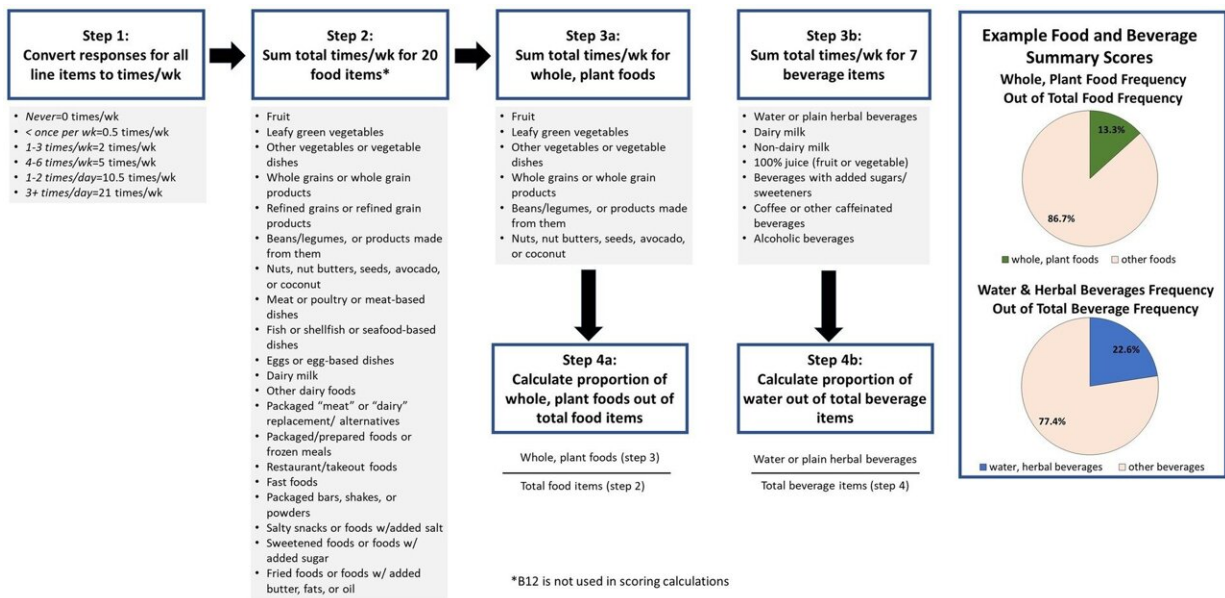


A unique screening tool for clinicians to efficiently assess patient dietary patterns

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Scoring the ACLM Diet Screener. Credit: *Frontiers in Nutrition* (2024). DOI: 10.3389/fnut.2024.1356676

The American College of Lifestyle Medicine (ACLM) has developed a clinical tool to help health care professionals incorporate a food as medicine approach into their practice by assessing and tracking the proportion of whole, unrefined plant-based foods and water intake in their patients' dietary patterns.

The ACLM Diet Screener, a 27-item [diet assessment tool](#) available free on ACLM's website, was designed to guide clinical conversations around [diet](#) and support nutrition prescriptions, while also being brief enough for use during routine clinical encounters. A multidisciplinary team of clinicians provided input on development of the tool.

While other dietary assessment tools exist, the ACLM Diet Screener is unique because it aligns specifically with the needs of lifestyle medicine clinicians who tend to prescribe a predominantly plant-based diet, captures a picture of the overall diet, and includes simple measures that are understandable and actionable for the patient, said ACLM Senior Director of Research Micaela Karlsen, Ph.D.

Dr. Karlsen is lead author on a paper about the screener's development [published](#) in *Frontiers in Nutrition*.

"Research demonstrates that various kinds of plant-based diets are associated with lower risk of chronic diseases and can be effective interventions for the treatment of cardiovascular disease and even remission of type 2 diabetes," Dr. Karlsen said. "But there was a clear need by clinicians for a tool to better help them bridge that nutritional research into a clinical setting, as well as support treatment protocols and behavior change in patients. The ACLM Diet Screener was developed with these goals in mind."

Lifestyle medicine physicians and nutrition researchers were among the team that started developing the tool in 2021. The team consulted a wide range of resources, such as the U.S. Dietary Guidelines and My Plate, the DASH Diet and the Healthy Eating Index, as well as the tools presented in the Register of Validated Short Dietary Assessment Instruments from the National Institutes of Health, to identify specific foods and beverages to include in the screener, and how to categorize them.

After an iterative design process and pilot testing period, the final version of the screener features 20 questions on [food consumption](#), six on beverage consumption and one on nutrients and supplements. Food categories include fruit, leafy green vegetables, legumes, dishes made with meat, eggs or seafood, as well as [fast food](#), frozen meals, restaurant/take out and fried foods.

Upon completion of the questionnaire, summary scores are tabulated for total whole plant food frequencies as a proportion to total food frequencies, and for total water frequency as a proportion to total beverage frequency. The score summaries can be viewed easily and quickly by a member of the care team, or if time permits, the summaries can be formatted into simple pie charts for the purposes of clinical conversations with patients. The screener includes pictures of foods representing the categories to help ensure the questionnaire is easily understood by all patients.

Almost 90% of the 539 [health professionals](#) who participated in the pilot assessment of the Diet Screener reported that it was brief enough to use in a [clinical setting](#) and 68% indicated they planned to use it, according to the *Frontiers in Nutrition* paper.

"Time is a big barrier for clinicians who want to engage in meaningful conversations with patients about their eating patterns and other lifestyle behaviors," said Erin Campbell, MD, MPH, clinical assistant professor of Public Health Sciences and co-founder of the University of Rochester Nutrition in Medicine Research Center.

"One recent study found that in typical patient encounters, physicians only spend about one-quarter of their time with patients directly but spend half of their time dealing with administrative duties like electronic health records. We were pleased that the vast majority of clinicians who reviewed the screener found it useful despite the [time constraints](#) they

face."

Another unique aspect of the screener is its relevance to different ethnic and cultural groups that include African American, Hispanic/Latino, Asian American, Native American, and Indian American. Subject matter experts representing those demographic groups reviewed the food examples and recommended additions based on their perspectives and the experiences of that culture.

"We wanted to be relevant to the broadest audience possible, and while there are other screeners that exist for specific populations, we are unaware of any single tool that is as flexible to a wide variety of patient populations such as the ACLM Diet Screener," said Susan Friedman, MD, MPH, DipABLM, FACLM, Professor of Medicine at the University of Rochester and a study author. "Our hope is that clinicians will find this tool helpful for many different patients, even if their practice is very busy."

More information: Micaela C. Karlsen et al, Piloting a brief assessment to capture consumption of whole plant food and water: version 1.0 of the American College of Lifestyle Medicine Diet Screener (ACLM Diet Screener), *Frontiers in Nutrition* (2024). [DOI: 10.3389/fnut.2024.1356676](https://doi.org/10.3389/fnut.2024.1356676)

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