

NJD-HCF COMMUNIQUE



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CHAIRMAN'S CORNER

By Kathleen Carr Mahmoud, MS RD

I hope you all have enjoyed the holidays, and are looking forward to the coming year. Probably many of you share my yearly practice of evaluating the events and accomplishments of the prior one, with the inevitable segue to resolutions for the next. So, I hope you will spare a few minutes for a brief review of the past year's events as well as next year's goals for our organization. Last year's road of progress had a few bumps on it as we tried our first online elections, and then my persistent but unfruitful attempt to conduct our first "high-tech, downloadable" CEU presentation. A few of our members have also bravely put themselves out there with queries on our list serve, in an effort to solicit advice and support from fellow members. In addition, many of you attending the fall seminar volunteered to "go green" and forego paper copies of this and upcoming newsletters. Our membership blossomed past the 120 member mark (a new record, Harriet?), with at least one third to one half in attendance at our last few meetings.

As I consider the upcoming year, I think our greatest challenge will be to find ways to demonstrate our value to the clients we serve as well as our employers, join in efforts by NJDA and ADA to establish registered dietitians as the nutrition professional, and identify strategies to prevent "scope creep" by other professionals who deem themselves competent enough to perform medical nutrition therapy. My personal professional plan for 2010 is to support licensure and continue to establish relationships with state and federal politicians who are in the role of crafting and supporting legislation designating the registered dietitian as the primary provider of nutrition services. In addition, our group will reach out to the NJ Department of Health and Senior Services in collaboration to establish guidelines for best practices as well as more appropriate recommendations for staffing based on the acuity level of the resident or client. Liz Dunnell, (who heads our Quality Assurance Committee, has agreed to spear-head this critical initiative, and I invite you to offer her your suggestions if not assistance in this effort. (egdunnell@optonline.net),

In conclusion, I'd like to thank all of the members of the board and committees for their time and efforts this past year, as well as the support I have received from you all.

I wish you all a very healthy, happy, and prosperous New Year ! ☺

Kathleen



LEGISLATION

Submitted by Mary Piciocco, MA , RD, ADA

When I visit my Congressman, what do I say?:

1. "Congressman, we appreciate the support of Congress in passing recent bills which have authorized the Registered Dietitian to provide services in The Older Americans Act, The Ryan White Act for HIV/AIDS, and the recent new and continuing services to Medicare Recipients."
2. "Congressman, we hope we can count on you and all of Congress to continue funding nutrition services by the Registered Dietitian."
3. "Congressman, we would be interested in knowing more about your personal ideas regarding nutrition and health care issues. How can we assist you with our expertise?"

How do I contact other dietitians who are interested in talking to our local congressman?

Check the New Jersey Dietetic Association (www.eatrightnj.org) and American Dietetic Association (www.eatright.org) websites for more information on how to support licensure and legislative efforts or contact the NJDHCF liaison, Rosemary O'Dea (rosemaryodea@comcast.net)



Our state chapter the NJDHCF, a chapter of the DPG: Dietetics in Health Care communities (DHCC) was represented at the Annual ADA 92nd Food and Nutrition Conference and Expo in Denver, Colorado from October 17 - 20, 2009.

The photo showed Kathleen Mahmoud, Chairman, Mary Piciocco, Chairman-Elect, Paula Hopkins, Awards/Recognition, Elsie Nucum-Allen, Marketing and Julieta A. Songco, Liaison at the reception for the national DPG on Sunday, Oct. 18th.

Articles in this newsletter are for your review and not necessarily the opinion of this editor or this practice group.



FNCE 2009 Presentation :
“Vitamin C Supplements: An Objective Review of the Clinical Evidence”
By Mark Moyad, MD, MPH and Leslie Kay, MS, RD
Summary by Kathleen Mahmoud

One of the most interesting presentations I had an opportunity to attend at FNCE in Denver last October was a review of the current scientific literature published on the efficacy of Vitamin C supplementation. The speakers were Mark Moyad, a practicing urologist, and Leslie Kay, a registered dietitian from Michigan and California respectively. Dr. Moyad began by emphasizing that numerous factors that impact our immune system also impact Vitamin C levels, such as menstruation, sleep, cigarette smoking, physical activity, medications, age, alcohol use, infections, illness, environment, pollutants, stress, exposure to extreme climates, body weight, pregnancy, and lactation.

