

Τμήμα Επιστημών Διατροφής και Διαιτολογίας Ελληνικό Μεσογειακό Πανεπιστήμιο



Εισαγωγή στο Μάθημα:
**«ΔΙΑΤΡΟΦΗ ΣΤΑ ΣΤΑΔΙΑ ΤΗΣ ΖΩΗΣ II
(Θ/A & ΕΡΓ)»**

(NDS252)

Περιγραφή μαθήματος Θεωρία/Άσκηση



- Μη υποχρεωτική παρακολούθηση στη Θεωρία (συνίσταται!)
- Υποχρεωτική παρακολούθηση στην Άσκηση Πράξη (2 δικαιολογημένες απουσίες)

Διδακτικές ενότητες Θεωρίας/Άσκησης



- Διατροφή Ενηλίκων
- Μεσογειακή Διατροφή
- Διάσημες Δίαιτες
- Εμμηνόπαυση
- Διατροφή στην τρίτη ηλικία (malnutrition, sarcopenia, frailty)
- Ενδιάμεση αξιολόγηση
- Plant-based διατροφή, Χορτοφαγία
- Τροφικές Αλλεργίες & Δυσανεξία στη Λακτόζη
- Δυσανεξία στη γλουτένη
- Υπερ - επεξεργασμένα & Λειτουργικά τρόφιμα
- Επαναληπτικό και συζήτηση

Άσκηση



- Ομαδική εργασία εξαμήνου => αφηγηματική ανασκόπηση (θα κάνουμε αναφορά σε λίγο!)
- Ηλεκτρονική ανάρτηση (με προθεσμία) στις Εργασίες (eclass)
- Συζητήση (βιβλιογραφία σχετική με τη διδαχθείσα ύλη της θεωρίας)
 - Εθνικοί Διατροφικοί οδηγοί
 - Κείμενα Θέσης (Position Statements) και διεθνείς/εθνικές συστάσεις
 - Άλλη σχετική βιβλιογραφία



Ευ Δια...
Τροφήν

ΕΘΝΙΚΟΣ ΔΙΑΤΡΟΦΙΚΟΣ ΟΔΗΓΟΣ

ΓΙΑ ΕΝΗΛΙΚΕΣ

ΕΠΙΣΤΗΜΟΝΙΚΗ ΤΕΚΜΗΡΙΩΣΗ

ΕΘΝΙΚΟΣ ΔΙΑΤΡΟΦΙΚΟΣ ΟΔΗΓΟΣ

ΓΙΑ ΕΝΗΛΙΚΕΣ



Ευ Δια...
Τροφήν



Ευ Δια...
Τροφήν

ΕΘΝΙΚΟΣ ΔΙΑΤΡΟΦΙΚΟΣ ΟΔΗΓΟΣ

ΓΙΑ ΑΤΟΜΑ ΗΛΙΚΙΑΣ
65 ΕΤΩΝ ΚΑΙ ΑΝΩ



ΕΘΝΙΚΟΣ ΔΙΑΤΡΟΦΙΚΟΣ ΟΔΗΓΟΣ

ΓΙΑ ΑΤΟΜΑ ΗΛΙΚΙΑΣ 65 ΕΤΩΝ ΚΑΙ ΑΝΩ

ΕΠΙΣΤΗΜΟΝΙΚΗ ΤΕΚΜΗΡΙΩΣΗ



Ευ Δια...
Τροφήν

Position of the Academy of Nutrition and Dietetics: Food and Nutrition for Older Adults: Promoting Health and Wellness

