

NJD-HCF COMMUNIQUÉ



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CHAIRMAN'S CORNER

By Josefina G. Velez, M. S. R. D., DHCFA

Our winter seminar was a huge success. Thanks to our speakers Janet Reid - Hector and Jennifer Kurzawa who did an excellent job with the wealth of information they presented to us. Save the date, April 24, 2008 for our Spring Seminar.

It is great to know that spring is around the corner which means cool but warmer weather, which promises us flowers blooming in an array of colors, and birds singing to cheer us up and brighten our days.

This year we are celebrating the 40th Anniversary of the founding of our organization -NJDHCF. We thank the founding members, the past presidents and members of the board who dedicated their service for the advancement of our profession, as well as for keeping the highest standard of professionalism of our group intact. We are extending an invitation to the founding members, all the members, past presidents and officers to join us on April 24, 2008 in Princeton for our Spring Seminar and celebration. I am very proud to announce that Suzanne C. Cryst, the National CD-HCF Chair, our CD-HCF Area Coordinator, Michelle A. Fratianne, and Beatriz Dykes, Member, ADA Honors Committee; Candidate for the ADA House of Delegate, and National President of the Filipino American Dietetic Association, will grace us with their presence on April 24, 2008 in celebration of our "40 Fruitful and Productive Years" of existence.

For the benefit of our members and their families, we have made arrangements with The Buyer's Edge, a consumer buying service that guarantees the lowest prices in most major purchases such as major appliances, TV, new and used cars, furniture, jewelry, travel luggage and much more. Check out The Buyer's Edge. Login to our website www.nutritionexpert.com and click at The Buyer's Edge. As member of the NJDHCF you can call Buyer's Edge authorized vendors direct, via toll free numbers and speak to a "live" specialist who has product and service expertise, knows inventory availability and, in many cases, can arrange delivery directly to your door A.S.A.P. You and your families can access this service at no cost to you.

I hope to see you all on April 24, 2008. We plan to recognize the founding members and the Past Presidents on this day. Come and help us celebrate our anniversary with a "BANG!!!!!!!"



Memories

By Harriet Kahn, RD

In 1967, dietitians were still beginning new careers in Long Term Care. The State regulations began to require a consultant dietitian in nursing homes. No time requirements existed then.

One of the State surveyors, a dietitian named Ann Witkowski was instrumental in encouraging the consultant dietitians to develop a support group. I attended those first meetings, along with current member Liz Dunnell and former member Linda Gershen. I can't remember who else attended, but there were several of us. We held follow-up meetings in early members homes.

I remember the year - 1967 - the year my first son was born, May 29. That summer / fall we met in Trenton, and he came along, infant seat and all. We named our organization the New Jersey Association of Consultant Dietitians - NJACD, and many of our current members joined in those early years.

We eventually decided to develop our own diet manual for long term facilities, and our first was printed as the 1998 edition, chaired by Barbara D'Asaro and developed by our members, Elsie Allen, Mary Chambers, Liz Dunnell, Vanita Manchanda, Marilyn McConnell, Dorothy O'Connell, Doris Sabin and Mary Vincenti.

Our name was changed to NJDHCF (New Jersey Dietitians in Health Care Facilities) in 1999, as many of our members were no longer consulting, but were working full time, and we were expanding our expertise from just LTC to other venues.

We have always been the largest established NJ practice group, and now we are the only active one. We're proud of our history, and our current chair Josie Velez has declared a 40th year recognition for 2007-2008. We'd love to know when our members first joined. Please notify Josie or myself, so we can publish a list and and continue our recognition at our next meeting on April 24.

I'm proud to be a 40 year member of this organization, and as membership chair want to increase our membership (why not?). We have THE BEST programs of any professional organization, in my opinion, and we offer pertinent information to all. Encourage your colleagues to join us.

Articles in this newsletter are for your review and not necessarily the opinion of this editor or this practice group.

Mark Your Calendar!

