NJD-HCF COMMUNIQUÉ

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CHAIRMAN'S CORNER

By Josefina G. Velez, M. S. R. D., DHCFA

It is always very rewarding and refreshing to attend the ADA FNCE Convention because you come home with a wealth of new information which includes clinical, nutritional product and regulatory update as well as the latest data on various topics of interest. It is also an opportunity to meet former classmates, colleagues, friends and network with others.

I attended the Pre-FNCE workshop which I found very interesting and well planned which included the following topics on the "Aging GI tract and Nutritional Implications", "The Aging, Inflammation and Effects of Protein". The application of the Nutrition Care Process to Long Term Care settings was presented ably by Carol Elliott, R.D. LDN.

At the CD-HCF breakfast, I had the opportunity to meet Michelle A. Fratiante, R.D. LD, CD-HCF Coordinator for Area 7. I extended to her the invitation to come and visit us in New Jersey as well as attend one of our seminars which she happily accepted. During this breakfast meeting we learned the art of effective "Alliancing" the next step beyond networking. At this session we were all asked to develop a 30 second "Informerical" about ourselves– how to communicate what we do in a clear, concise, enthusiastic and memorable manner. We were given tips on how to stand out, how to project an image reflective of what owe are and what we do; how to be enthusiastic and show our passion about our career but most of all it must be impressive to evoke the question "Oh really...how do you do that?" I would like to share with you examples they gave so that when you are asked what you do, you will be ready with your on informercial that is exceptional, and you will not sell yourself short.

	These are okay	Consider these instead
Sales Trainer	I run a training and development program	I create superstars out of executives
IT Specialist	I am a computer consultant	I make computers friendly
Investment Banker	I am an investment advisor	I help people send their kids to college
Dietitian	I am a dietitian	I help people use the power of food to stay alive.

Ultrametabolism and Neutrogenomics are topics that attracted my attention and I was glad to have attended these seminars. The science of weight loss, a medical revolution as written by Dr. Mark Hyman is based on groundbreaking concept called nutrogenomics– the science of how food talks to our genes. I wrote the abstract on this topic for our newsletter to share with you the information presented to us at the workshop.

Please save the dates January 17, April 24, and September 17, 2008 for our future seminars.

May the love and the light of Christmas illuminate all your days. May God's peace be in your heart.

NJDA Annual Meeting

Please mark your calendar for 2008. The NJDA Annual meeting is on Friday, May 15, 2008 at the Hyatt Regency , New Brunswick.

We are the only practice group in New Jersey. The Renal Group officially and formally disbanded.

There is a collaboration of nutrition professionals from the University of Medicine & Dentistry of NJ Institute for Nutrition Interventions, NJ Department of Health and Senior Service and the NJ Dietetic Association to fight obesity especially in pediatrics. And a special invitational dialogue among these nutrition professionals is scheduled on Friday, December 7, 2007.

Let us all wish that our colleague will have a meaningful and successful educational program.

AARP published recently that the state of New Jersey ranked 45th for Obesity among the different states in the USA.

Wish you all a HAPPY HOLIDAY!!!

Juliet A. Songco, MS,Ed,RD.
NJDHCF Liaison to the NJDA

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

Mark Your Calendar!

Thursday, January 17, 2008

NJDHCF WINTER SEMINAR

PRINCETON, NJ

Deadline for the March Newsletter is February 15, 2008

Please send all articles or announcements to:

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ADA Conference

Submitted by Darlene A. Morrison, MS, MBA, RD, Chairman-Elect

I had the pleasure of attending the FNCE 2007 in Philadelphia, Pennsylvania this year. This is only the third ADA conference I have been able to attend in my lengthy professional career. I treasure the opportunity to network among our peers, visit the exhibitors and squeeze in as many workshops as possible. Certainly, the social atmosphere is a favorite, as well! I will briefly discuss two of the many lectures that I attended.