ABSTRACT

It is the position of the Academy of Nutrition and Dietetics that all Americans aged 60 years and older receive appropriate nutrition care; have access to coordinated, comprehensive food and nutrition services; and receive the benefits of ongoing research to identify the most effective food and nutrition programs, interventions, and therapies. Health, physiologic, and functional changes associated with the aging process can influence nutrition needs and nutrient intake. The practice of nutrition for older adults is no longer limited to those who are frail, malnourished, and ill. The population of adults older than age 60 years includes many individuals who are living healthy, vital lives with a variety of nutrition-related circumstances and environments. Access and availability of wholesome, nutritious food is essential to ensure successful aging and well-being for the rapidly growing, heterogeneous, multiracial, and ethnic population of older adults. To ensure successful aging and minimize the effects of disease and disability, a wide range of flexible dietary recommendations, culturally sensitive food and nutrition services, physical activities, and supportive care tailored to older adults are necessary. National, state, and local strategies that promote access to coordinated food and nutrition services are essential to maintain independence, functional ability, disease management, and quality of life. Those working with older adults must be proactive in demonstrating the value of comprehensive food and nutrition services. To meet the needs of all older adults, registered dietitians and dietetic technicians, registered, must widen their scope of practice to include prevention, treatment, and maintenance of health and quality of life into old age.

J Acad Nutr Diet. 2012;112:1255-1277.

POSITION STATEMENT

It is the position of the Academy of Nutrition and Dietetics that all Americans aged 60 years and older receive appropriate nutrition care; have access to coordinated, comprehensive food and nutrition services; and receive the benefits of ongoing research to identify the most effective food and nutrition programs, interventions, and therapies.

Position of the Academy of Nutrition and Dietetics: Individualized Nutrition Approaches for Older Adults: Long-Term Care, Post-Acute Care, and Other Settings



ABSTRACT

It is the position of the Academy of Nutrition and Dietetics that the quality of life and nutritional status of older adults in long-term care, post-acute care, and other settings can be enhanced by individualized nutrition approaches. The Academy advocates that as part of the interprofessional team, registered dietitian nutritionists assess, evaluate, and recommend appropriate nutrition interventions according to each individual's medical condition, desires, and rights to make health care choices. Nutrition and dietetic technicians, registered assist registered dietitian nutritionists in the implementation of individualized nutrition care, including the use of least restrictive diets. Health care practitioners must assess risks vs benefits of therapeutic diets, especially for frail older adults. Food is an essential component of quality of life; an unpalatable or unacceptable diet can lead to poor food and fluid intake, resulting in malnutrition and related negative health effects. Including older individuals in decisions about food can increase the desire to eat and improve quality of life.

J Acad Nutr Diet. 2018;118:724-735.

POSITION STATEMENT

It is the position of the Academy of Nutrition and Dietetics that the quality of life and nutritional status of older adults in long-term care, post-acute care, and other settings can be enhanced by individualized nutrition approaches. The Academy advocates that as part of the interprofessional team, registered dietitian nutritionists assess, evaluate, and recommend appropriate nutrition interventions according to each individual's medical condition, desires, and rights to make health care choices. Nutrition and dietetic technicians, registered assist registered dietitian nutritionists in the implementation of individualized nutrition care.

Sarcopenia: revised European consensus on definition and diagnosis

ALFONSO J. CRUZ-JENTOFT¹, GÜLISTAN BAHAT², JÜRGEN BAUER³, YVES BOIRIE⁴, OLIVIER BRUYÈRE⁵, TOMMY CEDERHOLM⁶, CYRUS COOPER⁷, FRANCESCO LANDI⁸, YVES ROLLAND⁹, AVAN AIHIE SAYER¹⁰, STÉPHANE M. SCHNEIDER¹¹, CORNEL C. SIEBER¹², EVA TOPINKOVA¹³, MAURITS VANDEWOUDE¹⁴, MARJOLEIN VISSER¹⁵, MAURO ZAMBONI¹⁶, WRITING GROUP FOR THE EUROPEAN WORKING GROUP ON SARCOPEINIA IN OLDER PEOPLE 2 (EWGSOP2), AND THE EXTENDED GROUP FOR EWGSOP2

Background: in 2010, the European Working Group on Sarcopenia in Older People (EWGSOP) published a sarcopenia definition that aimed to foster advances in identifying and caring for people with sarcopenia. In early 2018, the Working Group met again (EWGSOP2) to update the original definition in order to reflect scientific and clinical evidence that has built over the last decade. This paper presents our updated findings.

Objectives: to increase consistency of research design, clinical diagnoses and ultimately, care for people with sarcopenia.