He stated that he strongly believes that adequate supplement research should be evidence based guidelines and be similarly designed. Further, he suggested that use of supplements be targeted to specific high risk individuals and dispensed at known effective dosages for defined time periods with interim reviews- just as medications are. Ideally, serum Vitamin C levels for an individual should be included in routine laboratory testing so that a baseline level for the individual can be established, as well as determining whether or not patients are Deficient (<11 mmol/L), Insufficient (11-28 mmol/L) or Sufficient (Normal >28 mmol/L). In the literature reviews provided by both speakers, several medical conditions, notably, gout, bladder cancer, cardiovascular disease, prostate cancer, pneumonia, kidney stones, anemia, H.pylori infection, bone fracture, aging and mortality rate in relation to Vitamin C intake were discussed.

Both presenters noted that the current science seems to indicate that Vitamin C can significantly impact outcomes in arthritis, gout, bladder health, eye disease, immune health, wound care (well known to those of us in LTC and Rehab). For instance, studies suggest that alleviation of symptoms in gout were dose dependent, with 1-2 g per day for high risk individuals. Recurrence of Bladder Cancer was reduced in a study of 2g daily versus the RDA. It appears that Vitamin C does not prevent prostate cancer or overall cancer risks in men per the Physicians Health Study II with more than 16,000 participants (PHSS II), and further, that there was no major risk benefit for prevention of cardiovascular events such as myocardial infarction, but Vitamin C may have a positive impact on hs-CRP (Jupiter Trials of $>17,000$ men and women) and may reduce incidence of stroke. (cont. on page 4)



“Vitamin C Supplements: An Objective Review of the Clinical Evidence” (CONT.)

Several studies are ongoing regarding the relationship between Vitamin C use and possible reduction of fractures, with the Framingham Osteoporosis Study implicating a positive relationship between Vitamin C intake and reduction in reduced risk of hip fractures. So far, studies have failed to show that Vitamin C has a positive effect on incidence or severity of symptoms of asthma or allergy.

An interesting study showed an 80% reduction in reported post fracture pain with a dosage of 500 mg per day recommended for 50 days post fracture. It may reduce aging effects upon skin once serum levels are normalized. Topical skin products touting the beneficial effects of Vitamin C as an ingredient are extrapolating evidence of studies of oral intake of the vitamin for their use in marketing their skin creams.

A French study of more than 13,000 persons indicated that 120 mg per day (twice the US RDA) resulted in all cause mortality rates, begging the question “Should the current RDA/DRI (Recommend Daily Allowance/Daily Recommended Intakes) be raised?”. A recent Cochrane Review suggested that Vitamin C supplementation appears to reduce both the severity and duration of pneumonia, and reduced risk of respiratory infections in extreme exercisers such as marathon runners.

A dose of 500 mg per day reduced the progression of macular degeneration and incidence of vision loss, and the careful prescription of supplements may have a significant impact on reduction of the health care costs associated with vision loss (estimated at \$35.4 billion in 2004). H.pylori infections may increase cancer or injury risk, as well deplete Vitamin C, and treatment of gastric diseases such as reflux with Proton Pump Inhibitors further exacerbate absorption ability in the gut. Vitamin C supplements that are buffered (in the esterified form) may be tolerated by these individuals, and this form may also reduce oxalate formation and the risk of kidney stones.

Lastly, it should be remembered that Vitamin C is beneficial in the prevention of anemia, as it improves the absorption of non-heme iron from vegetable foods and ferrous supplements. Dr. Moyad concluded his discussion by re-emphasizing that Vitamin C appears critical to optimal functioning of our immune system, that dietary intake probably in excess of the current RDA has numerous health benefits, and that in most instances, amounts above 500 mg per day are rarely indicated as beneficial. He hopes that some day a serum Vitamin C level will be included in routine laboratory screenings as a bellwether of immune system health.



Balancing Minerals

By Barbara S. D'Asaro, MNS, RD

A 64 year old woman was hospitalized with numbness and weakness of her legs resulting in loss of balance and inability to walk safely. She was confined to a wheelchair. Numerous standard laboratory and radiological tests were normal. The neurologist then ordered additional blood tests that were strikingly abnormal: she had almost no copper in her system and her zinc level was almost twice the recommended level. She was not taking any supplements and seemed to have no obvious source of zinc intake.

The attending physician noted a half-empty tube of denture adhesive on the bedside table (the patient had ill-fitting dentures). She had been using five to six tubes per week. A tube should last for a month or more. The patient was switched to a non-zinc containing adhesive and supplemented with copper for several weeks. A year and a half later she felt better but still could not walk without assistance; the nerve damage may be permanent.

All the dental adhesives at CVS contain zinc compounds. Brands without zinc can be found on Google under "Denture Adhesives without Zinc". Evidently there are several lawsuits regarding neurological problems associated with zinc containing dental adhesives.