Thursday, April 24, 2008

NJDHCF SPRING SEMINAR

PRINCETON, NJ

**Deadline for the August
2008**

Newsletter is July 15, 2008

Please send all articles or
announcements to:

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OR

Send Email to:
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Spring Seminar

Submitted by Darlene A. Morrison, MS, MBA, RD, Chairman-Elect

We have such an exciting seminar planned for April 24th that you want to be sure to attend! We have two expert speakers scheduled to share their expertise.

The first speaker is Jeanne Caruso, RN, RAC-CT, Corporate Nurse Consultant and MDS Coordinator for Dynamic Healthcare Management. Her topic for the morning session is “The Dietitian, the MDS and the Culture Change in Nursing Homes.”

This session will cover the vast impact that the MDS has on quality of care and quality of life issues in the Long Term and Sub acute environment today. More than ever consumers are expecting a “change” in the course of their care. As part of the interdisciplinary team, the dietitian must find ways to create and adjust to this transition and still achieve excellence by addressing individual resident needs. The participant will obtain a better understanding of the quality indicators/measures and see how items from section K factor into the process, to improve quality care and resident outcomes. The participant will also learn about the new changes and challenges with the survey process, to include the new MDS 3.0, and identify the goals and objectives for the “Culture Change” in nursing homes.

The second speaker is Jackie Nielsen, MS, RD, CDE, Cofounder/Owner of Partners in Nutrition, LLC. Her topic for the afternoon session is “A ‘Day in the Life’ of a Parkinson’s Disease Resident and Appropriate Nutrition Management.”

This program is designed to identify common nutrition-related concerns occurring in residents with Parkinson’s disease and how best to manage these issues to maximize their quality of life. Upon completion of the seminar, the participant will be able to identify nutrition-related conditions occurring in patients with Parkinson’s disease (such as constipation, bone thinning, gastroesophageal reflux disease, unplanned weight loss, motor complications due to levodopa use, and dehydration), assess the need for nutrition interventions for common concerns and provide medical nutrition therapy for individuals with Parkinson’s disease. An overview of medication effects and supplements/foods that may be helpful will also be discussed.



RD Involvement in Bioethics Study-Abstract

Submitted by Elsie Nucum-Allen, MS RD

Elsie Nucum-Allen, MS RD who has been a very active member of the New Jersey's Long term Care regional Ethics Committees (Northwest Regional Ethics Partnership Committee) had participated in the research project for a master's thesis which explored the characteristics and roles of RDs who participate on bioethics committees or as bioethics consultants. The study was conducted by Britta Brown, RD, LD, CNSD.

Abstract

Objective: To explore the relationships among demographic and education characteristics, and roles in ethical decision-making in relation to level of practice, among RDs who participate on a bioethics committee or as a bioethics consultant.

Design: RDs who agreed to participate in this mixed-methods design study and who met inclusion criteria were sent an e-mail with an embedded link to an electronic survey and were scheduled to complete a 15-20 minute semi-structured telephone interview. The electronic survey and telephone interview were designed to obtain demographic, education, roles in ethical decision-making, and level of practice characteristics.

Subjects: RDs who self-identified themselves to the American Dietetic Association's Ethics Committee as having experience as a bioethics committee member or consultant (n = 42) were contacted by telephone to determine their interest and eligibility in participating in this study. The usable response rate for participants completing both the electronic survey and the telephone interview was 47.6% (n = 20).

Statistical Analyses: Descriptive statistics and Fisher's exact test were used to test relationships between demographic and education characteristics and roles in ethical decision-making, in relation to level of practice. Qualitative themes were derived from coding telephone interview transcripts.

Results: Twenty-five percent (n = 5) of subjects met 100% of Bradley's (33) advanced-level practice characteristics and an additional 45.0% (n = 9) met 70-99% of this model's characteristics. All subjects (n = 20) had greater than eight years professional experience and 65% (n = 13) had earned at least a Master's degree. Fourteen types of roles for RD involvement in ethical decision-making were identified during the telephone interviews and based on survey data, $\geq 75\%$ (n = 15) of subjects were involved in at least eight different types of ethical situations in their practice. Prominent roles included educating patients/surrogate decision-makers and health care providers on ethical issues related to nutrition and hydration, case consultation, policy development, and leadership roles within a bioethics committee.