Recommendations: sarcopenia is a muscle disease (muscle failure) rooted in adverse muscle changes that accrue across a lifetime; sarcopenia is common among adults of older age but can also occur earlier in life. In this updated consensus paper on sarcopenia, EWGSOP2: (1) focuses on low muscle strength as a key characteristic of sarcopenia, uses detection of low muscle quantity and quality to confirm the sarcopenia diagnosis, and identifies poor physical performance as indicative of severe sarcopenia; (2) updates the clinical algorithm that can be used for sarcopenia case-finding, diagnosis and confirmation, and severity determination and (3) provides clear cut-off points for measurements of variables that identify and characterise sarcopenia.

Conclusions: EWGSOP2's updated recommendations aim to increase awareness of sarcopenia and its risk. With these new recommendations, EWGSOP2 calls for healthcare professionals who treat patients at risk for sarcopenia to take actions that will promote early detection and treatment. We also encourage more research in the field of sarcopenia in order to prevent or delay adverse health outcomes that incur a heavy burden for patients and healthcare systems.



OPEN ACCESS

Diagnosis and management of adult coeliac disease: guidelines from the British Society of Gastroenterology

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ABSTRACT

A multidisciplinary panel of 18 physicians and 3 non-physicians from eight countries (Sweden, UK, Argentina, Australia, Italy, Finland, Norway and the USA) reviewed the literature on diagnosis and management of adult coeliac disease (CD). This paper presents the recommendations of the British Society of Gastroenterology. Areas of controversies were explored through phone meetings and web surveys. Nine working groups examined the following areas of CD diagnosis and management: classification of CD; genetics and immunology; diagnostics; serology and endoscopy; follow-up; gluten-free diet; refractory CD and malignancies; quality of life; novel treatments; patient support; and screening for CD.

last 8 years). As a result, the Clinical Services and Standards Committee of the BSG commissioned these guidelines, subject to rigorous peer review and based on a comprehensive review of the recent literature, including data from any available randomised controlled trials, systematic reviews, meta-analyses, cohort studies, prospective and retrospective studies.

A multidisciplinary panel of 18 physicians from eight countries (Sweden, UK, Argentina, Australia, Italy, Finland, Norway and the USA), a dietitian and a representative and a patient advocate from Coeliac UK reviewed the literature on the management of CD. These individuals were involved in the original stakeholder meetings and with revision of the manuscript.



The mediterranean diet: A healthy diet for humans and the planet

A sustainable lifestyle model

Reduces risks of:

