Research and teaching in nutrition and dietetics

To the Editor: I read with interest the articles in the last issue of the journal which related to both research and teaching in nutrition and dietetics (1–4). I was stimulated to think of how the interface between the two might be managed. Professor Truswell’s editorial began by presenting us with the challenges we face, not only in developing the evidence for practice, but also in considering how the rules are established. It is important that practitioners ensure they have input into this process, and they will do this by actively engaging in research themselves. In addition, learning the rules can become a core element of entry-level and continuing education programs for practitioners. This calls for studies in research methods and design in undergraduate curricula and in continuing education courses.

In a previous editorial, I emphasised the interdependence between theory and practice (5) and, in that framework, the position of research. Sue Ash and Lynne Daniels have provided an extensive and interesting array of approaches for practitioners in the field (2,3). The description of problem-based learning in clinical education by colleagues at Deakin University (4) provides some insights into how this might also filter through to tomorrow’s practitioners, our students. By its very nature, problem-based learning asks questions. While Winter and colleagues acknowledge that the aim is ‘to enhance independence. There are many opportunities to create synergies and each of us can do this in different ways depending on available resources. At the University of Wollongong, we have focused on linking research and teaching with the opportunities provided through the Australian Research Council Key Centre for Smart Foods (6). Linkages across institutions will further enhance these opportunities to ensure, as Lynne Daniels states ‘a bright future for dietitians’.

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References

The importance of evidence-based dietetics

To the Editor: I was interested to read the editorial (1) on the evidence-based approach to health care and the aptly juxtaposed leading article (2) on research on dietetic practice in the recent issue of the journal.

Professor Truswell focuses on the appropriate use of scientific evidence to develop our belief systems regarding the relationship of diet and the development of disease. He uses the term ‘evidence-based nutrition’ (I believe) to represent appropriate conclusions from ‘all objective evidence about diet and disease’ concerning a particular relationship. Interestingly, evidence-based medicine, while including these issues, has probably made its greatest gains by its focus on the practice of medicine i.e. what is the effect of a particular therapy or treatment. This is a major theme of the leading article by Dr Ash. The distinction between the issues is that what might be called ‘evidence-based dietetics’ focuses on what happens in practice regardless of our understanding of the biological relationships. This is important in our field because dietary intervention involves relatively complex behaviour change in comparison to many medical interventions, therefore our interventions are usually not only incompletely followed, but may involve unintended dietary and other changes.

As pointed out by Truswell, the evidence base for diet-disease relationships is far from perfect for a variety of reasons. However, there has traditionally been a strong focus on the appropriate use of scientific evidence in this field—certainly much stronger than in the area of evidence-based practice for dietitians. The ‘evidence-based medicine’ concept has had many successes to date which should result in benefit to health care. It has encouraged the questioning of practice and ‘seeking after the truth’ (the development of better and more appropriate evidence). It has institutionalised the importance of appropriate evidence to support knowledge, practice, guidelines and recommendations, and it has focused attention on ‘evidence hierarchies’.

A concern of nutritionists has been that evidence to support some diet-disease relationships and therapies is based on relatively weak study designs. While few people would deny the important role of dietary intake in health, evidence is available at high (or more compelling) levels of evidence for some therapies that may appear to compete with dietary therapy (for example cholesterol-lowering medications). This may be for commercial reasons and perhaps reasons related to relative treatment simplicity. The purpose of the hierarchy of evidence is to

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reflect the degree to which bias has been eliminated by the study design (2). Other aspects of assessing evidence include consideration of the size of the effect, the relevance of the evidence and the study quality. Rather than try to alter the hierarchy of evidence for our particular field, more effort should be put into gathering appropriate evidence. Appropriately sized dietary trials do occur and the results from these are influential (3–5).

In the absence of unified commercial interests to support such dietary trials, it is probably a role of government to fund the validation of dietary practices that are believed to be beneficial. This is particularly true in view of the fact that government policy in many sectors is influential on the national diet and consequential health effects.

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References

Citation of Nutrition & Dietetics

To the Editor: Congratulations on the new format and name for the Journal of the Dietitians Association of Australia—another step in the development of the journal (1). The journal has always had substantial content from outside our own region as demonstrated in the recent issue (2) as well as papers of interest worldwide. I hope the new format and name will encourage more content in this direction. The spectacularly attractive cover will look great on display rather than filed on a shelf. Perfect binding largely removes the need for binders that I had always felt would be useful for the journal in the previous format.

I have previously tracked citations from the journal as a means of measuring its performance (3,4). Under the former name (Australian Journal of Nutrition and Dietetics) the journal was most commonly cited in other scientific literature abbreviated as Aust J Nutr Diet, Aust J Nutr Dietetti, AJND. The first term was that recommended by the Dietitians Association of Australia, however not all journals adopt the same policy of abbreviation. I notice in the recent issue that the journal has determined that Nutr Diet should be used as the abbreviation in citation. This seems a sensible contraction of the previous abbreviation. The name of the Journal itself is distinguished by the use of an ampersand (i.e. Nutrition & Dietetics rather than Nutrition and Dietetics).

Could you confirm for me whether the title of the journal is this shorter form rather than Nutrition & Dietetics: The Journal of the Dietitians Association of Australia?

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References

Editor: Nutrition & Dietetics: The Journal of the Dietitians Association of Australia are respectively the new title and sub-title of this journal. The title in standard form is Nutrition & Dietetics. The abbreviated form of the journal’s title for citing references is Nutr Diet.

Professional viewpoint

WHO should we believe?

Recently at a seminar purported to be an update regarding infant feeding, nutrition and allergies, an ‘international expert’ tried to convince the audience that the age to introduce solids should be from four months. His viewpoint is contrary to the committee that reviewed the evidence for WHO. Their recommendation based on currently available evidence is to exclusively breastfeed for the first six months and then introduce complementary foods with continued breastfeeding from six months of age. Their conclusion is similar to the National Health and Medical Research Council infant guidelines that are in their final stage of revision.

I respect that individuals have a right to their own viewpoint but I feel it is not helpful to confuse health professionals by pushing their own barrow by selectively quoting the literature to further their case. I guess it is an example of consumer, buyer and registrant beware!

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