

2018 ACOI BOARD REVIEW

NUTRITION

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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.	I
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 β -carotene and vitamin E) for the prevention of cardiovascular disease or cancer.	I
Use of β -carotene or Vitamin E for Prevention of Cardiovascular Disease or Cancer	The USPSTF recommends against the use of β -carotene or vitamin E supplements for the prevention of cardiovascular disease or cancer.	D

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.	I

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 Clinical Considerations for suggestions for practice regarding the I statements.</p>	I
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 Clinical Considerations for suggestions for practice regarding the I statements.</p>	I
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 Clinical Considerations for suggestions for practice regarding the I statements.</p>	I
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>	D
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

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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Idaho College of Osteopathic Medicine - Applicant Status



Proposed

IDAHO

College of Osteopathic
Medicine