Overweight and obesity

Cardiovascular disease

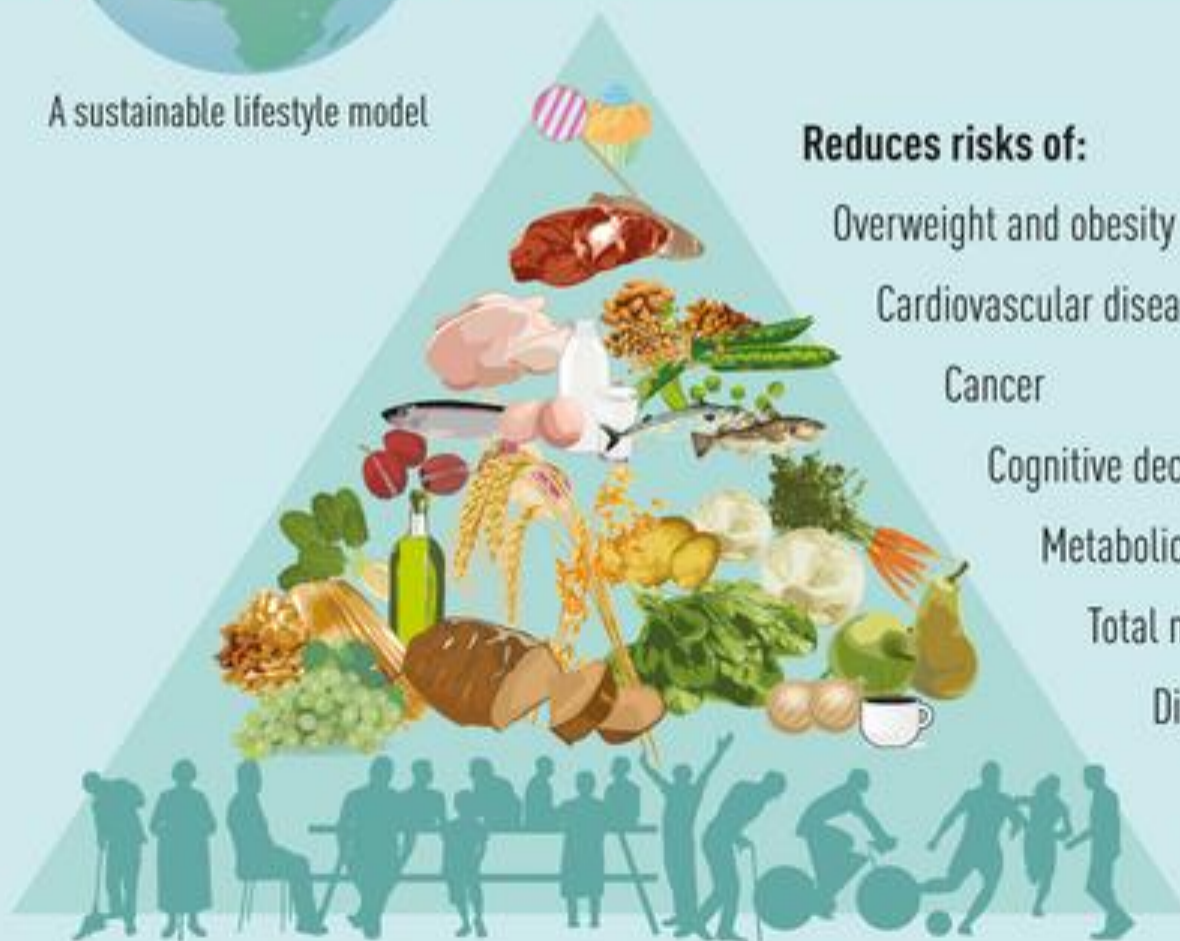
Cancer

Cognitive decline

Metabolic syndrome

Total mortality



Diabetes





REVIEW

Plant-based diets and risk of disease mortality: a systematic review and meta-analysis of cohort studies

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^eDepartment of Health and Human Performance, Marymount University, Arlington, VA, USA; ^fDepartment of Biostatistics and Epidemiology, Faculty of Health, Tabriz University of Medical Sciences, Tabriz, Iran

ABSTRACT

We aimed to examine the association between adherence to plant-based diets (PBDs) and the risk of mortality among the general population. Relevant investigations were identified through PubMed, Scopus, Embase, and ISI Web of Knowledge. Data were pooled using a random-effects or a fixed-effects model. Twelve prospective cohort studies with 42,697 deaths among 508,861 participants were included. The hazard ratios (HRs) for the highest compared to the lowest category of adherence to the PBDs were 0.90 (95% confidence interval [CI]: 0.82, 0.99; $I^2 = 91%$, $n = 12$) for all-cause and 0.77 (95% CI: 0.70, 0.86; $I^2 = 36%$, $n = 8$) for coronary heart disease (CHD) mortality. Among PBDs subtypes, there was an inverse association between healthy plant-based 0.92 (95% CI: 0.88, 0.96; $I^2 = 0%$, $n = 2$), Pesco-vegetarian 0.81 (95% CI: 0.70, 0.92; $I^2 = 0%$, $n = 2$), and Pro-vegetarian 0.74 (95% CI: 0.55, 0.88; $I^2 = 61.2%$, $n = 2$) diets and the risk of all-cause mortality. A vegetarian diet was also associated with lower risk of mortality due to cardiovascular 0.92 (95% CI: 0.85, 0.99; $I^2 = 0%$, $n = 5$) and CHD 0.76 (95% CI: 0.68, 0.85; $I^2 = 35%$, $n = 7$). Our findings show the potential protective role of PBDs against chronic disease mortality. As there were certain limitations in some of the studies included in this systematic review and meta-analysis, further research is necessary to confirm our findings.

