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Locating Evidence-Based Pediatric Nutrition Resources on the Web

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Objectives

- Describe web resources to use for **evidence-based dietetics practice to improve patient care**
- Identify **web resources** of interest to pediatric nutritionists
- Identify strategies to **improve searching skills** to find appropriate evidence on the web

What is Evidence-Based Dietetics Practice?

Evidence-based dietetics practice is the **use of systematically reviewed scientific evidence** in making food and nutrition practice decisions by **integrating best available evidence with professional expertise and client values** to improve outcomes.

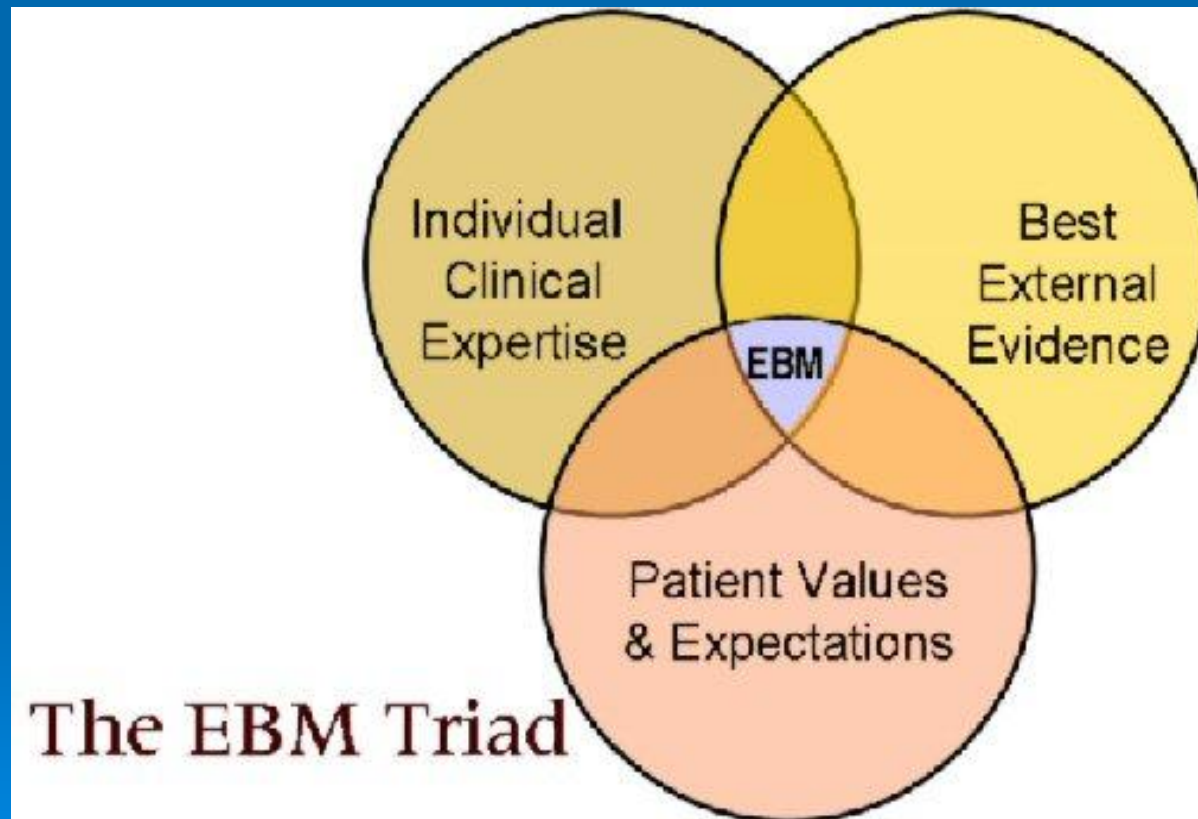
*Approved by ADA House of Delegates February 2006
Updated by ADA 2007*

ICDA Evidence-Based Working Group

Evidence-based dietetics practice is about asking questions, **systematically finding research evidence**, and assessing the validity, applicability and importance of that evidence. This evidence-based information is then **combined with the dietitian's expertise and judgment** and the **client's or community's unique values** and circumstances to guide decision-making in dietetics.

Approved by the ICDA Board of Directors, November 13, 2010

Evidence-Based Practice



What makes good evidence?

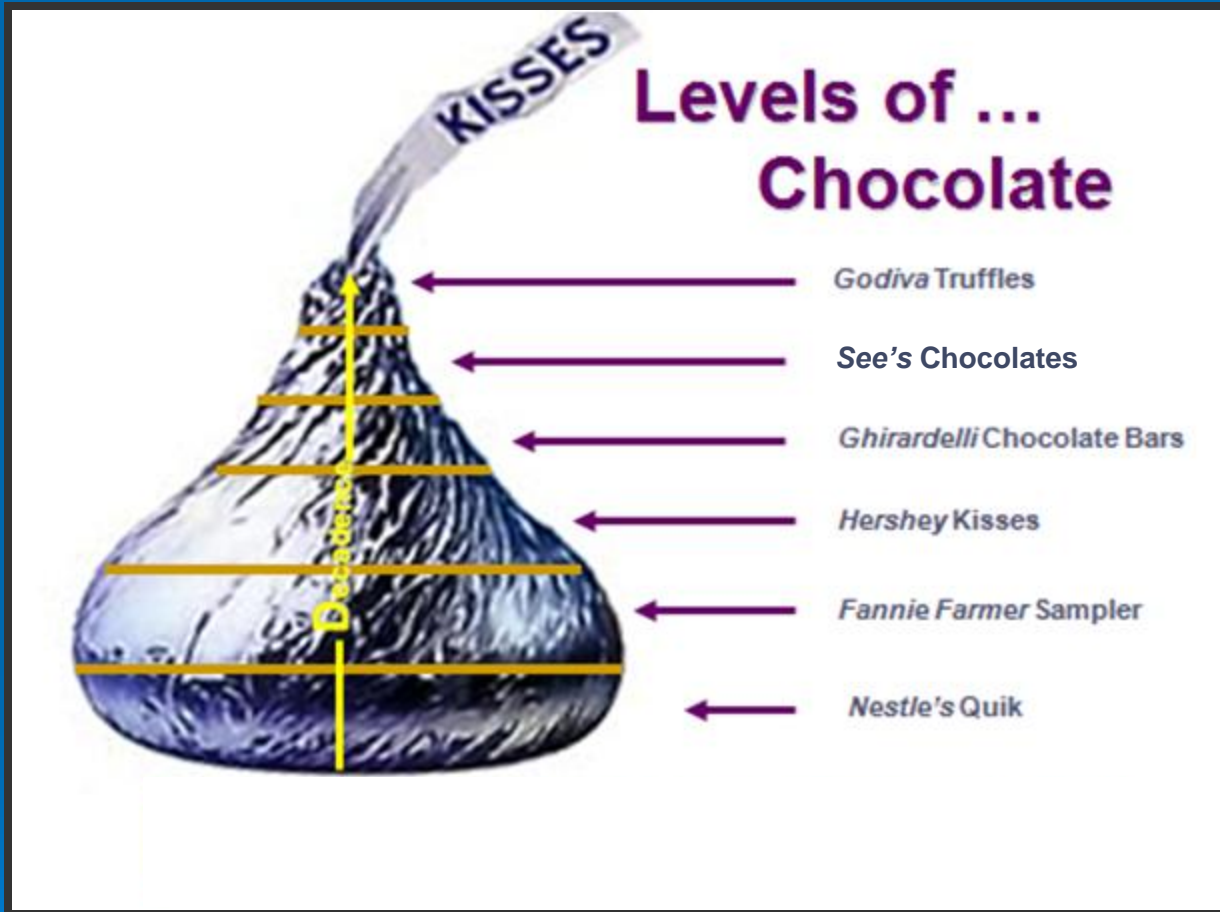
Good

- Based on scientific research
- RCT
- Systematic review
- Meta-analysis
- Clinical guidelines

Shoddy

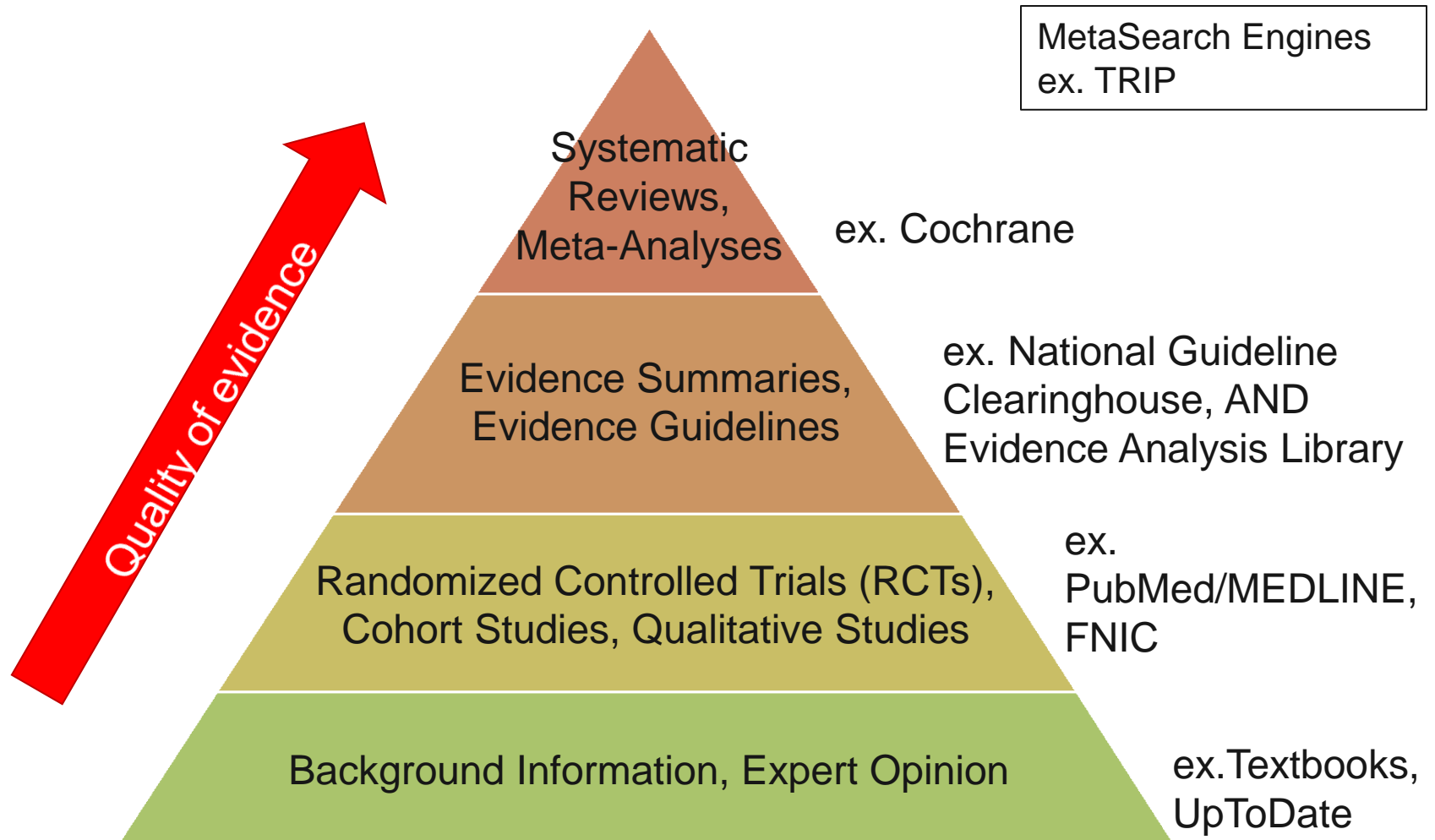
- Opinion
- Consensus
- Because it's been done this way for 100 years