1. **"The Nutritional and Inflammatory Evaluation in Dialysis Patients (NIED Study): What You Need to Know"** presented by Kamyar Kalantar-Zadeh, MD, PhD, MPH, FAAP, FACP, FASN, FAHA and Sara A. Colman, RD, CDE.

One of the first things that I learned is that ESRD has been ***the only***, ***the first***, and so far ***the last*** disease-specific condition covered by Medicare, ***independently of the age*** of the patients. ESRD is expected to grow to 2.2 million dialysis patients in the U.S. by the year 2030. The challenge is to slow down the progression of kidney failure. Although, dialysis is considered a life prolonging treatment, the irony is that 1 out of 5 deaths occur for those that start dialysis, half of which are attributed to cardiovascular disease. The 5 year survival is <35%.

After decades of treating traditional risk factors (hypertension, ↑cholesterol, diabetes, obesity, etc.), no major improvement has been achieved. The paradox for dialysis patients and other chronic disease states is that there is a decrease in mortality with obesity or ↑BMI patients as well as lower mortality with ↑BP and ↑Cholesterol patients. This raises a lot of questions with the experts in the field who are puzzled on how to explain this paradox and realize that it may be good to have some nutrition reserve.

The NIED study analyzed 360 HD patients from DaVita facilities in Los Angeles to examine the hypothesis that malnutrition and inflammation are by far stronger risk factors of survival than Framingham based cardiovascular risk factors. Study results are expected to be completed in the year 2010.

In conclusion, obesity and body fat may be protective in dialysis patients. A paradigm shift away from traditional risk factors and towards protein-energy nutritional status is possible in this population. Nutritional interventions may be the key to improve survival. Can we intervene earlier before patients decline and make a difference? It was ironic that many patients seen in the dialysis clinic don't ask "How's my albumin (goal is >4.0 gm/dl), phosphorous, etc.", but rather want to know how their cholesterol is doing!

2. "**The Biggest Loser Show Unplugged: The Science Behind the Camera**" presented by Michael L. Dansinger, MD, MS and Cheryl K. Forberg, RD

For those of us addicted to reality television shows, it's nice to know that there is a full complement of medical experts behind the scenes to include sports medicine physician, dietitian, psychologist, etc. Because of the entertainment priority, the fitness trainers (Jillian Michaels, Bob Harper and Kim Lyons) spend most of the time on camera with the overweight contestants. If you are not familiar with this TV show, there is a cast of 12 overweight contestants who are selected and sequestered for 12 weeks. Their full-time job is to lose weight. This presentation was an upbeat, humor-filled session to view what happens behind the scenes with their DEXA scans, BOD POD exams and nutrition consults, to name a few.

<Conti.>

ADA Conference (Cont'd)

A "**Calorie Budget**" is set for each candidate = resting metabolic rate – 20%.

The **BL diet** (Biggest Loser) is the **4, 3, 2, 1 Pyramid** as follows:

Vegetables & Fruits – 4 cups minimum

Healthy Proteins – 3 servings daily

Whole Grains – 2 cup maximum

Healthy Fats – 200 calories daily.

The plan is a modified carbohydrate diet (45% complex carbohydrates, 30% protein and 20% healthy fat) with absolutely **no** "**WHITE STUFF**". Each personal trainer also submit a list of their favorite foods.

For those of you that did not have an opportunity to attend the FNCE 2007 conference in Philadelphia, we purchased a CD-ROM set that will be added to our lending library that you can check out at your convenience. It's the next best thing to being there.

OUR 2008 DIET MANUAL

By Barbara S. D'Asaro, MNS, RD

"We did it!" Members of the Diet Manual Committee have worked very hard to complete the 2008 Diet Manual. We met monthly for one and one half years (more often toward the end) to review and update the 2003 **NJDHC** Diet Manual page by page. Several times we did not finish until 9:30 P.M., having started at 4:30! Husbands were astounded at our dedication.

Diet manuals must be "current" and therefore should be revised on a regular basis. The Diet Manual Committee's policy is to publish a current manual every five years. Many changes in dietetics and nutrition occur during that time span.

