Experts urge evaluation of diet at routine check-ups

August 7 2020

Credit: CC0 Public Domain

The time has come for routine health care visits to include some form of dietary assessment and counseling, according to a new scientific statement from the American Heart Association published today in *Circulation: Cardiovascular Quality and Outcomes*, an American Heart Association journal. The statement, written by a group of nutrition and cardiovascular disease experts, recommends the adoption of a rapid diet screening tool that can be integrated into electronic health record platforms across all health care settings.

"Dietary patterns and quality are not sufficiently prioritized when addressing modifiable risk factors during regular health care office visits. Given the evidence that diet contributes to disease and mortality, it is a risk factor worth screening for continuously," said Maya Vadiveloo, Ph.D., R.D., chair of the statement writing group and assistant professor of nutrition and health sciences in the College of Health Science at the University of Rhode Island in Kingston, Rhode Island.

Poor diet quality has surpassed all other risk factors for death, accounting for 11 million deaths and about half of cardiovascular disease (CVD) deaths globally, according to the 2017 Global Burden of Disease Study, a comprehensive report on the health impact of diet in 195 countries around the world.

The statement authors reviewed 15 existing screening tools, assessing each to provide insight on the feasibility of incorporating an evidence-based dietary screening tool into routine practice.

The authors list numerous reasons why members of a health care team may not address diet quality during a routine office visit: lack of training and knowledge; lack of time and reimbursement; competing demands during the often short office visit; and that nutrition services aren't integrated into many health care settings.

"However, these barriers can be overcome," said Vadiveloo. "We want a valid, reliable way to assess diet that reflects the best science, and most of the tools assessed take under 10 minutes to use." Three of the tools assessed meet criteria set forth in the statement and may provide a framework to help practices incorporate diet screening into their workflow. The Powell and Greenberg Screening Tool asks two questions about fruit and vegetable consumption and sugary food and juice consumption. The Rapid Eating Assessment for Participants-Shortened assessment and the Mediterranean Diet Adherence Screener ask more than 10 questions and cover major food groups, as well as processed foods and alcohol consumption.

The keys to an effective diet screening tool include:

- Using an evidence-based approach;
- Assessing the total dietary pattern, not just a single food or nutrient;
- Speed;
- The ability to give actionable next steps and support to patients; and
- The ability to track and monitor dietary change over time.

"There are other tools beyond what was assessed, and additional tools could be developed," said Vadiveloo.

While the statement does not endorse a specific screening tool, it encourages critical conversations among clinicians, individuals with

diet/lifestyle expertise and specialists in information technology to adopt rapid diet screening tools for adults in primary care and relevant specialty care and prevention settings.

"An important component in addition to evaluating diet quality is targeting actionable changes—helping patients set achievable dietary goals—and then following up at the next visit," said Alice H. Lichtenstein, D.Sc., vice-chair of the writing group and lead and senior scientist of the Cardiovascular Nutrition Team at the Jean Mayer USDA Human Nutrition Research Center on Aging at Tufts University in Boston.

Areas for future study include testing and validating screener tools in diverse populations, as well as among special clinical populations (pediatrics, geriatrics, etc.), and evaluating the feasibility of implementing these tools in clinical settings.

A healthy diet can improve cardiovascular disease risk and outcomes. What you eat (and how much) can affect other controllable risk factors, such as cholesterol, blood pressure, diabetes and being overweight.

More information: *Circulation: Cardiovascular Quality and Outcomes* (2020). DOI: 10.1161/HCQ.0000000000000094

Provided by American Heart Association