Chocolate Pyramid



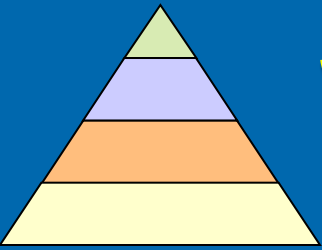
Slide adapted from Edward G. Miner Library, University of Rochester School of Medicine and Dentistry

Searching for Evidence Pyramid





***Search for the Best Evidence to
answer Nutrition Questions***



Search Databases Efficiently to Find Research Journal Articles

- PubMed pubmed.gov
Search *PubMed* to find citations to evidence-based articles on nutrition
- FNIC (Food and Nutrition Information Center)
fnic.nal.usda.gov/fnic/databases
- See **Handout** for additional databases

Search PubMed *pubmed.gov*

- PubMed includes MEDLINE and citations to biomedical journal articles, 1940's+
- Indexes 5,200 biomedical journals
- Covers all aspects of biosciences and healthcare
- 75%-80% of citations have abstracts
- Updated 5x/week
- Search with text words or MeSH (thesaurus) terms

2 PubMed Strategies for Finding Evidence-Based Citations

1. Use Filters: Article Type

- ◆ Randomized Controlled Trial
- ◆ Meta-Analysis
- ◆ Practice Guideline
- ◆ Clinical Trial
- ◆ Consensus Development Conference

2. Use Clinical Queries section

Search: PubMed

probiotics infant formula

Search

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PubMed

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Text availability

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Publication dates

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Species

clear

- Humans** ←
- Other Animals

Article types

clear

- Clinical Trial
- Meta-Analysis
- Randomized Controlled Trial** ←
- Systematic Reviews
- more ...

Languages

clear

- English** ←
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Display Settings: Summary, 20

Results: 1 to 20 of 73

i Filters activated: Humans, Randomized Controlled Trial, English [Clear all](#)

[Bifidobacterium lactis Bb12 enhances intestinal antibody response in formula-fed infants: a randomized, double-blind, controlled trial.](#)

Holscher HD, Czerkies LA, Cekola P, Litov R, Benbow M, Santema S, Alexander DD, Perez V, Sun S, Saavedra JM, Tappenden KA.
JPEN J Parenter Enteral Nutr. 2012 Jan;36(1 Suppl):106S-17S.
PMID: 22237870 [PubMed - indexed for MEDLINE]
[Related citations](#)

[Effect of Lactobacillus GG on tolerance acquisition in infants with cow's milk allergy: a randomized trial.](#)

2. Berni Canani R, Nocerino R, Terrin G, Coruzzo A, Cosenza L, Leone L, Troncone R.
J Allergy Clin Immunol. 2012 Feb;129(2):580-2, 582.e1-5. Epub 2011 Nov 10. No abstract available.
PMID: 22078573 [PubMed - indexed for MEDLINE]
[Related citations](#)

[The effect of Lactobacillus rhamnosus GG supplemented enteral feeding on the microbiotic flora of preterm infants: double blinded randomized control trial.](#)

3. Chrzanowska-Liszewska D, Seliga-Siwecka J, Kornacka MK.
Early Hum Dev. 2012 Jan;88(1):57-60. doi: 10.1016/j.earlhumdev.2011.07.002. Epub 2011 Nov 4.
PMID: 22055271 [PubMed - indexed for MEDLINE]
[Related citations](#)

[Human milk probiotic Lactobacillus fermentum CECT5716 reduces the incidence of gastrointestinal and upper respiratory tract infections in infants.](#)

4. Maldonado J, Cañabate F, Sempere L, Vela F, Sánchez AR, Narbona E, López-Huertas E, Geerlings A, Valero AD, Olivares M, Lara-Villoslada F.
J Pediatr Gastroenterol Nutr. 2012 Jan;54(1):55-61.

**PubMed Strategy #1:
Limit to RCTs under Filter: Article Type**

PubMed Abstract

[Display Settings](#): Abstract

[Send to](#):



[Nutrition](#). 2010 Nov-Dec;26(11-12):1082-7. Epub 2009 Dec 16.

Safety and tolerance of the human milk probiotic strain *Lactobacillus salivarius* CECT5713 in 6-month-old children.

[Maldonado J](#), [Lara-Villoslada F](#), [Sierra S](#), [Sempere L](#), [Gómez M](#), [Rodríguez JM](#), [Boza J](#), [Xaus J](#), [Oliveras M](#).

Department of Pediatrics, Hospital Universitario San Cecilio, Granada, Spain.

Abstract

OBJECTIVE: Intestinal microbiota plays an important role in the prevention of certain diseases during the pediatric years. Thus, there is an increasing interest in the addition of probiotics to infant formulas. The aim of this study was to evaluate the safety of a follow-on formula with *Lactobacillus salivarius* CECT5713 in 6-mo-old children.

METHODS: The antibiotic susceptibility of *L. salivarius* CECT5713 was analyzed by a dilution method. A double-blinded, randomized, placebo controlled study was performed. Children ($n = 80$) were distributed in two groups and consumed the formula supplemented or not with probiotics (2×10^6) colony-forming units [cfu]/g) during 6 mo. Fecal samples were collected at enrollment, at 3 mo, and at the end of trial. Clinical and anthropometric evaluations were performed. Depending on the variable, one-way or two-way repeated measures analysis of variance were used for the statistical analysis.

RESULTS: The antibiotic susceptibility profile of the strain resulted as safe. No adverse effects associated with the consumption of the probiotic formula were reported. In addition, clinical parameters did not differ between groups. Consumption of the probiotic supplemented formula led to an increase in the fecal lactobacilli content (7.6 ± 0.2 versus 7.9 ± 0.1 log cfu/g, $P < 0.05$). *Lactobacillus salivarius* CECT5713 was detected in the feces of volunteers from the probiotic group. Probiotic consumption induced a significant increase in the fecal concentration of butyric acid at 6 mo.

CONCLUSION: Thus, a follow-on formula with *L. salivarius* CECT5713 is safe and well tolerated in 6-mo-old infants.

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PMID: 20018483 [PubMed - indexed for MEDLINE]

[Publication Types, MeSH Terms, Substances, Secondary Source ID](#)

[LinkOut - more resources](#)



Related citations

Assessment of the safety, tolerance, and protective effect against diarrhea of infe [Am J Clin Nutr. 2008]

Intestinal and immunological effects of daily oral administration of *Lactobacillus* s; [Anaerobe. 2010]

Lactobacillus salivarius CECT 5713, a potential probiotic strain isolatec [Int J Food Microbiol. 2006]

Review In vitro selection criteria for probiotic bacteria of human origin: cor [Am J Clin Nutr. 2001]

Review Probiotics, prebiotics, and synbiotics. [Adv Biochem Eng Biotechnol. 2008]

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Nutrition 26 (2010) 1082–1087



Contents lists available at ScienceDirect

Nutrition

Journal homepage: www.nutritionjournal.com



Applied nutritional investigation

Safety and tolerance of the human milk probiotic strain *Lactobacillus salivarius* CECT5713 in 6-month-old children

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Follow-on formula
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ABSTRACT

Objective: Intestinal microbiota plays an important role in the prevention of certain diseases during the pediatric years. Thus, there is an increasing interest in the addition of probiotics to infant formulas. The aim of this study was to evaluate the safety of a follow-on formula with *Lactobacillus salivarius* CECT5713 in 6-mo-old children.

Methods: The antibiotic susceptibility of *L. salivarius* CECT5713 was analyzed by a dilution method. A double-blinded, randomized, placebo-controlled study was performed. Children ($n = 80$) were distributed in two groups and consumed the formula supplemented or not with probiotics (2×10^9 colony-forming units [cfu]/g) during 6 mo. Fecal samples were collected at enrollment, at 3 mo, and at the end of trial. Clinical and anthropometric evaluations were performed. Depending on the variable, one-way or two-way repeated measures analysis of variance were used for the statistical analysis.

Results: The antibiotic susceptibility profile of the strain resulted as safe. No adverse effects associated with the consumption of the probiotic formula were reported. In addition, clinical parameters did not differ between groups. Consumption of the probiotic supplemented formula led to an increase in the fecal lactobacilli content (7.6 ± 0.2 versus 7.9 ± 0.1 log cfu/g, $P < 0.05$). *Lactobacillus salivarius* CECT5713 was detected in the feces of volunteers from the probiotic group. Probiotic consumption induced a significant increase in the fecal concentration of butyric acid at 6 mo.

Conclusion: Thus, a follow-on formula with *L. salivarius* CECT5713 is safe and well tolerated in 6-mo-old infants.

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Introduction

Human milk is a complex species-specific biological fluid adapted to perfectly satisfy the nutritional needs of the infant. Moreover, it has been demonstrated that breast milk confers protection against different diseases because the incidence of these disorders is lower in breast-fed than in formula-fed infants [1,2]. Different bioactive components of human milk, such as

immunoglobulins, oligosaccharides, immune cells, lactoferrin, lysozymes, etc., could be responsible for this beneficial effect.