The new manual incorporates some major changes requiring in servicing not only for the Dietary and Nursing staff but also for Activities and probably for Social Services. Physicians will also have to be informed of significant changes so that diet orders will match the diets in the manual.

Consistent Carbohydrate Diet

The No Concentrated Sweets Diet (NCS) is no longer used since all carbohydrate foods, not only sugars, affect blood glucose levels. This change in terminology and meal planning will be the most difficult and important to impart. The Appendix now includes extensive Glycemic Index and Glycemic Load tables.

OUR 2008 DIET MANUAL (Conti.)

Sodium modified diets are now subdivided into two levels:

NAS Diet (No Added Salt)

This diet is appropriate only for very mild sodium restriction. Added salt at the table represents only about 20% to 25% of total sodium intake.

Sodium Restricted Diet

This diet incorporates more significant dietary changes to restrict sodium. When physicians order sodium modified diets they usually expect this level: not to exceed three (3) grams sodium on the average.

VERY IMPORTANT: Attending physicians must be made aware of the two levels of sodium modified diets.

Other changes:

The Gluten-Free diet has been extended, the Food/Med Interactions is updated and Renal diets are made easy. The Appendix now includes the DASH Diet Eating Plan as well as Dietary Sources of Vitamin D. Please note the pockets on the front and back covers of the Manual to store notes.

Food Services Managers as well as Nursing staff should be strongly encouraged to read over the new Manual.

This will be my last edition as Chair of the Diet Manual Committee. I have chaired the committee for three editions and have enjoyed the expertise, cooperation and friendship of committee members. Thank you for the opportunity and experience.

Barbara S. D'Asaro, MNS, RD

Chairperson- Diet Manual Committee

New Jersey Dietitians in Health Care Facilities

ABSTRACT FROM THE ADA FOOD AND NUTRITION CONFERENCE AND EXPO

PHILADELPHIA, 0CT0BER 29 – OCTOBER 2, 2007

Submitted by Josefina G. Velez, M.S., R.D., DHCFA

ULTRAMETABOLISM: THE CAUSES OF OBESITY – AN INTEGRATIVE APPROACH TO WEIGHT LOSS

Mark Hyman, M.D.

We are in the middle of a medical revolution that has finally unearthed the keys to permanent weight loss. This dramatic breakthrough can help fix the rampant obesity problem affecting millions of Americans today. The medical revolution is based on *nutrigenomics – the science of how food talks to your genes – and promises to turn up your metabolism, help you lose weight, keep it off, and get healthy for life. This is the new science of how food and nutrients interact with our genes, to turn on messages of health or disease, of weight gain or weight loss. It is not about finding the right diet.*

The human body is designed to gain weight and keep it on at all costs. Our survival depends on it. Powerful genetic forces control our survival behavior. They are at the root of our weight problem. There is no one solution for everyone, a one-size- fits- all weight loss strategy that works all the time for every person. It is about finding the right diet for you, based on understanding the unique ways in which your genes and metabolism interact.

The 7 myths that make you gain weight; confuse, confound, and thwart our efforts to lose weight are:

The Starvation Myth: Eat less + exercise more = weight loss.

The Calorie Myth: All calories are created equal

The Fat Myth: Eating fat makes you fat

The Carb Myth: Eating low carb or no carb will make you thin.

The Sumo Wrestler Myth: Skipping meals help you lose weight

The French Paradox Myth: The French are Thin because they drink wine and eat butter.

The Protector Myth: Government food policies and food industry regulations protect our health.

You have to eat more than your resting metabolic rate, or your body will think you are starving. When you eat less than your RMR or resting metabolic rate, you tend to gain weight rather than lose it.

The calories you eat are absorbed at different rates and have different amounts of fiber, carbohydrates, protein, fat and nutrients – all of which translate into different complex metabolic signals that control your weight. Food that enters your bloodstream quickly promotes weight gain; food that enters slowly promotes weight loss.

It is not a question of eating a low-fat versus a high –fat diet; it is a question of the type of fat you eat. Essential omega –3 fats are good fats. They come from fish, flaxseeds, and nuts, enhance and improve your metabolism, and promote weight loss.

