

2017 ACOI BOARD REVIEW

# NUTRITION

# Robert Hasty, DO, FACOI, FACP

Founding Dean & Chief Academic Officer

Idaho College of Osteopathic Medicine - Applicant Status



Proposed

**IDAHO**

College of Osteopathic  
Medicine

PARKINSON DISEASE

LOW-PROTEIN DIET

ALZHEIMER DISEASE

MEDITERRANEAN DIET  
REDUCES RISK

## CYSTIC FIBROSIS

- 3 MONTH NUTRITIONAL ASSESSMENTS  
CONSIDER CHECKING LEVELS FOR VITAMINS A,  
D, E, K, IRON, PROTEIN STORES, A1C (AT  
DIAGNOSIS OR ANNUALLY)

CHRONIC KIDNEY DISEASE

PROTEIN RESTRICTION

APPEARS FAVORABLE (0.6-  
0.8G/KG/DAY)

## CIRRHOSIS

MONITOR VITAMINS A, D, & E, AND ZINC  
SMALL, FREQUENT MEALS WITH BEDTIME  
SNACKS ARE EFFECTIVE AGAINST  
CATABOLISM

GOUT

ENCOURAGE LOW-FAT  
DAIRY



EPILEPSY

KETOGENIC DIET (HIGH  
FAT/LOW CARBS)  
BENEFICIAL

## CALCIUM OXALATE NEPHROLITHIASIS

AVOID LOW-CALCIUM DIETS (INCREASE EPISODES)

AVOID CHOCOLATE, SPINACH, GREEN/BLACK TEA

PYRIDOXINE (VITAMIN B6) MAY BE HELPFUL

## ICU NUTRITION

POSTPYLORIC FEEDING EQUIVALENT TO GASTRIC FEEDING

HARRIS-BENEDICT EQUATION SOMETIMES HELPFUL  
25 KCAL/KG/D FOR CALORIES & 2 G/KG/D FOR PROTEIN

## DYSLIPIDEMIA

<7% SATURATED FATS, DIETARY  
CHOLESTEROL CONSUMPTION <200 MG/DAY,  
PLANT STANOLS/STEROLS,  
OATS/FRUITS/LEGUMES

# REFEEDING SYNDROME

- Hypophosphatemia is the hallmark (Intracellular movement/ATP)
- Volume Overload is common
- Prevention: Moderation of Calories/Fluid and Judicious Correction of Electrolytes (phosphorous, magnesium, potassium)

BUPROPRION ASSOCIATED WITH  
TONIC-CLONIC SEIZURES IN THOSE  
WITH EATING DISORDERS

# OBESITY

3500 Calories/Pound

22 cal/kg to maintain weight

POSTOPERATIVE NUTRITION IN A BARIATRIC SURGICAL  
PATIENT

3, 6, 12 (THEN ANNUALLY): B12, FE,  
CBC, CMP, FERRITIN, VITAMIN D,  
THIAMINE, FOLATE, PTH



Population	Recommendation	Grade (What's This?)
Use of Multivitamins to Prevent Cardiovascular Disease or Cancer	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the use of multivitamins for the prevention of cardiovascular disease or cancer.	<b>I</b>
Single- or Paired-Nutrient Supplements for Prevention of Cardiovascular Disease or Cancer	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the use of single- or paired-nutrient supplements (except $\beta$ -carotene and vitamin E) for the prevention of cardiovascular disease or cancer.	<b>I</b>
Use of $\beta$ -carotene or Vitamin E for Prevention of Cardiovascular Disease or Cancer	The USPSTF recommends against the use of $\beta$ -carotene or vitamin E supplements for the prevention of cardiovascular disease or cancer.	<b>D</b>

Population	Recommendation	Grade (What's This?)
Community-dwelling, nonpregnant, asymptomatic adults age 18 years and older	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for vitamin D deficiency in asymptomatic adults.	<b>I</b>

Population	Recommendation	Grade (What's This?)
Premenopausal Women	<p>The USPSTF concludes that the current evidence is insufficient to assess the balance of the benefits and harms of combined vitamin D and calcium supplementation for the primary prevention of fractures in premenopausal women.</p> <p>Go to the <a href="#">Clinical Considerations</a> for suggestions for practice regarding the I statements.</p>	<b>I</b>
Men	<p>The USPSTF concludes that the current evidence is insufficient to assess the balance of the benefits and harms of combined vitamin D and calcium supplementation for the primary prevention of fractures in men.</p> <p>Go to the <a href="#">Clinical Considerations</a> for suggestions for practice regarding the I statements.</p>	<b>I</b>
Noninstitutionalized Postmenopausal Women	<p>The USPSTF concludes that the current evidence is insufficient to assess the balance of the benefits and harms of daily supplementation with greater than 400 IU of vitamin D and greater than 1,000 mg of calcium for the primary prevention of fractures in noninstitutionalized postmenopausal women.</p> <p>Go to the <a href="#">Clinical Considerations</a> for suggestions for practice regarding the I statements.</p>	<b>I</b>
Noninstitutionalized Postmenopausal Women	<p>The USPSTF recommends against daily supplementation with 400 IU or less of vitamin D3 and 1,000 mg or less of calcium for the primary prevention of fractures in noninstitutionalized postmenopausal women.</p>	<b>D</b>
Community-dwelling Adults, 65 Years or Older, at Increased Risk for Falls	<p>The USPSTF has previously concluded in a separate recommendation that vitamin D supplementation is effective in preventing falls in community-dwelling adults aged 65 years or older who are at increased risk for falls.</p>	<b>B</b>

SYMPTOM	ASSOCIATED DEFICIENCY
SUBACUTE COMBINED DEGENERATION	VITAMIN B12
WERNICKE-KORSAKOFF	THIAMINE
PELLAGRA (DERMATITIS, DIARRHEA, DEMENTIA, AND DEATH)	NIACIN
CORKSCREW HAIR	VITAMIN C
SKIN DESQUAMATION	RIBOFLAVIN
ECCHYMOSIS	VITAMINS C & K

# ANH

## Artificial Nutrition and Hydration

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