In addition to these compounds, it has been demonstrated that human milk constitutes an excellent and continuous source of commensal bacteria for the infant gut [3,4]. These bacteria could play a key role in the initial establishment of the intestinal microbiota of breast-fed infants, which has been reported to be more favorable than that of formula-fed infants [5].

In recent years, there has been an increasing number of reports about the effect of probiotic bacteria in infants. Thus, it has been demonstrated that the use of probiotic compared with placebo reduces the risk of diarrhea lasting longer than 3 d [6]. Probiotics have also been demonstrated to be effective in the prevention of atopic dermatitis, reducing the risk to half compared with placebo [7]. Among bacteria isolated from

This work was supported by Palera Biotech. Federico Lara-Villoslada received financial assistance from the Torres Quevedo Program of Spanish Ministry of Science and Technology.

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E-mail address: molivares@palera-biotech.com (M. Olivares).

PubMed Clinical Queries

Strategy #2: Clinical Queries – Link on Advanced Search or Home page

Search **infant formula probiotics**

Results of searches on this page are limited to specific clinical research areas. For comprehensive searches, use [PubMed direct](#)

Clinical Study Categories

Category: 
Scope:

Results: 5 of 37

A non-hydrolyzed, fermented milk formula reduces digestive and respiratory events in infants at high risk of allergy.

[Eur J Clin Nutr. 2011]

Alpha-lac
infants w

[A non-hydrolyzed, fermented milk formula reduces digestive and respiratory events in infants at high risk of allergy.](#)

Morisset M, Aubert-Jacquin C, Soulaines P, Moneret-Vautrin DA, Dupont C.

Effects of

Eur J Clin Nutr. 2011 Feb;65(2):175-83. Epub 2010 Nov 17.

PMID: 21081959 [PubMed - indexed for MEDLINE]

[A multicentric study of a lactose free formula supplemented with *Saccharomyces boulardii* in children with acute diarrhea].

[Arch Pediatr. 2010]

Effect of a new synbiotic mixture on atopic dermatitis in infants: a randomized-controlled trial.

[Clin Exp Allergy. 2010]

See all (37)

Systematic Reviews

Results: 3 of 3

Supplementation of infant formula with probiotics and/or prebiotics: a systematic review and comment by the ESPGHAN committee on nutrition.

[J Pediatr Gastroenterol Nutr. 2011]

infants: a pooled analysis

[Ann Nutr Metab. 2009]

systematic review of

Pediatr Adolesc Med. 2009]

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Dietary Supplements

more ...

Ages

clear

Adult: 19+ years

Adult: 19-44 years

Aged: 65+ years

Child: 0-18 years

Infant: birth-23 months

more ...

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Page 1

of 6

Next >

Filters activated: English, Dietary Supplements, Child: 0-18 years [Clear all](#)

[Allergy and sports in children.](#)

1. Del Giacco SR, Carlsen KH, Du Toit G.

Pediatr Allergy Immunol. 2012 Feb;23(1):11-20. doi: 10.1111/j.1399-3038.2011.01256.x. Review.

PMID: 22283403 [PubMed - indexed for MEDLINE]

[Related citations](#)

[Energy drinks: health risks and toxicity.](#)

2. Gunja N, Brown JA.

Med J Aust. 2012 Jan 16;196(1):46-9.

PMID: 22256934 [PubMed - indexed for MEDLINE]

[Related citations](#)

[Dietary supplementation practices in Canadian high-performance athletes.](#)

3. Lun V, Erdman KA, Fung TS, Reimer RA.

Int J Sport Nutr Exerc Metab. 2012 Feb;22(1):31-7.

PMID: 22248498 [PubMed - indexed for MEDLINE]

[Related citations](#)

[Health effects of energy drinks on children, adolescents, and young adults.](#)

4. Seifert SM, Schaechter JL, Hershorin ER, Lipshultz SE.

Pediatrics. 2011 Mar;127(3):511-28. Epub 2011 Feb 14. Review.

PMID: 21321035 [PubMed - indexed for MEDLINE]

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What's in this Guide



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Use the tabs near the top of the page to navigate through the pages of this guide. Tabs are available for:

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- [Find Research Articles](#) details two methods to limit your search results.
- [MeSH](#) (Medical Subject Headings), the list of keywords or descriptors that describe articles in MEDLINE. Use MeSH to identify search terms and to focus a search.

Instructional Videos

Below is a complete list of the videos mentioned in this guide. To watch the instructional video clips (Watch Video), the [Adobe Flash Player](#) is required.

- [Basic search](#) (1:22)
- [Clinical Queries](#) (3:49)
- [Clipboard](#) (2:31)
- [Connecting to Full Text](#) (3:38)
- [Documenting your search strategy](#) (0:35)
- [Downloading Results for Use in Reference Management Software](#) (NLM:2 min.)
- [Emailing](#) (0:53)
- [History](#) (4:27)
- [Limits](#) (5:33)
- [MeSH Database](#)
 - [Searching with Mesh](#) (NLM:3 min.)
 - [Combining MeSH terms](#) (NLM:4 min.)
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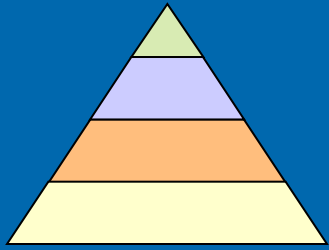
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 - ◆ Includes *BMC Pediatrics*, *Nutrition Journal*, etc.
- PubMed Central pubmedcentral.gov
 - ◆ National Library of Medicine's free digital archive of biomedical and life sciences journal literature
- Free Medical Journals freemedicaljournals.com
- Highwire Press highwire.stanford.edu
 - ◆ Full-text to 1,600+ peer-reviewed scientific, medical and social science journals

FNIC Databases

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- Education and Training Materials (Combined DB)
- Food Safety Education and Training Materials
- Food Safety Research Projects (FSRIO)
- Healthy Meals Resource System Education and Training Materials (HMRS)
- Native American Nutrition Education
- SNAP-Ed Connection Resource Finder
- WIC Works Education and Training Materials



Textbooks

- Pediatric Nutrition Care Manual (\$) AND, 2011
- Pediatric Nutrition Handbook (\$) AAP 6th ed., 2009
- Merck Manual Online merck.com/mmpe
- Medscape emedicine.medscape.com
Open access clinical textbook containing chapters on diseases, practice guidelines and evidence-based content
- UptoDate (\$) uptodate.com
Concise comprehensive up-to-date reviews of clinical topics in multiple specialties

Pediatric Nutrition Care Manual

- AND, 2011
- Online access to **evidence**- and knowledge-based nutrition information
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- Research- and evidence-based nutrition care information for > 40 diseases and topics
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PNCM

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Critical Care	
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Diabetes Mellitus	+
Disorders of Lipid Metabolism	
Epilepsy	+
Failure to Thrive	
Food Allergic Disorders	+
Gastrointestinal Diseases	+
Hepatic Diseases	
HIV/AIDS	
Inborn Errors of Metabolism	+
Oncology	+
Preterm Infants	+

Full-Term Infants: Issues to Consider: Reflux

Regurgitation is common in infants, occurring in nearly half of all 2- to 4-month old infants (Jadcherla, 2002; Vandenplas, 2009; Martin, 2002; Nelson, 1997, Bhatia & Parish). In an otherwise happy and growing infant, regurgitation is not considered problematic and resolves with time (Jadcherla, 2002; Vandenplas, 2009). In fact, reassurance and time are the primary interventions (Craig 2004, Hegar, 2008).

Therapeutic interventions, if warranted, include the following:

- Positioning
 - Supine posture, right lateral position, and infant car seat position (ie, upright position in a car seat) can make reflux worse (Jadcherla, 2002; Craig, 2004; Carroll, 2002)
 - Prone position with a 30° elevation and left lateral position are associated with lesser episodes of reflux (Jadcherla, 2002; Omari, 2008; Pediatric GE reflux Guidelines, 2001; Bhatia & Parish, 2009).
 - Use the prone position for sleep only in rare cases where the risk of death from complications of gastroesophageal reflux is greater than the risk of sudden infant death syndrome (SIDS). When prone positioning is necessary, risk of SIDS can be decreased by avoiding soft bedding (Pediatric GE Reflux Guidelines, 2001; Bhatia & Parish, 2009).
- Medical therapy: Side effects and lack of response are the main problems with the use of these agents (Craig, 2004; Bhatia & Parish, 2009)
 - Prokinetic agents such as bethanechol, metochlopramide, and cisapride
 - Acid suppression agents such as H2 blockers or proton pump inhibitors
 - Acid-neutralizing agents
 - Facilitate healing in the presence of esophagitis in older infants
 - Not routinely used in neonates because of constipation (calcium- and aluminium-containing antacids) or diarrhea (magnesium-containing antacids)
- Dietary changes
 - Lower volume with more frequent feedings (Jadcherla, 2002)
 - Minimizing and reviewing use of oral medications that are hyperosmolar (Jadcherla, 2002)
 - Reflux caused by a food allergy frequently responds to a hypoallergenic formula or a



Failure to Thrive (FTT)

Failure to thrive (FTT) is weight consistently below the 3rd to 5th percentile for age and sex, progressive decrease in weight to below the 3rd to 5th percentile, or a decrease in the percentile rank of 2 major growth parameters in a short period. The cause may be an identified medical condition or may be related to environmental factors. Both types relate to inadequate nutrition. Treatment aims to restore proper nutrition.

Etiology

The physiologic basis for FTT of any etiology is inadequate nutrition and is divided into

- Organic FTT
- Nonorganic FTT

Organic FTT: Growth failure is due to an acute or chronic disorder that interferes with nutrient intake, absorption, metabolism, or excretion or that increases energy requirements (see Table 2: [Miscellaneous Disorders in Infants and Children: Some Causes of Organic Failure to Thrive](#)). Illness of any organ system can be a cause.

Nonorganic FTT: Up to 80% of children with growth failure do not have an apparent growth-inhibiting (organic) disorder; growth failure occurs because of environmental neglect (eg, lack of food), stimulus deprivation, or both.