ULTRAMETABOLISM: THE CAUSES OF OBESITY – AN INTEGRATIVE APPROACH TO WEIGHT LOSS (Conti.)

Eat more of them. Trans fats are ugly fats that cause weight gain, impaired metabolism, inflammation and diabetes. ***Never*** eat them.

Carbohydrates are the single most important food you can eat for long term health. Low- carb diets are no more effective in causing weight loss than low-fat diets are. Most good carbs come from whole plant food. The key to eating good carbs is eating whole unprocessed food. These plant foods are filled with important phytonutrients that can't be replaced by any other food. Stick to carbs that have a low glycemic load, and you will feel healthier and lose weight faster. The secret of choosing the best carbs to eat is to choose many whole unprocessed foods. Unprocessed foods have much more fiber in them than do processed carbs. Fiber is the secret key to diet with a low glycemic load.

Eat breakfast with protein daily. Spread your food intake and calories throughout the day. Eat mini meals every 3-4 hours. Wait at least 2 or 3 hours after your last meal before going to sleep.

The French are thinner and healthier because they eat whole real food, they eat less and eat more slowly. They create pleasure around mealtimes and spend more time savoring food with family and friends. Pleasurable meals actually speed up your metabolism. Eating food quickly or while you are stressed out can make you fat, especially in your belly area.

The food industry in this country spends enormous amounts of resources creating foods that aren't healthy and promoting these foods for your consumption. The reason government policy does not provide good nutritional advice to the public is that it is closely tied to food industry interest.

The government Food Pyramid that advised us to eat 6 to 11 servings of bread rice, and cereal a day has significantly contributed to the epidemic of obesity. Poor diet is the second leading cause of death and will soon overtake smoking as the number one cause of death in America. You should turn the Food Pyramid upside down by putting healthy fats (omega-3) from fish, flax seeds and monounsaturated fats from olive oil) at the bottom, and eat mostly vegetables, fruits, whole grains legumes, nuts, fish, eggs, lean poultry and only a little meat, sugar, refined carbohydrates and dairy products. Concentrating on a diet based on whole, real, unprocessed food is the best way to avoid the health risks associated with eating fake foods that damage your health..

The 7 Keys to Successful Weight Loss are:

1. Control your appetite and metabolism by understanding how the brain, gut, and fat cells communicate with one another through hormones and brain messenger chemicals called neuropeptides to drive your eating behavior.
2. Understand how stress makes you fat and how to overcome its effect.
3. Control inflammation, a hidden force behind weight gain and disease.
4. Prevent cellular "rust", which interferes with metabolism.
5. Learn how to turbocharge your metabolic engine to turn calories into energy more efficiently.
6. Make sure your thyroid, the master metabolism hormone is working optimally.

ULTRAMETABOLISM: THE CAUSES OF OBESITY – AN INTEGRATIVE APPROACH TO WEIGHT LOSS (Conti.)

7. Detoxify your liver so it will properly metabolize sugars and fats and eliminate toxins and toxic weight. Toxicity and inflammation are two key causes of obesity and disease. Prime your detoxification system and minimize your exposure to toxins.

BASIC ULTRAMETABOLISM WHOLE FOOD PRINCIPLES:

a. Eat organic produce and animal products whenever possible.

b. Eat high quality protein such as fish. Eat cold-water fish such as salmon, halibut, sable, halibut, herring, sardines, plus shellfish.

c. They contain an abundance of beneficial fatty acids, omega-3 oils that reduce inflammation. Wild salmon is a better choice than farm raised salmon. Canned wild salmon is a great emergency food.

d. Eat omega-3 eggs, up to 8 a week.

e. Create meals high in low-glycemic legumes such as lentils, chickpeas, soybeans, edamame. These foods slow the release of sugars into the blood stream, helping to prevent excess insulin release, which leads to hyperinsulinemia and its related health concerns, including poor heart health, obesity, high blood pressure, high LDL and low HDL.

