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Can a dietitian help?

This is the first article in a series looking at the relationship between diet and good health, and the role of the dietitian in the primary health care team.

Case study

A Greek man, 52 years of age, presents as he has been feeling unwell. You discover he has impaired glucose tolerance, high blood pressure and is overweight. He recently separated from his wife and is struggling with preparing meals. You prepare a GPMP with one element of management involving a change in his dietary habits.

You provide him with basic dietary advice based on the *Australian Guide to Healthy Eating* to get him started. However, he states he needs more help knowing what to eat to lose weight and is unsure about preparing meals and knowing what to buy at the supermarket. You suggest specialist dietary advice and refer him to a dietitian. He has private health insurance extras cover and can use this to subsidise the cost.

The dietitian assesses the patient's needs and where his diet could improve. The dietitian also takes anthropometric measurements and discusses the patient's individual dietary goals. Individualised, practical information and advice is provided on glycaemic index, preparing simple healthy meals, reading food labels, and choosing the right foods when eating out. The advice provided is culturally sensitive and reflects his current home situation. This helps improve his weight, which in turn, impacts on his blood pressure and impaired glucose tolerance. The GP receives regular feedback on the patient's progress.

■ **Adequately managing nutrition can help to better manage some chronic health conditions.¹⁻⁵ Referring patients to an Accredited Practising Dietitian (APD) may improve the quality of life for patients, both in the short and long term.**

What is an APD?

An APD is a qualified health professional who provides nutrition intervention and support to patients. In Australia there are no rules governing the use of the terms 'dietician' and 'nutritionist' and they may be used by dietitians, nutrition scientists and nutrition graduates – or people with very limited nutrition qualifications. It is therefore important to enquire about the qualifications of a dietitian or nutritionist. An APD is qualified to advise individuals and groups on nutrition related matters. They have tertiary qualifications in nutrition and dietetics and clinical training to modify diets in order to treat nutrition related health conditions.

What can APDs do to improve patient outcomes?

An APD can translate scientific nutrition information into practical advice to help patients make decisions about what to eat in order to achieve improved clinical and health outcomes (see *Case study*). They can advise patients on a range of nutrition related conditions, including:

- diabetes (type 1, type 2, gestational)
- cardiovascular disease
- gastrointestinal disorders (eg. coeliac disease, diverticulitis)
- cancer
- overweight and obesity
- food allergy and intolerance
- nutritional deficiencies/malnutrition
- liver disease
- polycystic ovarian syndrome
- renal disease.

A consultation generally includes a diet and lifestyle assessment, and nutrition education and counselling. The assessment involves medical and social status, including biochemistry and other relevant test results, dietary and family history and home environment. Based on this assessment, dietary recommendations, education and counselling are provided. Dietary counselling includes goal setting and advice on how to reach these goals. Any dietary plans take into

account the patient's own goals, stage of change, knowledge, skills and access to resources.

The aim is to provide patients with the skills and knowledge to self manage their health – both through prevention and treatment of disease – through nutrition, diet and other lifestyle modifications.

Follow up appointments assess progress and provide further education and support as required.

Indications for referral

There are many situations where referral may be indicated including:

- a new diagnosis requiring specific dietary modification (eg. diabetes, food allergy, abnormal blood lipids)
- poor understanding of dietary management (eg. a patient who has had diabetes for years but has poor blood glucose control)
- significant unintentional weight change (either weight loss or gain)
- evidence of recent poor food intake, poor appetite or difficulty preparing or eating food (eg. poor dentition or social isolation)
- deterioration of symptoms or change in care needs (especially for cancer or HIV patients or the elderly)
- any nutritional deficiencies (eg. anaemia or iodine deficiency)
- changes in medication prescribed that may affect dietary intake
- alternative methods of feeding (eg. enteral)
- texture modified food (dysphagic patients)
- periodic review for chronic conditions.

When referring, it is useful to include relevant medical history, recent biochemical and metabolic test results, and details of any medications currently prescribed.

What can an APD offer your practice?

As well as medical nutrition therapy for patients, a range of other services can be provided. For example, developing patient educational resources or running health promotion activities about nutrition issues such as 'heart week' or 'diabetes week'. They can also hold continuing professional development sessions on nutrition for other health professionals, including doctors and practice nurses.

What are the costs?

This is a common question for both GPs and patients, and costs vary. Private practice dietitians can cost from \$80–150 for an initial consultation (which takes about an hour). Follow up consultations are briefer and therefore cheaper. Consultations in the public health system through community health centres and some hospitals are free, but waiting lists can be long.

Most private health funds provide rebates for visits to APDs, with the amount of rebate dependant on the level of cover and the individual fund (see *Case study*). Some patients may be eligible for a Medicare rebate, although only a Medicare rebate or a rebate from a private health fund is possible, not both.

The Medicare Allied Health Initiative allows chronically ill people being managed by their GP under the Enhanced Primary Care (EPC) Program access to Medicare rebates for allied health services,

including APDs, in some situations. Eligible patients are those with a chronic condition, defined as one that is likely to be present for at least 6 months. This includes, but is not limited to, asthma, cancer, cardiovascular disease and diabetes. General practitioners must be managing the patient through the GP Management Plan (GPMP) and the need must be identified as part of a Team Care Arrangement (TCA). (Please note these are not the only criteria for Medicare eligibility for a GPMP, TCA and referral.) The dietician must provide a service that is directly related to the management of the patient's chronic condition. General practitioners must then fill out the EPC Program Referral Form for Allied Health Services under Medicare for the rebate to be possible. The Medicare rebate is currently \$48.95 per service with out-of-pocket expenses counting toward the extended Medicare safety net. Patients are given a maximum of five allied health visits per calendar year.

Medicare rebates are now also payable for group services for patients with type 2 diabetes, on referral from a GP. Contact Medicare for further information about eligibility, requirements, rebates and referral forms.

Resources

- The Dietitians Association of Australia provides a list of APDs. Visit the 'Find an APD' section of the DAA website at www.daa.asn.au or call toll free 1800 812 942 (from Australia)
- The 'Smart eating for you' section of the DAA website contains practical nutrition information for patients and interactive tools on health living.

Conflict of interest: none declared.

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