Lack of food may be due to

- Impoverishment
- Poor understanding of feeding techniques
- Improperly prepared formula (eg, overdiluting formula to stretch it because of financial difficulties)
- Inadequate supply of breast milk (eg, because the mother is under stress, exhausted, or poorly nourished)

Nonorganic FTT is often a complex of disordered interaction between a child and caregiver. In some cases, the psychologic basis of nonorganic FTT seems similar to that of hospitalism, a syndrome observed in infants who have depression secondary to stimulus deprivation. The unstimulated child becomes depressed, apathetic, and ultimately anorexic. Stimulation may be lacking because the

Table 2

Some Causes of Organic Failure to Thrive

Mechanism	Disorder
Decreased nutrient intake	Cleft lip or palate CNS disorder (eg, cerebral palsy) Gastroesophageal reflux disease Parasites Pyloric stenosis Rumination
Malabsorption	Celiac disease Cystic fibrosis Disaccharidase (eg, lactase) deficiency Short gut, inflammatory bowel disease
Impaired metabolism	Chromosomal abnormality (eg, Down syndrome, Turner's syndrome) Fructose intolerance Inborn errors of metabolism Galactose-1-phosphate uridyl transferase deficiency (classic galactosemia)
Increased excretion	Diabetes mellitus Proteinuria
Increased energy requirements	Bronchopulmonary dysplasia Cystic fibrosis Heart failure Hyperthyroidism Infection


Medscape

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Phenylketonuria Treatment & Management

Author: Robert D Steiner, MD; Chief Editor: Bruce Buehler, MD [more...](#)

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Updated: Nov 23, 2011

Dietary Measures

At present, because of the lack of internationally accepted guidelines, the management of PKU varies among countries. However, it is generally agreed that dietary management and/or pharmacologic treatment is essential. The mainstay of the diet consists of phenylalanine restriction and supplementation of other essential amino acids, vitamins, minerals, and energy intake, using medical foods and low-protein foods.^[12]

Aspartame must also be eliminated. Phenylalanine is one of the primary components of aspartame. It is found in many artificially sweetened foods and soft drinks, as well as some vitamins and medicines. A 12-oz can of aspartame-sweetened diet drink contains approximately 105 mg of phenylalanine (ie, 25-50% of the usual daily intake).

Most newborns with phenylketonuria require 40-60 mg/kg phenylalanine to maintain normal growth and development, usually possible and should not be stopped unless instructed by a health official or treatment facility. As growth slows, the requirement falls, and most older children and adults tolerate 200-400 mg/day.

Providing some natural phenylalanine is essential in order to obtain this essential amino acid. The diet requires virtual elimination of foods, such as meat, dairy, nuts, and legumes. Starches such as potatoes, corn, and beans, also must be restricted (a slice of fries contains approximately 120-150 mg of phenylalanine).

Essential amino acids, vitamins, and minerals must be supplemented using medical foods. Currently, most are consumed as a powder (in a formula). Newer supplements, including capsules, amino acids cooked into foods, are becoming available.

References

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Vegetarian diets for children

TOPIC OUTLINE

SUMMARY & RECOMMENDATIONS

INTRODUCTION

TYPES OF VEGETARIAN DIETS

GROWTH OF VEGETARIAN CHILDREN

NUTRITIONAL CONSIDERATIONS

- Eating disorders
- Energy
 - Implications
- Omega-3 fatty acids
 - Implications
- Protein
 - Amino acid composition
 - Digestibility
 - Implications
- Iron
- Implications
- Zinc
- Calcium
- Vitamin D
- Vitamin B12
- Fiber

SUMMARY AND RECOMMENDATIONS

REFERENCES

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FIGURES

- Protein intake and stones
- Vitamin D synthesis

PICTURES

- Macrocytocytes

Vegetarian diets for children

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All topics are updated as new evidence becomes available and our [peer review process](#) is complete.

Literature review current through: Apr 2012. | **This topic last updated:** Aug 18, 2011.

INTRODUCTION — Vegetarian diets are becoming increasingly popular [1-6]. A nationally representative study conducted in the United States in 2008 estimated that 10 percent (22.8 million) of Americans aged 18 and older follow a "vegetarian-inclined" diet, 3.2 percent (7.3 million) indicated that they follow a vegetarian diet, and 0.5 percent (1 million) follow a vegan diet [7]. A poll conducted in the US in 2006 estimated that 6.7 percent of Americans aged 18 and older do not eat meat, 2.3 percent do not eat meat, fish, or poultry and 1.4 percent do not eat meat, fish, poultry, dairy products, or eggs [1]. Approximately 5 percent of individuals in the United Kingdom, Germany, and Australia describe themselves as vegetarian [8-10].

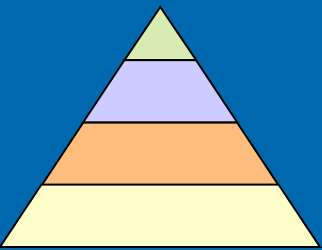
An increasing number of families are choosing to rear their children on a vegetarian eating style [11,12]. An estimated 8 percent of adolescents in the United Kingdom [13] and 6 percent of public middle- and high-school students surveyed in the midwestern United States [14] consume a vegetarian diet. A poll conducted in 2005 estimated that 6 percent of American youth aged 8 to 18 years do not eat meat, 3 percent do not eat meat, fish, or poultry, and 1 percent do not eat meat, fish, poultry, dairy or eggs [15].

Studies of vegetarian diets are complicated by variations in definitions for the term "vegetarian". Definitions range from whether the individual considers himself or herself as vegetarian ("self-defined" vegetarians), avoids meat only, or lives by the strict definition (never consuming meat, fish, and poultry). As an example, one review of dietary patterns and nutrient intakes of self-defined vegetarians (aged six years and older) found that patterns ranged from those who consumed reduced amounts of red meat but included poultry and fish, to those who excluded all animal foods [16].

Reasons for choosing a vegetarian diet are varied and include potential health benefits and sociopolitical, ecological, and ethical issues related to allocation of resources and animal rights [3,7,17-21]. Adolescents pose a particular challenge because it may be difficult to determine if an adolescent's choice to become a vegetarian is related to dietary restriction [22,23]. The types and composition of vegetarian diets also are varied and have important implications for the growth and development of children and adolescents.

The nutritional quality of vegetarian diets and strategies to prevent nutritional deficiencies while consuming vegetarian diets are reviewed here. Nutrition requirements, deficiencies and supplementation of specific nutrients are discussed separately. (See appropriate topic reviews).

TYPES OF VEGETARIAN DIETS — Vegetarian diets vary according to the degree of avoidance of foods of animal origin [18]. According to the strictest definition, a vegetarian diet consists primarily of cereals, fruits, vegetables, legumes, and nuts; animal foods, including milk, dairy products, and eggs generally are excluded [2,24]. Several less restrictive




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1. GUIDELINE SYNTHESIS **Diagnosis and Management of Celiac Disease**

2. **WGO-OMGE practice guideline: celiac disease.** 2005 Feb (republished 2007). NGC:005089
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3. **Guidelines for osteoporosis in inflammatory bowel disease and coeliac disease.** 2007 Jun. NGC:007149
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4. **AGA Institute medical position statement on the diagnosis and management of celiac disease.** 2006 Dec. NGC:005429
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American Dietetic Association - Professional Association. [View all guidelines by the developer\(s\)](#)



Guideline Title

Celiac disease (CD). Evidence-based nutrition practice guideline.

Guideline Summary

Bibliographic Source(s)

American Dietetic Association (ADA). Celiac disease (CD). Evidence based nutrition practice guideline. Chicago (IL): American Dietetic Association (ADA); 2009. Various p. [341 references]

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Recommendations

Major Recommendations

CD Assessment of Factors Affecting Quality of Life

CD: Assess Factors Affecting Quality of Life

The RD should assess the factors affecting the quality of life of individuals with CD when completing a comprehensive client history, which includes a medical history (e.g., gastrointestinal, immune, neurological and psychological) and social history (e.g., socioeconomic factors, religion, social and medical support and daily stress level). Individuals with CD may not attain the same level of quality of life as the general population, due to social inconveniences of following a gluten-free dietary pattern.

Strong, Imperative

Recommendation Strength Rationale

- Conclusion statements were **Grades I and II**

CD Bone Density Screening

CD: Bone Density Screening

The RD should recommend bone density screening for adults with CD within the first year. Clinical trials and cross-sectional studies have reported reduced bone mineral content and bone mineral density in untreated adults with CD.

Strong, Conditional

Recommendation Strength Rationale

- Conclusion statement was **Grade I**

National Guideline Clearinghouse Guideline Comparison

Guideline Comparison

Guideline Title	WGO-OMGE practice guideline: celiac disease.	AGA Institute medical position statement on the diagnosis and management of celiac disease.	Celiac disease (CD). Evidence-based nutrition practice guideline.
Date Released	2005 Feb (republished 2007)	2006 Dec	2009
Guideline Developer(s)	World Gastroenterology Organisation - Medical Specialty Society	American Gastroenterological Association Institute - Medical Specialty Society	American Dietetic Association - Professional Association
Intended Users	Dietitians Health Care Providers Nurses Physician Assistants Physicians	Dietitians Physicians	Advanced Practice Nurses Allied Health Personnel Dietitians Nurses Pharmacists Physician Assistants Physicians
Methods Used to Collect/Select the Evidence	Hand-searches of Published Literature (Primary Sources) Searches of Electronic Databases	Searches of Electronic Databases	Hand-searches of Published Literature (Primary Sources) Searches of Electronic Databases
Methods Used to Analyze the Evidence	Review Review of Published Meta-Analyses	Review	Systematic Review with Evidence Tables
Major Recommendations	View Major Recommendations	View Major Recommendations	View Major Recommendations
Availability of Original Guideline	View original (full-text) guideline 	View original (full-text) guideline 	View original (full-text) guideline

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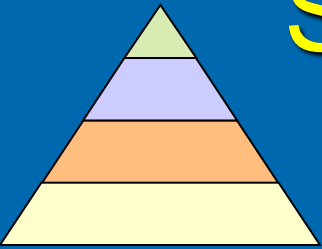
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AND Evidence-Based Nutrition Practice Guidelines

ADA Evidence-Based Nutrition Practice Guidelines	Date Published	Presentations	Toolkits	Guideline Tutorials	Educator Modules
Adult Weight Management (AWM)	May 2006	AWM PPT	AWM Toolkit	--	
Celiac Disease (CD)	May 2009	CD PPT	2011	CD Brief	CD Ed. Module
Chronic Kidney Disease (CKD)	July 2010	CKD PPT	2012	--	--
Chronic Obstructive Pulmonary Disease (COPD)	Oct 2008	COPD PPT	2011	--	--
Critical Illness (CI)	Sept 2006	CI PPT	CI Toolkit	--	--
Diabetes Mellitus Type 1 and 2 (DM)	Mar 2008	DM PPT	2011	--	DM Ed. Module
Disorders of Lipid Metabolism Update (DLM)	Mar 2011	DLM PPT (2011)	DLM Toolkit (2006)	--	DLM Ed. Module
Gestational Diabetes Mellitus (GDM)	Dec 2008	GDM PPT	2011	--	--
Heart Failure (HF)	July 2008	HF PPT	2011	--	--
Human Immunodeficiency Virus/AIDS(HIV)	Dec 2010	HIV PPT	2012	--	--
Hypertension (HTN)	Apr 2008	HTN PPT	--	--	--
Oncology (ONC)	Oct 2007	ONC PPT	ONC Toolkit	--	--
Pediatric Weight Management (PWM)	June 2007	PWM PPT	PWM Toolkit	--	--
Spinal Cord Injury (SCI)	June 2009	SCI PPT	2011	--	SCI Ed. Module
Unintended Weight Loss in Older Adults (UWL)	Oct 2009	UWL PPT	2011	UWL Brief	--

Pediatric Weight Management Nutrition Practice Guideline

Evidence Based Guidelines > Guideline List > Pediatric Weight Management Guideline > Major Recommendations

View Conclusion Statement

- Are low-glycemic diets effective in treating obesity in children (age 6-12) and adolescents?
- Do low-glycemic meals increase satiety in children and adolescents compared to higher glycemic meals?

