

# What do physicians know about nutrition?

## Opinion

Physicians are acknowledged for knowing, at least, a little of almost everything in Medicine. But, what do physicians know about nutrition and nutritional support? Except for those who had training in Nutrology and who work in nutrition support teams, most physicians only have a clue of what is appropriate for their patients, usually based in empiricism. At Medical School teaching of Nutrition Science is too superficial to warrant adequate knowledge and confidence for practice. Studies carried out with students of Medicine in North America were successful in showing how unprepared they were regarding nutrition education, which led to proposals of curriculum adjustments.<sup>1-3</sup> In two other studies, with medical residents of departments of Internal Medicine, only 11-14% felt they were adequately trained to provide nutrition counseling.<sup>4,5</sup>

Malnutrition can be defined as “a state resulting from lack of intake or uptake of nutrition that leads to altered body composition (decreased fat free mass) and body cell mass leading to diminished physical and mental function and impaired clinical outcome from disease”, which can result from starvation, disease or advanced ageing (e.g. >80years), alone or in combination.<sup>6</sup> It is considered a worldwide public health problem, often neglected, despite its negative impact and well-known complications.<sup>6,7</sup>

The magnitude of malnutrition in Latin America was shown in a recent systematic review, which has shown a prevalence of 40-60% in patients admitted to hospitals. Even more surprising was the finding of worsening of desnutrition during the course of hospitalization. Disease-related malnutrition was significantly associated with adverse clinical consequences,<sup>8</sup> including an increased risk of infectious and non-infectious complications, more frequent re-admission to intensive care units, longer duration of hospitalization and a corresponding increase in the cost of care and increased mortality. In Brazilian hospitals, medical awareness and intervention were extremely low. Fewer than one in five malnourished patients in one Brazilian study had a coded diagnosis of malnutrition in their medical record,<sup>9</sup> and three separate studies showed that fewer than one in 10 malnourished patients received nutritional therapy.<sup>10-12</sup>

Potential causative factors for the lack of awareness and appropriate therapeutic intervention include the absence of formal nutritional education in graduate and postgraduate medical training programmes.<sup>1-4</sup> In the hospital where I work, provocation of the “nutritional thinking” is done almost daily by the Clinical Nutrition team to the attending physicians. Through a periodic nutritional assessment and follow-up of hospitalized patients, the determination of the protein-calories needs is made and in a daily round with multidisciplinary team, the capacity of the patients to obtain adequate nutritional intake by oral, enteral or parenteral dosing is discussed in order to avoid or to treat disease-related malnutrition. There is an abundance of evidence demonstrating improved quality of care, improved outcomes, and reductions in institutional costs when patients are evaluated and appropriately managed by a multidisciplinary nutrition support team.<sup>13</sup>

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Multidisciplinary Nutrition Support Team from Hospital Mãe de Deus.

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**Marcelo Campos Appel-da-Silva**

Department of Gastroenterology and Multidisciplinary Nutrition Support Team, Hospital Mãe de Deus, Porto Alegre, Brazil

**Correspondence:** Marcelo Campos Appel-da-Silva, Department of Gastroenterology, Hospital Mãe de Deus, Rua José de Alencar, Porto Alegre, Brazil, Tel 286-90880-481, Email marceloappel@yahoo.com.br

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## Conflict of interest

Author declares that there is no conflict of interest.

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