f. Eat a cornucopia of fresh fruits and vegetables with phytonutrients – carotenoids, flavonoids and polyphenols.

g. Use more slow-burning low glycemic vegetables such as asparagus, broccoli, kale, spinach ,cabbage and Brussels sprouts.

h. Use berries, cherries, plums, rhubarb, pears, ands apples which are optimal fruits. Organic frozen berries can be used in protein shakes.

i. Focus on anti-inflammatory foods with omega 3 fatty acid, red and purple berries, dark green leafy vegetables, orange sweet potatoes and nuts.

j. Eat more antioxidant-rich foods, including orange and yellow vegetables, dark green leafy vegetables such as kale, collards, spinach, anthocyanides in berries, beets, pomegranates, and purple grapes, blueberries, bilberries, cranberries, cherries containing trans-resveratrol.

k. Include detoxifying foods in your diet, such as cruciferous vegetables – (broccoli, kale, collards, Brussel sprouts, cauliflower, bokchoy, Chinese cabbage, Chinese broccoli.), green tea, watercress, dandelion greens, cilantro, artichokes, garlic, citrus peels, pomegranate, and even cocoa.

l. Use herbs such as rosemary, ginger, and turmeric, for these herbs are powerful antioxidants, anti-inflammatories and detoxifiers.

m. Avoid excessive quantities of meat. Use lean organic or grass-fed animal products in moderation, beef, chicken, pork, lamb, buffalo, ostrich.

ULTRAMETABOLISM: THE CAUSES OF OBESITY – AN INTEGRATIVE APPROACH TO WEIGHT LOSS (Conti.)

n. Use garlic and onions for they have cholesterol blood pressure lowering effects as well as anti-inflammatory and detoxifier.

o. Eat a high fiber diet, about 30-50 grams a day to support a healthy bowel and digestive tract . Fiber also helps slow sugar absorption from the gut.

p. Use extra virgin olive oil which contains anti-inflammatories and anti-oxidants.

q. Use organic soy products such as soy milk, soybeans, edamame, and tofu. They are rich in antioxidants that can reduce cancer risk, lower cholesterol, and improve insulin and blood sugar metabolism.

r. Increase your intake of nuts and seeds, including raw walnuts, almonds, macadamia nuts, pumpkin and flaxseeds.

s. Include one to two ounces of chocolate; only the darkest, most luxurious kind with at least 70% cocoa.

DECREASE/AVOID YOUR INTAKE OF:

a. All processed or junk foods, processed fruit juices, processed, refined oils, foods with hydrogenated oils and processed high sodium canned vegetables.

b. Foods containing refined white or wheat flour, sugar and high fructose corn syrup,

c. All artificial sweeteners.

d. Starchy, high-glycemic cooked vegetables, such as mashed white potatoes.

e. Large predatory fish and river fish which contain mercury and other contaminants in unacceptable amounts such as swordfish, tuna, tilefish, and shark.

f. Dairy products. Substitute unsweetened, gluten- free soy milk, almond milk, or hazelnut milk products.

g. Caffeine. Switch to green tea or limit to ½ a cup of coffee a day.

h. Alcohol. Limit to no more than 3 glasses of red wine per week.

Turn calories into energy by increasing your metabolic power. More muscle equals more mitochondria which is central to boosting your metabolic power.

FIVE STEPS TO CUSTOMIZE THE ULTRAMETABOLISM PRESCRIPTION FOR YOUR OWN PARTICULAR BODY NEEDS:

1. Eliminate the causes of mitochondrial damage
2. Exercise intelligently – interval training and strength training.
3. Eat foods that turn up your metabolism, and avoid foods that turn it down.
4. Use supplements that give you a metabolic tune up.
5. Test your mitochondria.

NEW JERSEY DIETITIANS IN HEALTH CARE FACILITIES

Presents our

" Laboratory Assessment of Nutritional Status "

and "Renal Nutrition"

Winter Seminar

January 17, 2007

Princeton, NJ

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