KEYWORDS

Plant-based; vegetarian; vegan; mortality; meta-analysis; prospective cohort studies

Health outcomes associated with vegetarian diets: An umbrella review of systematic reviews and meta-analyses

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Umbrella review of systematic reviews and meta-analyses

Health outcomes

SUMMARY

Background: Several meta-analyses evaluated the association between vegetarian diets and health outcomes. To integrate the large amount of the available evidence, we performed an umbrella review of published meta-analyses that investigated the association between vegetarian diets and health outcomes.

Methods: We performed an umbrella review of the evidence across meta-analyses of observational and interventional studies. PubMed, Embase, Cochrane Database of Systematic Reviews, and ISI Web of Knowledge. Additional articles were retrieved from primary search references. Meta-analyses of observational or interventional studies that assessed at least one health outcome in association with vegetarian diets. We estimated pooled effect sizes (ESs) using four different random-effect models: DerSimonian and Laird, maximum likelihood, empirical Bayes, and restricted maximum likelihood. We assessed heterogeneity using I^2 statistics and publication bias using funnel plots, radial plots, normal Q-Q plots, and the Rosenthal's fail-safe N test.

Results: The umbrella review identified 20 meta-analyses of observational and interventional research with 34 health outcomes. The majority of the meta-analyses (80%) were classified as moderate or high-quality reviews, based on the AMSTAR2 criteria. By comparison with omnivorous diets, vegetarian diets were associated with a significantly lower concentration of blood total cholesterol (pooled ES = -0.549 mmol/L; 95% CI: -0.773 to -0.325; $P < 0.001$), LDL-cholesterol (pooled ES = -0.467 mmol/L; 95% CI: -0.600 to -0.335; $P < 0.001$), and HDL-cholesterol (pooled ES = -0.082 mmol/L; 95% CI: -0.095 to -0.069; $P < 0.001$). In comparison to omnivorous diets, vegetarian diets were associated with a reduced risk of negative health outcomes with a pooled ES of 0.886 (95% CI: 0.848 to 0.926; $P < 0.001$). In comparison to omnivores, Seventh-day Adventists (SDA) vegetarians had a significantly reduced risk of negative health outcomes with a pooled ES of 0.721 (95% CI: 0.625 to 0.832; $P < 0.001$). Non-SDA vegetarians had no significant reduction of negative health outcomes when compared to omnivores (pooled ES = 0.973; 95% CI: 0.873 to 1.083; $P = 0.51$). Vegetarian diets were associated with harmful outcomes on one-carbon metabolism markers (lower concentrations of vitamin B12 and higher concentrations of homocysteine), in comparison to omnivorous diets.

Conclusions: Vegetarian diets are associated with beneficial effects on the blood lipid profile and a reduced risk of negative health outcomes, including diabetes, ischemic heart disease, and cancer risk. Among vegetarians, SDA vegetarians could represent a subgroup with a further reduced risk of negative health outcomes. Vegetarian diets have adverse outcomes on one-carbon metabolism. The effect of

Review

Vitamin B₁₂-Containing Plant Food Sources for Vegetarians

Abstract: The usual dietary sources of Vitamin B₁₂ are animal-derived foods, although a few plant-based foods contain substantial amounts of Vitamin B₁₂. To prevent Vitamin B₁₂ deficiency in high-risk populations such as vegetarians, it is necessary to identify plant-derived foods that contain high levels of Vitamin B₁₂. A survey of naturally occurring plant-derived food sources with high Vitamin B₁₂ contents suggested that dried purple laver (nori) is the most suitable Vitamin B₁₂ source presently available for vegetarians. Furthermore, dried purple laver also contains high levels of other nutrients that are lacking in vegetarian diets, such as iron and *n*-3 polyunsaturated fatty acids. Dried purple laver is a natural plant product and it is suitable for most people in various vegetarian groups.

