mortality. Results: During a median follow-up of 13 years, a total of 21,473 death events occurred. The multivariable-adjusted HRs of mortality were 1.49 (95% CI 1.53-1.56) for one, 2.17 (95% CI 2.01-2.34) for two, and 3.75 (95% CI 3.04-4.61) for three CMDs. In joint exposure analysis, compared with CMDs-free and a favorable lifestyle, the HRs of mortality were 2.57 (95% CI 2.38-2.78) for patients with CMDs plus an unfavorable lifestyle and 1.58 (95% CI 1.50-1.66) for those with CMDs plus a favorable lifestyle. A favorable lifestyle attenuates the CMDs-related risk of mortality by approximately 63%. The mortality risk of CMDs-free people but have unfavorable lifestyle was higher than those who have over one CMDs but have favorable lifestyle. Conclusion: The potential effect of an increasing number of CMDs on total mortality appears additive, adherence to a healthy lifestyle may attenuate the CMDs-related mortality risk by more than 60%. These findings highlight the potential importance of lifestyle interventions to reduce risk of mortality across entire populations, even in patients

with CMDs.

Access or request full text: <https://libkey.io/10.1186/s12967-022-03439-y>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=156971198&cuclid=ns023446>

33. Importance of ideal cardiovascular health metrics in the risk of colorectal cancer among people aged 50 years or older: a UK Biobank cohort study

Item Type: Journal Article

Authors: Zhang, Jijuan;Yu, Hancheng;Huang, Tao;Huang, Ninghao and Liang, Hailun

Publication Date: 2022

Journal: BMJ Open 12(5), pp. e059642

Abstract: Objective: To explore the correlation between the ideal cardiovascular health metrics (ICVHMs) and the incidence of colorectal cancer (CRC) among people aged 50 years or older.; Design: Prospective cohort study.; Setting: The UK Biobank, a prospective cohort of middle-aged participants recruited between 2006 and 2010.; Participants: The study included 342 226 participants from the UK Biobank aged 50 years or older without prevalent cancer.; Exposure: The ICVHMs consist of four behavioural factors (abstinence from smoking, ideal body mass index (BMI), physical activity at goal and consumption of healthy diet) and three cardiometabolic factors (untreated total cholesterol <200 mg/dL, untreated blood pressure <120/80 mm Hg and untreated fasting plasma glucose <100 mg/dL).; Main Outcomes: The outcome was ascertained by linkage to cancer and death registries using the International Classification of Diseases, Tenth codes C18-C20.; Results: During a median follow-up time of 8.72 years, 3060 CRC cases were identified. Compared with the reference (participants with ICVHMs ≤ 2), the multivariable-adjusted HRs for subgroups with 3, 4, 5 and ≥ 6 ICVHM factors were 0.98 (95% CI 0.85 to 1.12), 0.90 (95% CI 0.77 to 1.02), 0.85 (95% CI 0.71 to 0.98) and 0.69 (95% CI 0.48 to 0.90), respectively. Among the seven ICVHM factors, lower BMI, healthier diet and ideal fasting plasma glucose were significantly associated with lower risk of CRC (HR: 0.86, 95% CI 0.78 to 0.95; HR: 0.92, 95% CI 0.84 to 0.99; HR: 0.90, 95% CI 0.80 to 0.99).; Conclusions: Adherence to the ICVHMs was associated with a lower risk of CRC among people aged 50 years or older. Among the seven ICVHM factors, BMI, diet and fasting plasma glucose played a more critical role in the prevention of CRC. These findings imply that adherence to ICVHMs should be encouraged to reduce the burden of cardiovascular disease as well as CRC.; Competing Interests: Competing interests: None declared. (© Author(s) (or their employer(s)) 2022. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.)

Access or request full text: <https://libkey.io/10.1136/bmjopen-2021-059642>

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