Nutritionally essential minerals act as a symphony: an excess or deficiency of one mineral can affect other minerals. Zinc and copper are in a see-saw relationship: Excess long-term zinc intake can cause a copper deficiency; similarly, excess copper intake can result in zinc deficiency. The recommended ratio between zinc and copper is about 15:2*. Most multivitamin/mineral supplements provide this ratio. Other minerals such as sodium and potassium have see-saw relationships.

Another article in the New York Times Sunday Magazine, 11/12/06, dealt with a similar mineral imbalance. Described was the case of a middle aged male with a non-healing wound after abdominal surgery. Labs showed anemia with normal iron, B 12 and folate levels. The patient was on more than a dozen medications which did not seem to be involved in poor wound healing. The patient's wife brought in a list of vitamins he had been taking. Included were iron, calcium, a multivitamin/mineral as well as extra vitamin A and zinc. The attending physician did a literature search which showed that vitamin A was not the culprit; however his zinc intake was 15 times the recommended dose. **A dietitian was not consulted!** Further lab tests showed a copper deficiency. (A low copper status can cause a non-iron deficiency anemia). All zinc containing supplements were stopped; copper supplements were added. The anemia resolved within two months and the wound finally healed.

(conti. on Page 6)



Balancing Minerals (CONT)

By Barbara S. D'Asaro, MNS, RD

Some residents in health care facilities will be using dental adhesives. Many will consume supplements. Dietitians must be aware of potential imbalances.

The American Dietetic Association identifies itself as "The premier source for the practice and science of food, nutrition and dietetics". We, as members of the ADA, must be very much aware and involved in cases as described above. Members of the health care team should look to us in matters involving supplements.

*Dietary Reference Intakes 2006, Institute of Medicine of the National Academies



Energized! Impressions on the FNCE Convention- Tiring, Whirlwind, Talented, Opportunity and Energy

Submitted by Mary Piciocco, MA, RD, ADA

We are fortunate to be part of a large organization with so much individual talent and drive. From the local speakers such as M. Maciolek in Middlesex County College addressing future opportunities for the DTR program and interactions with the RD or as a pathway to achieve RD status, to T. Davidson, our NJDA president, organizing a new network group for *Dietitians over 50* (the ADA response to direct voiced need in recent member survey with over 450 responses), to the woman I met in the airport, arriving from Israel to discuss the levels of PUFA vs. Omega 3 in our fish supply, to the woman I rode in the shuttle with who was taking a delegation of 20 dietitians to South Africa the week following the convention, to our own NJ delegation of members buzzing around attending as many sessions as possible to soak in the information and carry it back to NJ!.

There were a few sessions devoted to the upcoming healthcare reform with the repeated message that dietitians must be written into the bills being considered. The answer I came back with is yes...we all make a difference. There's still time to act.

Some of the other hot topics include the presence of inflammation and the aging process, covered in several sessions including a 3 hour research based forum. Advancements have been made in the understanding of the process and its role on protein, weight and sarcopenia. (conti. on page 7)



Energized! Impressions on the FNCE Convention– Tiring, Whirlwind, Talented, Opportunity and Energy (CONT)

Sessions endorsed the continued call to promote the use of evidence based information in providing nutrition therapy as discussed in sessions for diabetes care, enteral feeding use, and the role of indirect calorimetry in the long term resident. (I must say I attended the last as a skeptic but now totally relate to the use in some of my own clients).

On the Food Medication Interaction front, Coumadin and its actions, continues to move to the fore with intensive monitoring provided to prevent adverse reactions. Sessions on probiotics reinforced the need to determine what particular organism is being affected as not one probiotic is effective against all. We must also remember that it may take up to 3 months for the natural flora in the GI tract to be re-established. I was also surprised to learn that in LTC, there may be asymptomatic carriers of the organisms. (DHCC pre-conference on Saturday).

The breakfast and presentation, provided by the Raisin Board on Sunday, provided practical applications to the use of the Mediterranean Diet. Some of the recipes/food used translates easily to the long term care setting.

As you can see, there is a lot of exciting activity going on in our profession. I encourage you to “surf” the web in some spare moments for further updates and am looking forward to Boston in 2010.

A DVD CD-ROM of the 2009 FNCE Conference presentations and handouts is now available from our lending library. Please contact Linda Bartlett if interested (LindaBartlettRD@aol.com or (973) 635-1973)

Mark Your Calendar!

Thursday, January 28, 2010

NJDHCF Winter

SEMINAR

PRINCETON, NJ

Please plan to attend and
support the NJDA
activities.

**Keep This Date for Up
Coming Seminars:**

April 21, 2010

Deadline for the **March**
Newsletter is **March 1, 2010**

Please send all articles or
announcements to:

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