Keywords: cobalamin; dried purple laver; nori; vitamin B₁₂ deficiency



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Review

Ultra-Processed Foods and Human Health: A Systematic Review and Meta-Analysis of Prospective Cohort Studies



Marilena Vitale^{1,*}, Giuseppina Costabile¹, Roberta Testa¹, Giovanna D'Abbronzio¹,
Immacolata Cristina Nettore², Paolo Emidio Macchia², Rosalba Giacco^{1,3}

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A B S T R A C T

Evidence of associations between ultra-processed foods (UPF) and increased risk of cardiovascular disease is emerging, but it is unclear how much this is influenced by the methodology used to assess the UPF intake or by the level of consumption. We conducted a meta-analysis to evaluate 1) the association between UPF consumption and risk of diabetes, hypertension, dyslipidemia, and obesity, using prospective cohort studies; 2) the differential associations depending on the methodology used to assess UPF intake and the level of UPF consumption and 3) the quality of evidence using the NutriGrade scoring system. A systematic literature search was conducted in PubMed/MEDLINE, ISI Web of Science, and Scopus through 1 April, 2023, on studies conducted in humans providing data for the highest compared with the lowest UPF consumption categories. Summary relative ratios (RRs) and 95% confidence intervals (95% CI) were estimated using a random-effects model. Out of 4522 articles retrieved from the literature search, 25 reports met the criteria for inclusion in the meta-analysis, 7 for diabetes, 5 for hypertension, 3 for dyslipidemia, and 13 for obesity. A consistently positive association between high UPF intake and increased risk of developing diabetes (37%), hypertension (32%), hypertriglyceridemia (47%), low HDL cholesterol concentration (43%), and obesity (32%) was observed, even if the quality of evidence was not satisfying. However, these risks varied significantly depending on the methodology used to assess UPF consumption, with a difference of more than 50% between the methods. Based on the level of intake, we did not observe significant differences in the results. These findings show that UPF consumption is associated with higher risk of diabetes, hypertension, dyslipidemia, and obesity, but the level of risk consistently changes depending on the methodology used to assess UPF intake. Therefore, caution should be used when interpreting and extrapolating the results.

Keywords: ultra-processed foods, diabetes, hypertension, dyslipidemia, obesity, human



Causal role of high body mass index in multiple chronic diseases: a systematic review and meta-analysis of Mendelian randomization studies

Susanna C. Larsson^{1,2*}  and Stephen Burgess^{3,4}

Abstract

Background: Obesity is a worldwide epidemic that has been associated with a plurality of diseases in observational studies. The aim of this study was to summarize the evidence from Mendelian randomization (MR) studies of the association between body mass index (BMI) and chronic diseases.

Methods: PubMed and Embase were searched for MR studies on adult BMI in relation to major chronic diseases, including diabetes mellitus; diseases of the circulatory, respiratory, digestive, musculoskeletal, and nervous systems; and neoplasms. A meta-analysis was performed for each disease by using results from published MR studies and corresponding de novo analyses based on summary-level genetic data from the FinnGen consortium ($n = 218,792$ individuals).

Results: In a meta-analysis of results from published MR studies and de novo analyses of the FinnGen consortium, genetically predicted higher BMI was associated with increased risk of type 2 diabetes mellitus, 14 circulatory disease outcomes, asthma, chronic obstructive pulmonary disease, five digestive system diseases, three musculoskeletal system diseases, and multiple sclerosis as well as cancers of the digestive system (six cancer sites), uterus, kidney, and bladder. In contrast, genetically predicted higher adult BMI was associated with a decreased risk of Dupuytren's disease, osteoporosis, and breast, prostate, and non-melanoma cancer, and not associated with Alzheimer's disease, amyotrophic lateral sclerosis, or Parkinson's disease.

Conclusions: The totality of the evidence from MR studies supports a causal role of excess adiposity in a plurality of chronic diseases. Hence, continued efforts to reduce the prevalence of overweight and obesity are a major public health goal.

Keywords: Body mass index, Cancer, Cardiovascular disease, Chronic diseases, Obesity

From the BMI paradox to the obesity paradox: the obesity–mortality association in coronary heart disease

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†Authors equally contributed to this work.