In children ages 6-12, what is the effectiveness of using balanced macronutrient, low calorie (900-1200 kcal per day) dietary interventions for treating childhood overweight?

Conclusion

Using a low-calorie diet (900 to 1,200kcal per day) as part of a clinically supervised, multi-component weight-loss program is associated with both short-term and longer-term reduction in adiposity among six- to 12-year-old children.

Grade I

Overall strength of the available supporting evidence: Grade I - good; Grade II - fair; Grade III - limited; Grade IV - expert opinion; Grade V: not assignable

For additional information regarding how to interpret grades, [click here](#).


Date of Literature Review for the Evidence Analysis: July 2005

Pediatric Weight Management

- Executive Summary of Recommendations
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Evidence Summaries

What is the evidence that supports this conclusion? For more information, click on the Evidence Summary link below.

 [Balanced Macronutrient Diet and Treating Childhood Obesity in Children Ages 6-12](#)

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Pediatric Weight Rx: Grade Chart

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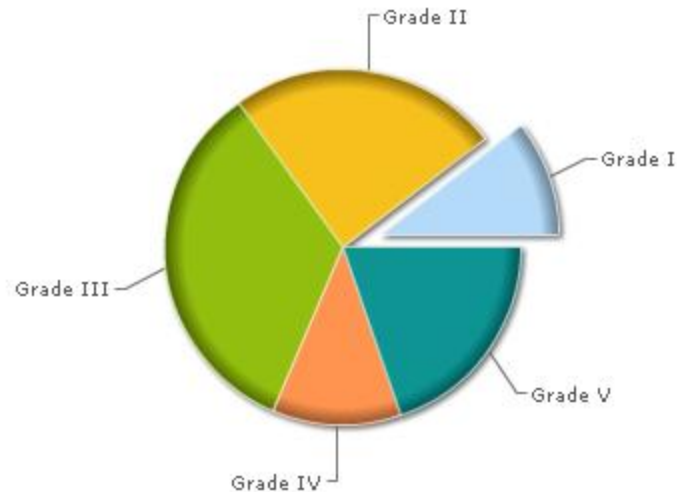
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Questions, Evidence Summaries, Bibliography

Evidence Analysis Questions:

1. What is the evidence to support the Food Guide Pyramid as an approach to limiting calorie/food intake in children?

2. What is the evidence to support using the Traffic Light Diet to limiting calorie and food intake in children?

Bibliography

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[Epstein LH, Paluch RA, Gordy CC, Saelens BE, Ernst MM. Problem solving in the treatment of childhood obesity. J Consult Clin Psychol 2000;68:717-21.](#)

Evidence Summary

reduce Pediatric Overweight > Other diets: Traffic Light and Food Pyramid

The Traffic Light Diet and Treating Childhood Overweight

The Traffic Light Diet (sometimes called the Stop Light Diet) was developed by Leonard H. Epstein and colleagues for use in their family-based childhood overweight research. This group of scholars has been responsible for a large portion of the best research on childhood overweight for over two decades. Perhaps because of the ground-breaking nature of their research, the Traffic Light Diet has become broadly recognized and in some cases copied.

Epstein and colleagues describe their Traffic Light Diet as part of a larger core "package" of interventions that generally includes family components and interaction with a therapist. Typically, however, the core of their intervention program is used for all interventions, while other variables are manipulated. While this approach of holding the diet intervention constant makes for good research on the effects of other factors on childhood overweight, it presents a problem when trying to isolate the independent effects of the specific dietary intervention on weight loss.

Traffic Light Diet Description

The goal of the diet is to provide the most nutrition with the least number of calories. At a minimum, Epstein's Traffic Light Diet has the following characteristics:

- Foods are divided into five categories:
 - Fruits and vegetables
 - Grains
 - Milk and dairy
 - Protein
 - Other.
- Foods in each category are color-coded according to caloric density per average serving:
 - Green Foods: Foods containing <20 calories per average serving
 - Yellow Foods: Staples of the diet that provide most of the nutrition

What is the evidence to support using the Traffic Light Diet to limiting calorie and food intake in children?

Conclusion

Conclusion

The Traffic Light Diet is an effective component of a clinically supervised, multi-component childhood weight-management intervention program.

Grade I

Related Topics

Family-based Counseling to Reduce Childhood Overweight

Dietary counseling to Reduce Childhood Overweight

View Conclusion Statement

What is the evidence to support using the Traffic Light Diet to limiting calorie and food intake in children?

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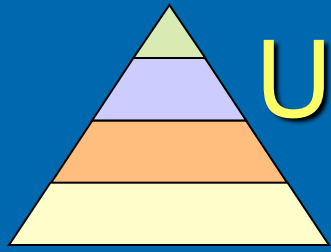
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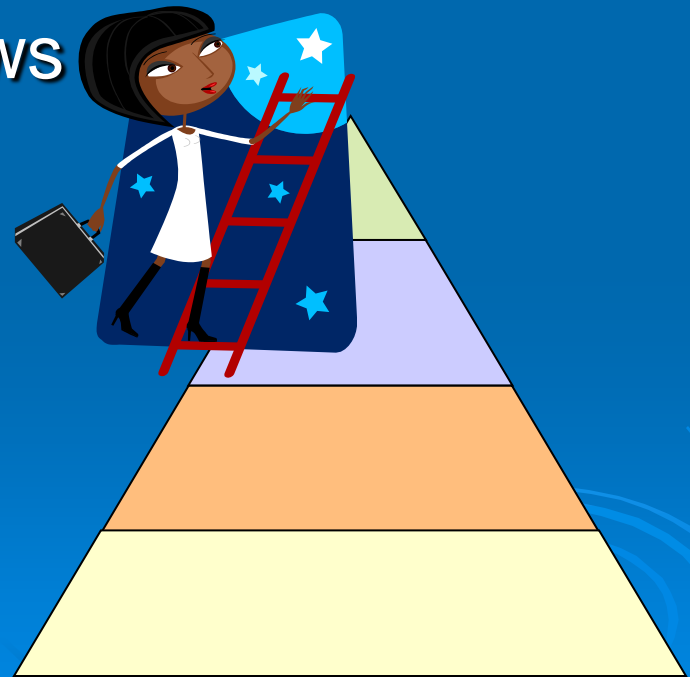
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Dietary interventions for phenylketonuria

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Editorial group: [Cochrane Cystic Fibrosis and Genetic Disorders Group](#).

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Review content assessed as [Low](#)

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Abstract

Background

Phenylketonuria is an inherited metabolic disorder that is highly restrictive and can be difficult to address in this review.

Objectives

To assess the effects of a low-phenylalanine diet on neuro-psychological outcomes and mortality, growth, nutritional status, eating behaviour and quality of life.

Authors' conclusions

The results of non-randomised studies have concluded that a low-phenylalanine diet is effective in reducing blood phenylalanine levels and improving intelligence quotient and neuropsychological outcomes. We were unable to find any randomised controlled studies that have assessed the effect of a low-phenylalanine diet versus no diet from diagnosis. In view of evidence from non-randomised studies, such a study would be unethical and it is recommended that low-phenylalanine diet should be commenced at the time of diagnosis. There is uncertainty about the precise level of phenylalanine restriction and when, if ever, the diet should be relaxed. This should be addressed by randomised controlled studies.

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PubMed Clinical Queries

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Search **infant formula probiotics**

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Clinical Study Categories

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Scope:

Results: 5 of 37

- RCTs found in this column**
- Alpha-lactalbumin-enriched and probiotic-supplemented infant formula in infants with colic: growth and gastrointestinal tolerance. [Eur J Clin Nutr. 2011]
- Effects of probiotic and prebiotic on gastrointestinal motility in newborns. [J Physiol Pharmacol. 2009]
- [A multicentric study of a lactose free formula supplemented with *Saccharomyces boulardii* in children with acute diarrhea]. [Arch Pediatr. 2010]
- Effect of a new synbiotic mixture on atopic dermatitis in infants: a randomized-controlled trial. [Clin Exp Allergy. 2010]

See all (37)