RD Involvement in Bioethics Study-Abstract (Conti.)

Applications/Conclusions: Key findings from this study suggest RDs involved as bioethics committee members or consultants achieve many of Bradley's advanced-level practice characteristics (33). A majority of subjects demonstrated possession of an expert knowledge base, complex decision-making skills, expanded practice, and a high level of autonomy and responsibility, all characteristics consistent with advanced-level practice (32). RDs in this study had numerous professional roles and expressed interest in expanded opportunities for academic and continuing education in bioethics. Involvement in bioethics may represent an opportunity for specialty or advanced-level dietetics practice, but additional research using a larger sample size of RDs needed.



Current, past and future Presidents of our organization who were at the January 2008 meeting.

L to R = Dorothy O'Connell, Chris Colvin, Paula Hopkins (Hidden), Elsie Nucum-Allen, Mary Chambers(Hidden) Josie Velez, Darlene Morrison, Harriet Kahn, Juliet Songco, Vanita Manchanda, Barbara D'Assaro



**ABSTRACT FROM THE ADA FOOD AND NUTRITION CONFERENCE AND EXPO
PHILADELPHIA, OCTOBER 29 – OCTOBER 2, 2007**

Submitted by Josefina G. Velez, M.S., R.D., DHCFA

Protein in Ageing and Disease

Kevin B. Miller
Senior Scientist, Clinical Sciences

Muscle maintains physical locomotion, however, beyond locomotion, muscle protein is important because altered muscle metabolism may induce pathologic conditions and chronic diseases. Muscle likely improves bone density and reduced risk of osteoporosis. Greater muscle mass can prevent Type II Diabetes.

Sarcopenia –natural muscle loss with ageing begins between ages 30-40 and continues at a steady rate. Even healthy physically active people lose muscle at 1-2%. A healthy 80 year old may lose 40% of their muscle mass compared to when they were 30. Sarcopenia results in 3-4x increase in disability in both men and women, independent of age, morbidity, obesity, income and behavior.

Cancer, AIDS, Congestive Heart Failure, Arthritis, Cystic Fibrosis, Chronic or End –stage diseases - may result in cachexia which causes loss of muscle mass, and complicates diagnosis.

Chronic wasting – hypermetabolic/inflammatory disease may cause catabolism of muscle/organ protein. Oxidative stress/acute inflammation make the body break down current muscle for new protein. Increase in physical activity promotes increase muscle mass and with increase muscle results in increase muscle strength.

Nutritional intervention with the use of high quality protein may help with reducing muscle loss. The use of whey protein isolate provides the essential amino acids and the branched-chain amino acids which help promote protein synthesis. The elderly are resistant to nutritional and physiological stimulants of muscle building that the current protein recommendation of .8g/kg body weight per day is low and may be the amount required for survival only. For optimal health, greater than 1.2+ g /kg body weight /day is suggested.

Benefits of higher protein are:

1. Prevent catabolism of existing skeletal muscle.
2. Maintenance of strategic reserve.
3. Improved glucose tolerance /insulin sensitivity
4. Protein status predicts immune status
5. Improved wound/post-surgical recovery



PROTEIN AND AGEING AND DISEASE (Conti.)

Increased muscle mass/function promotes metabolic reservoir of amino acids; reduces frailty thus improves independence and reduces the risk of diabetes.

Methods to achieve improved muscle mass/function :

1. Increase activity by resistance weight training and weight bearing exercises
2. Nutritional support by preventing protein-energy malnutrition; increase intake of high quality proteins; use of antioxidants and anti-inflammatory agents (vitamins, minerals, fish oils)
3. Reduce inflammation by taking antioxidants and medication

**USE YOUR MUSCLES + GET MORE PROTEIN = IMPROVED
MUSCLE MASS**

NEW JERSEY DIETITIANS IN HEALTH CARE FACILITIES

Presents our

" The Dietitian, the MDS and the Culture Change in Nursing Homes"

and

"A 'Day in the Life' of a Parkinson's Disease Resident and Appropriate Nutrition Management"

Spring Seminar

April 24, 2008

Princeton, NJ



NJD-HCF

c/o MRN Web Designs

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