Summary

Despite a strong association between body weight and mortality in the general population, clinical evidence suggests better clinical outcome of overweight or obese individuals with established coronary heart disease. This finding has been termed the ‘obesity paradox’, but its existence remains a point of debate, because it is mostly observed when body mass index (BMI) is used to define obesity. Inherent limitations of BMI as an index of adiposity, as well as methodological biases and the presence of confounding factors, may account for the observed findings of clinical studies. In this review, our aim is to present the data that support the presence of a BMI paradox in coronary heart disease and then explore whether next to a BMI paradox a true obesity paradox exists as well. We conclude by attempting to link the obesity paradox notion to available translational research data supporting a ‘healthy’, protective adipose tissue phenotype. © 2016 World Obesity

Keywords: Adipose tissue, body mass index, coronary heart disease, obesity.

Abbreviations: AMI, acute myocardial infarction; BMI, body mass index; CABG, coronary artery bypass grafting surgery; CHD, coronary heart disease; CRF, cardiorespiratory fitness; ECM, extracellular matrix; HF, heart failure; HR, hazard ratio; LMI, lean mass index; MET, metabolic equivalent of task; MHO, metabolically healthy obese; PCI, percutaneous coronary intervention; PVAT, perivascular adipose tissue; STEMI, ST-segment elevation myocardial infarction; WC, waist circumference; WHR, waist-to-hip ratio.

Διαδικασία αξιολόγησης Θεωρία/Άσκηση



- Συμμετοχή (ομαδικές εργασίες => 20%)
- Γραπτή τελική αξιολόγηση (80%)

Περιγραφή μαθήματος Εργαστηρίου



- Υποχρεωτική 2ωρη παρακολούθηση
 - 2 επιτρεπόμενες απουσίες
- Διαλέξεις ΕΡΓ → προσοχή στις ανακοινώσεις του Τμήματος και του μαθήματος
- ΔΗΛΩΣΗ ΤΜΗΜΑΤΩΝ ΕΡΓΑΣΤΗΡΙΟΥ

Διδακτικές ενότητες Εργαστηρίου



- Ανάλυση Διαιτολογίου με λογισμικό πρόγραμμα
- Σχεδιασμός Διαιτολογίων βάσει NCP
 - ✦ Ενήλικες γενικά
 - ✦ Απώλεια βάρους /Πρόσληψη βάρους
 - ✦ Εμμηνόπαυση
 - ✦ Ηλικιωμένοι Παχύσαρκοι
 - ✦ Ηλικιωμένοι Λιποβαρείς
 - ✦ Χορτοφάγοι
 - ✦ Δυσανεξία στη λακτόζη
 - ✦ Κοιλιοκάκη
- Μεσογειακή Διατροφή και Διάσημες Δίαιτες

Διαδικασία αξιολόγησης Εργαστηρίου



- 25% => Ενδιάμεση αξιολόγηση
- 10% => Συμμετοχή-Εβδομαδιαία περιστατικά
- 10% => Τεστ / Εργασία εξαμήνου
- 55% => Τελική αξιολόγηση

Λογισμικά πακέτα για Δ/Δ



- Διαχείριση πελατών
 - Ερωτηματολόγιο ιστορικού, ιστορικό μετρήσεων με διαχρονική απεικόνιση των σωματομετρικών αλλαγών
- Πίνακες τροφίμων με πλήρη ανάλυση σε θρεπτικά συστατικά
- Σύνταξη διαιτολογίου και διατροφική ανάλυση
- Δημιουργία διαθρεπτικής ανάλυσης νέων τροφίμων και συνταγών
 - Δυνατότητα δημιουργίας νέων τροφίμων & σύνθεσης συνταγών με την πλήρη ανάλυση τους.
- <https://www.dietspeak.gr/manual.htm>



dietSpeak[©]



Λογισμικό Διατροφής & Διαιτολογίας



Βρίσκεστε εδώ: Αρχή



Εγγραφή



Συνεδρίες



Μετρήσεις



Φυσ. Δραστ.



Συνταγές



Καμπύλες



Γεύματα



Καρδιαγγειακά



Δίαιτα



Πελάτης



Ιστ. Συχνότητας



Πιν. Τοοφίμων



Εκτιπώσεις



Εξισώσεις



Ερωτηματολόγια