Systematic Reviews

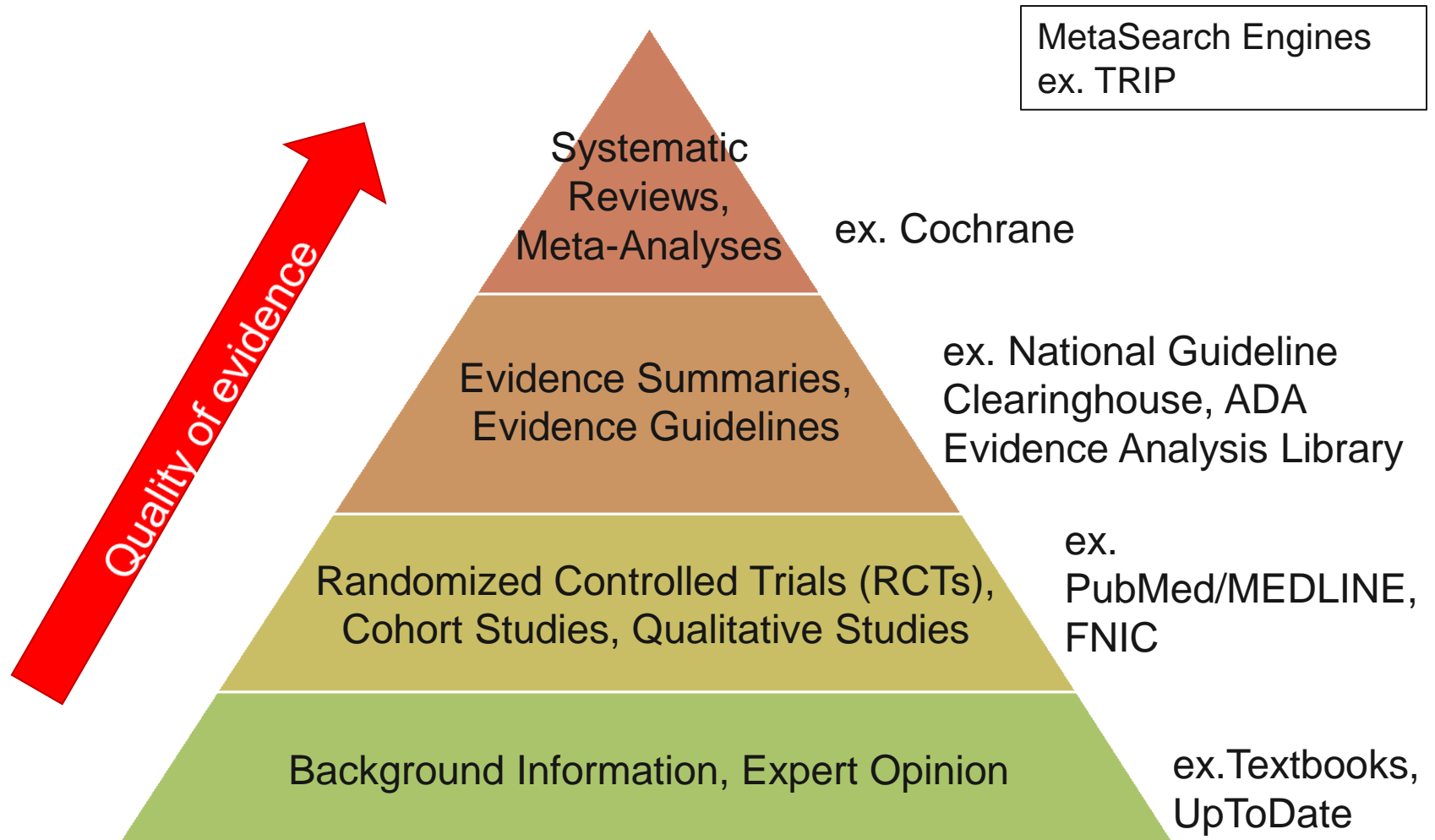


Results: 3 of 3

- Supplementation of infant formula with probiotics and/or prebiotics: a systematic review and comment by the ESPGHAN committee on nutrition. [J Pediatr Gastroenterol Nutr. 2011]
- The effect of *Bifidobacterium lactis* on the growth of infants: a pooled analysis of randomized controlled studies. [Ann Nutr Metab. 2009]
- Prebiotic supplementation in full-term neonates: a systematic review of randomized controlled trials. [Arch Pediatr Adolesc Med. 2009]
- Filter citations for systematic reviews, meta-analyses, reviews of clinical trials, evidence-based medicine, consensus development conferences, and guidelines. See [related sources](#).

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Searching for Evidence Pyramid



Nutrition Websites

- Academy of Nutrition and Dietetics eatright.org
- Assuring Pediatric Nutrition Care in the Community depts.washington.edu/nutrpeds
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eatright.org

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- [Nutrient Supplementation](#)
- Use of Nutritive and Nonnutritive Sweeteners

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- Benchmarks for Nutrition Programs in Child Care
- Comprehensive School Nutrition Services
- Individualized Nutrition Approaches for Older Adults in Health Care Communities
- Local Support for Nutrition Integrity in Schools
- Total Diet Approach to Communicating Food and Nutrition Information
- Vegetarian Diets

Nutrition and Disease Prevention, Intervention and Management

- Dietary Fatty Acids
- Ethical and Legal Issues in Nutrition, Hydration and Feeding
- Health Implications of Dietary Fiber
- Individual-, Family-, School- and Community-Based Interventions for Pediatric Overweight
- Integration of Medical Nutrition Therapy and Pharmacotherapy
- Nutrition Intervention and Human Immunodeficiency Virus Infection
- Nutrition Intervention in the Treatment of Eating Disorders
- Providing Nutrition Services for People with Developmental Disabilities and Special Health Care Needs
- The Roles of Registered Dietitians and Dietetic Technicians, Registered in Health Promotion and Disease Prevention
- Weight Management

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- Nutrition and Athletic Performance for Adults

Nutrition Through the Life Span

- Child and Adolescent Nutrition Assistance Programs
- Food and Nutrition Programs for Community-Residing Older Adults
- Nutrition Across the Spectrum of Aging
- Nutrition and Lifestyle for a Healthy Pregnancy Outcome
- Nutrition Guidance for Healthy Children Aged 2 to 11 Years
- Obesity, Reproduction and Pregnancy Outcomes
- Promoting and Supporting Breastfeeding

New and Updated Papers

- [Use of Nutritive and Nonnutritive Sweeteners](#) (May 2012)
- [Nutrition Intervention in the Treatment of Eating Disorders](#) (August 2011)
- [Benchmarks for Nutrition in Child Care](#) (April 2011)

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Resource Lists



FNIC Resource Lists help nutrition professionals and consumers locate information and materials for specific food and nutrition topics. Compiled by Nutrition Information Specialists, the lists provide resources in a variety of formats including articles, pamphlets, books, audio-visuals, and Web site links.

On This Page ...

Child Nutrition and Health

- [Food and Nutrition Fun](#)
 - [for Preschoolers 2009](#) (PDF|133 KB)
 - [for Elementary Age Children 2009](#) (PDF|116 KB)
- [Infant Nutrition and Health Resource List 2009](#) (PDF|147 KB)
- [Toddler Nutrition and Health Resource List 2009](#) (PDF|139 KB)
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- [Childhood Obesity: A Resource List for Educators and Researchers 2010](#) (PDF|118 KB)
- [Role of Nutrition in Learning and Behavior: A Resource List for Professionals 2011](#) (PDF|343 KB)
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- [Holiday Food and Nutrition Resource List 2010](#) (PDF|82 KB)
- [Native American Nutrition Education Resource List for Educators 2006](#) (PDF|261 KB)

Food Allergies

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Dietary Guidance



Dietary Assessment

Find MyPlate SuperTracker and other tools related to dietary assessment, including calorie calculators and the National Cancer Institute's Diet History Questionnaire. Also find a link to the Dietary Assessment Calibration/Validation Register, a registry of validation studies and publications.



Dietary Guidelines

Includes 2010 Dietary Guidelines for Americans, previous editions of the Dietary Guidelines, background information and international dietary guidance systems.

Dietary Reference Intakes (DRIs)

Comprehensive listing of reference values used for planning and assessing nutrient intake. Includes information on specific nutrients and history of DRI development.



Fruits & Veggies - More Matters

Links to many resources for the Fruits & Veggies - More Matters Program, a national initiative to increase consumption of fruits and vegetables and promote good health. Includes links geared to children, parents and teachers as well as Spanish resources.



MyPlate & Food Pyramid Resources

Includes MyPlate as well as past food pyramid resources, including MyPyramid and the 1992 Food Guide Pyramid materials, reports, graphics and ethnic/cultural food pyramids from a range of organizations.

Fraud and Nutrition Misinformation

Sound too good to be true? Find out tips for spotting suspicious health claims and links for checking out myths and misinformation.

General Nutrition and Health Information

Find links to organizations and programs such as Healthfinder, Arbor Nutrition Guide, Mayo Clinic, and more, that provide credible and current food and nutrition information for professionals and consumers.

I Want To

- [See Nutrient Recommendations by Age and Gender](#)
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Dietary Guidance

- ▼ [Dietary Assessment](#)
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- ▼ [Dietary Guidelines](#)
 - [Previous Editions](#)
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- ▼ [Dietary Reference Intakes](#)
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Food Composition

USDA Nutrient Data Laboratory



USDA Nutrient Data Laboratory (NDL)

USDA. Agricultural Research Service.

Home page for NDL, responsible for developing USDA's National Nutrient Database for Standard Reference, the foundation of most food and nutrition databases in the US, used in food policy, research and nutrition monitoring.

- [Online searchable database of foods](#). 
- [USDA National Nutrient Database for Standard Reference - Release 24](#) 
- [Download software](#)  to search the SR24 database on a Window ([PC](#) or [Handheld Personal Digital Assistant PDA](#)).
- [Reports by Single Nutrients](#)  Reports are sorted by nutrient content of selected foods in alphabetical order, or in descending order by nutrient content.
- [Frequently Asked Questions](#) 
- [Glossary - Acronyms and Documentation Terms](#) 
- [Dietary Supplement Ingredient Database \(DSID\)](#) 



USDA Nutrient Lists - Reports by Single Nutrients, Release 24

USDA. ARS. Nutrient Data Laboratory.

Reports of selected food items and nutrients, sorted either by food description or in descending order by nutrient content in terms of common household measures. Single nutrients include protein, fat, energy (calories) carbohydrate, fiber, sugar, calcium, iron, magnesium, phosphorus, potassium, sodium, zinc, copper, manganese, selenium, vitamin A, vitamin D, vitamin E, vitamin K, vitamin C, thiamin, riboflavin, niacin, pantothenic acid, vitamin B6, vitamin B12, folate, cholesterol, fatty acids and various phytonutrients and antioxidants.

Nutritive Value of Foods, Home and Garden Bulletin No. 72 (HG-72)

USDA. ARS. Nutrient Data Laboratory.

Contains data on over 1,274 foods expressed in terms of common household units. The 19 nutrients in the table are water; calories; protein; total fat; saturated, monounsaturated, and polyunsaturated fatty acids; cholesterol; total dietary fiber; calcium; iron; potassium; sodium; vitamin A; thiamin; riboflavin; niacin; and ascorbic acid. This edition was developed using data from Release 13 of the USDA National Nutrient Database for Standard Reference.






Food Composition

- [USDA Nutrient Data Laboratory](#)
- [Agricultural Research Service \(ARS\) Food Surveys Research Group](#)
- ▼ [Individual Macronutrients, Phytonutrients, Vitamins & Minerals](#)
 - [Macronutrients](#)
 - [Phytonutrients](#)
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- [International Food Composition Resources](#)
- ▼ [Food FYI](#)
 - [Apples](#)
 - [Apricots](#)
 - [Asparagus](#)
 - [Avocado](#)
 - [Berries](#)
 - [Cherries](#)
 - [Citrus Fruits](#)
 - [Dried Beans, Peas and Lentils](#)
 - [Dried Fruit](#)
 - [Eggs](#)
 - [Grapes](#)
 - [Kiwifruit](#)
 - [Mushrooms](#)
 - [Nuts, Peanuts, and Seeds](#)
 - [Peaches and Pears](#)
 - [Potatoes and Sweet Potatoes](#)

Avocados, raw, California

National Nutrient Database for Standard Reference
 Nutrient data for 09038, Avocados, raw, California

 [Return to Search Results](#)
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 [Statistics Report](#)

Nutrient values and weights are for edible portion

 [Apply Changes](#)


Nutrient	Unit	<input type="text" value="1"/> Value per 100.0g	<input type="text" value="1.0"/> cup, pureed 230g	<input type="text" value="1.0"/> fruit, without skin and seed 136g	<input type="text" value="1.0"/> NLEA serving 30g
Proximates					
Water	g	72.33	166.36	98.37	21.70
Energy	kcal	167	384	227	50
Protein	g	1.96	4.51	2.67	0.59
Total lipid (fat)	g	15.41	35.44	20.96	4.62
Carbohydrate, by difference	g	8.64	19.87	11.75	2.59
Fiber, total dietary	g	6.8	15.6	9.2	2.0
Sugars, total	g	0.30	0.69	0.41	0.09
Minerals					
Calcium, Ca	mg	13	30	18	4
Iron, Fe	mg	0.61	1.40	0.83	0.18
Magnesium, Mg	mg	29	67	39	9
Phosphorus, P	mg	54	124	73	16



Nutritive Value of Foods

United States Department of Agriculture

Agricultural Research Service

Home and Garden Bulletin Number 72

Table 9. Nutritive Value of the Edible Part of Food

Food No.	Food Description	Measure of edible portion	Weight (g)	Water (%)	Calories (kcal)	Protein (g)	Total fat (g)	Fatty acids		
								Saturated (g)	Mono-unsaturated (g)	Poly-unsaturated (g)
Fruits and Fruit Juices (continued)										
	Avocados, raw, without skin and seed									
278	California (about 1/5 whole)....	1 oz	28	73	50	1	5	0.7	3.2	0.6
279	Florida (about 1/10 whole)	1 oz	28	80	32	Tr	3	0.5	1.4	0.4
	Bananas, raw									
280	Whole, medium (7" to 7 7/8" long).....	1 banana	118	74	109	1	1	0.2	Tr	0.1
281	Sliced	1 cup	150	74	138	2	1	0.3	0.1	0.1
282	Blackberries, raw	1 cup	144	86	75	1	1	Tr	0.1	0.3
	Blueberries									
283	Raw	1 cup	145	85	81	1	1	Tr	0.1	0.2
284	Frozen, sweetened, thawed	1 cup	230	77	186	1	Tr	Tr	Tr	0.1
	Cantaloupe. See Melons.									
	Carambola (starfruit), raw									
285	Whole (3 5/8" long).....	1 fruit.....	91	91	30	Tr	Tr	Tr	Tr	0.2
286	Sliced	1 cup	108	91	36	1	Tr	Tr	Tr	0.2
	Cherries									
287	Sour, red, pitted, canned, water pack.....	1 cup	244	90	88	2	Tr	0.1	0.1	0.1
288	Sweet, raw, without pits and stems.....	10 cherries.....	68	81	49	1	1	0.1	0.2	0.2
289	Cherry pie filling, canned	1/2 of 21-oz can	74	71	85	Tr	Tr	Tr	Tr	Tr
290	Cranberries, dried, sweetened....	1/4 cup.....	28	12	92	Tr	Tr	Tr	Tr	0.1
291	Cranberry sauce, sweetened									

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Dietary Supplements

General Information and Resources [More](#)



Find links to general information about dietary and nutritional supplements from both governmental agencies and non-governmental organizations. Includes resource lists, individual supplement information, and links to resources for assessing supplement use.

Regulations, Reports and Warnings [More](#)

Includes information on government regulations, labeling requirements, consumer reports and industry regulation information.

Resources on Individual Macronutrients, Phytonutrients, Vitamins, & Minerals [More](#)

- **Macronutrients** - includes general and specific resources on carbohydrates, proteins, fiber, fats and cholesterol, water, as well as interactive tools.
- **Phytonutrients** - includes general information, government-related sites, and resources on specific phytonutrients such as tea, lycopene, and phytoestrogens.
- **Vitamins and Minerals** - includes general information as well as resources for specific vitamins and minerals.

Herbal Information [More](#)

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- **Find Dietary Supplement Fact Sheets**
- **Find Herbal and Dietary Supplement Resource Lists**

Dietary Supplements

- **General Information and Resources**
- **Regulations, Reports and Warnings**
- **Individual Macronutrients, Phytonutrients, Vitamins & Minerals**
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Links to **Dietary Supplements Labels Database**
dietarysupplements.nlm.nih.gov/dietary

PediaSure Lactose-Free Nutrition Drink-Vanilla

The label claims have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, cure, or prevent any disease. Consult your healthcare professionals before taking any dietary supplements.

Product Information | **Ingredient Information** | Manufacturer Information

Unit
Liquid

Supplement Facts [See Ingredient Fact Sheets](#)

Nutrition Facts
 (Chocolate Maple Nut)
 Serving Size 1 bar (60g)

Ingredients	Amt Per Serving	Units	%Daily Value
Calories	220		
Calories from Fat	50		
Total Fat	6	g	9%
Saturated Fat	4.5	g	23%
Cholesterol	<5	mg	<2%
Sodium	100	mg	4%
Potassium	120	mg	3%
Total Carbohydrate	34	g	11%
Dietary Fiber	1	g	4%
Sugars	35	g	
Protein	9	g	18%
Vitamin A			25%
Calcium			30%
Vitamin D			20%
Vitamin K			15%
Riboflavin			25%

Ingredients of >7,000 dietary supplements:

- *uses in humans
- *adverse effects
- *mechanisms of action

Fact Sheets by NIH and Other Research Centers

NIH and other research centers have developed Fact Sheets for the following ingredients in this brand:

- [Calcium](#) [ODS-Fact Sheet]
- [Carnitine](#) [ODS-Fact Sheet]
- [Chromium](#) [ODS-Fact Sheet]
- [Folic Acid \(Folate\)](#) [ODS-Fact Sheet]
- [Iron](#) [ODS-Fact Sheet]
- [Magnesium](#) [ODS-Fact Sheet]
- [Selenium](#) [ODS-Fact Sheet]
- [Vitamin A](#) [ODS-Fact Sheet]
- [Vitamin B12](#) [ODS-Fact Sheet]
- [Vitamin B6](#) [ODS-Fact Sheet]
- [Vitamin D](#) [ODS-Fact Sheet]
- [Vitamin E](#) [ODS-Fact Sheet]
- [Vitamin K](#) [ODS-Fact Sheet]
- [Zinc](#) [ODS-Fact Sheet]

More information about the uses, adverse effects, and mechanism of action of each active ingredient in this brand can be found by clicking that active ingredient on the "[Ingredient Information](#)" page.

Dietary Supplements Labels Database

brands, ingredients, and references

s

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PediaSure Lactose-Free Nutrition Drink-Vanilla

Select ingredient from list below for general information, and links to information about its therapeutic use, adverse effects and mechanisms of action.

Product Information	Ingredient Information	Manufacturer Information	
▼ Active Ingredients	Amount/Unit	Units	▼ Daily Value(%) ▲
Biotin	76.00	mcg	25.0
Calcium	230.00	mg	23.0
Carnitine	4.00	mg	Not Est.
Chloride	240.00	mg	7.0
Choline	71.00	mg	Not Est.
Chromium	7.00	mcg	6.0
Copper	0.24	mg	12.0
Folic Acid (Folate)	88.00	mcg	22.0
Inositol	19.00	mg	Not Est.
Iodine	23.00	mcg	15.0
Iron	3.00	mg	19.0
Magnesium	47.00	mg	12.0
Manganese	0.24	mg	12.0
Molybdenum	8.00	mcg	11.0

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- ▶ Diet and Disease
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- ▶ Weight and Obesity
- ▶ Food Safety
- ▶ Food Labeling
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Databases

Non-FNIC Databases More ▶

Find on-line searchable databases such as AGRICOLA and PubMed from Federal government agencies, scientific literature and bibliographic databases such as ERIC, databases offered by colleges and universities and more.

FNIC Databases

FNIC and its special project Web sites, the SNAP-Ed Connection (formerly Food Stamp Nutrition Connection), the Healthy Meals Resource System (HMRS), and WIC Works Resource System (WWRS), maintain databases of nutrition education materials. There is also a small Native American Nutrition Education Database, as well as databases available from the International Bibliographic Information on Dietary Supplements (IBIDS) and the Food Safety Research Information Office (FSRIO).

Search Individual Databases



- **WIC Works Education and Training Materials Database**
- **SNAP-Ed Connection Resource Finder Database**
- **Healthy Meals Resource System Education and Training Materials Database**
- **Native American Nutrition Education Database**
- **Food Safety Education and Training Materials Database**
- **Food Safety Research Information Office Research Projects Database**

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Databases

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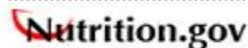
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- ▶ [What's In Food](#)
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In the News

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[USDA Launches New Food Icon, MyPlate](#)

The federal government's new food group symbol, MyPlate, will replace MyPyramid. It will help consumers think about their food choices by building a healthy plate. [Read the press release.](#)

[USDA Highlights the Launch of *Let's Move!* in Indian Country](#)

Part of the First Lady's Let's Move! initiative, Let's Move! in Indian Country will promote healthy eating and physical activity among Native American children.

[Supermarket Lighting May Affect Nutrients](#)

Reach for the produce packages at the front of the store shelf! USDA research shows packaged spinach leaves exposed to more light has higher nutrient levels than those left in the dark.

Spotlights

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Dietary Guidelines for Americans 2010



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Find ideas and become a champion to end hunger.



Catalogue of Surveillance Systems
Childhood obesity data for researchers.



Let's Move!
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How to Get Food Help
New brochure



Healthy People 2020
10-year

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- o [Food and Nutrition Information Center](#)

DIETETICS

2 GRAM SODIUM DIET	HEALTHY HEART DIET	OBESITY IN CHILDREN
3 GRAM SODIUM DIET	HEALTHY SNACKS FOR ATHLETES	PERCUTANEOUS ENDOSCOPIC GASTROSTOMY
4 GRAM SODIUM DIET	HIGH FIBER DIET	PERCUTANEOUS ENDOSCOPIC GASTROSTOMY INS
ACUTE NAUSEA AND VOMITING	HIGH PROTEIN / HIGH CALORIE DIET	PHENYLKETONURIA IN CHILDREN
ANOREXIA NERVOSA	HIGH PROTEIN DIET	POTASSIUM CONTENT OF FOODS LIST
ARTHROSCOPIC TMJ	HOW TO AVOID AND DECREASE PROBLEMS WITH GAS	PRE-COMPETITION MEALS FOR ATHLETES
BARIUM SWALLOW	HYPERKALEMIA ADULT	PREGNANCY DIET
BASIC CARBOHYDRATE COUNTING	HYPONATREMIA	READING FOOD LABELS
BULIMIA NERVOSA	IRON RICH DIET	REGULAR DIET
CAFFEINE USE AND ATHLETIC PERFORMANCE	LACTOSE-CONTROLLED DIET	RELAXATION AND MEDITATION
CALCIUM AND OSTEOPOROSIS	LAPAROSCOPIC SLEEVE GASTRECTOMY	RENAL FAILURE DIET
CALORIE COUNTING DIET	LIQUIDS AND HYDRATION FOR ATHLETES	SALMONELLA INFECTION
CELIAC DISEASE	LIVER DISEASE DIET	SEASONING WITHOUT SALT
CHOLESTEROL AND YOUR HEALTH	LOW BACTERIA DIET	SELF CARE MEASURES AFTER A STROKE
CHRONIC ABDOMINAL PAIN IN CHILDREN	LOW FAT DIET	SELF-CARE MEASURES WITH A CHRONIC DISEASE
CHRONIC DYSPHAGIA	LOW FIBER DIET	SELF CARE MEASURES WITH CANCER
CLEAR LIQUID DIET	LOW OXALATE DIET	SHOPPING FOR A HEALTHY DIET
COMPLETE BLENDERIZED DIET	LOW PURINE DIET	SHORT BOWEL SYNDROME
DENTAL CARIES	LOW TYRAMINE DIET	SOFT DIET
DIALYSIS DIET	MALNUTRITION	TOTAL PARENTERAL NUTRITION
DIET FOR DIVERTICULAR CONDITIONS	MANDIBULAR DISLOCATION	VEGETARIAN DIET
DIET FOR ULCERS AND GASTRITIS	MEAL PLANNING WITH DIABETES EXCHANGES	VITAMIN K IN FOODS
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ESOPHAGEAL STRICTURE	MODIFIED BARIUM SWALLOW	WEIGHT MANAGEMENT FOR CHILDREN
FOOD ALLERGY	NASOGASTRIC INTUBATION	WOUND HEALING AND YOUR DIET
GASTROESOPHAGEAL REFLUX IN CHILDREN	NORMAL GROWTH AND DEVELOPMENT OF PRESCHOOLERS	
GASTROSTOMY CARE FOR NEONATES	NORMAL GROWTH AND DEVELOPMENT OF SCHOOL AGE CHILDREN	
GESTATIONAL DIABETES DIET	NORMAL GROWTH AND DEVELOPMENT OF TODDLERS	
GLUTEN-FREE DIET	OBESITY	

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MAGAZINE

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Cystic fibrosis (CF) is an inherited disease of the mucus and sweat glands. It affects mostly your lungs, pancreas, liver, intestines, sinuses and sex organs. CF causes your mucus to be thick and sticky. The mucus clogs the lungs, causing breathing problems and making it easy for bacteria to grow. This can lead to problems such as repeated lung infections and lung damage.

The symptoms and severity of CF vary widely. Some people have serious problems from birth. Others have a milder version of the disease that doesn't show up until they are teens or young adults.

Although there is no cure for CF, treatments have improved greatly in recent years. Until the 1980s, most deaths from CF occurred in children and teenagers. Today, with improved treatments, some people who have CF are living into their forties, fifties, or older.

NIH: National Heart, Lung, and Blood Institute

Get Cystic Fibrosis updates by email

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Start Here

- [Cystic Fibrosis NIH](#) (National Heart, Lung, and Blood Institute)
- [Cystic Fibrosis Interactive Tutorial](#) (Patient Education Institute)
Also available in [Spanish](#)

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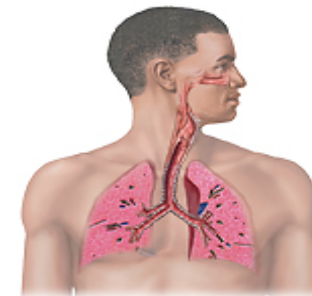
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- [Cystic fibrosis - nutritional considerations](#)
- [Fecal fat](#)
- [How to breathe when you are short of breath](#)
- [Neonatal cystic fibrosis screening](#)
- [Oxygen safety](#)
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National Institutes of Health

The primary NIH organization for research on *Cystic Fibrosis* is the

Latest News

- [Concentrated Saline Therapy Not Effective in Young Children with Cystic Fibrosis](#) *NHL* (05/21/2012, National Heart, Lung, and Blood Institute)
- [Should Cystic Fibrosis Patients Get So Many Antibiotics?](#) (03/26/2012, HealthDay)

Diagnosis/Symptoms

- [CF Gene Mutation Testing](#) (American Association for Clinical Chemistry)
- [Cystic Fibrosis \(CF\) Respiratory Screen: Sputum](#) (Nemours Foundation)
Also available in [Spanish](#)
- [Sweat Test](#) (American Association for Clinical Chemistry)
- [Trypsin and Chymotrypsin Test](#) (American Association for Clinical Chemistry)
- [Trypsinogen Test](#) (American Association for Clinical Chemistry)

Treatment

- [How Is Cystic Fibrosis Treated?](#) (National Heart, Lung, and Blood Institute)
- [Therapies for Cystic Fibrosis](#) (Cystic Fibrosis Foundation)
[Return to top](#)

Prevention/Screening

- [Cystic Fibrosis: Prenatal Screening and Diagnosis](#) (American College of Obstetricians and Gynecologists) – PDF
- [Newborn Screening for Cystic Fibrosis](#) (Cystic Fibrosis Foundation)
[Return to top](#)

Nutrition

- [FDA Review of Pancreatic Enzyme Products](#) (Cystic Fibrosis Foundation)
- [Nutrition and Cystic Fibrosis: Changes through Life](#) (Cystic Fibrosis Foundation) – PDF
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- [Nutrition for Your Child with Cystic Fibrosis \(Four to Seven Years\)](#) (Cystic Fibrosis Foundation) – PDF
- [Nutrition for Your Infant with Cystic Fibrosis \(Birth to One Year\)](#) (Cystic Fibrosis Foundation) – PDF
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- [Nutrition for Your Toddler with Cystic Fibrosis \(One to Three Years\)](#) (Cystic Fibrosis Foundation) – PDF
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- [Nutrition: School, Enzymes, and Sports for the Child with Cystic Fibrosis](#) (Cystic Fibrosis Foundation) – PDF
Also available in [Spanish](#)
- [Pancreatic Enzyme Replacement in People with Cystic Fibrosis](#) (Cystic Fibrosis Foundation) – PDF
Also available in [Spanish](#)
- [Supporting Nutrition: Understanding Tube Feeding](#) (Cystic Fibrosis Foundation) – PDF

Interactive Tutorial

Introduction

Cystic Fibrosis

Causes

Symptoms

Diagnosis

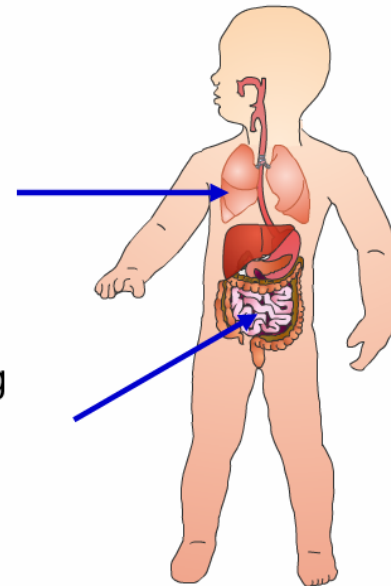
Treatment

Prevention

Facts

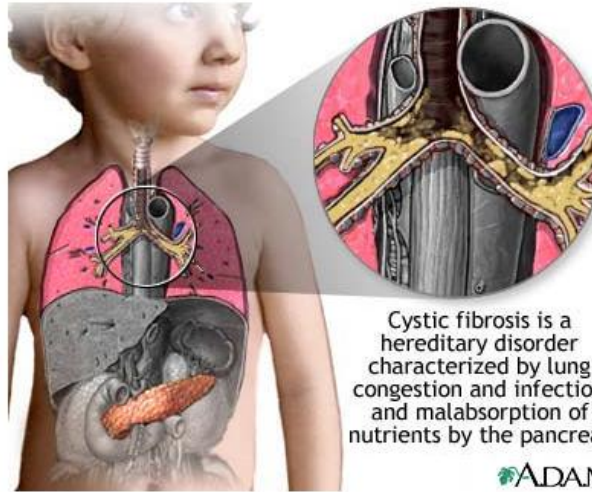
Summary

Mucus in patients with cystic fibrosis is very thick and collects in the intestines and lungs. The result is malnutrition, poor growth, numerous respiratory infections, breathing difficulties, and eventually, permanent lung damage. Lung disease is usually the cause of death in most patients.



Medical Encyclopedia

Cystic fibrosis



Cystic fibrosis is a hereditary disorder characterized by lung congestion and infection and malabsorption of nutrients by the pancreas

ADAM.

Cystic fibrosis is the most common cause of chronic lung disease in children and young adults, and the most common fatal hereditary disorder affecting Caucasians in the US.

MedlinePlus: Drugs, Supplements & Herbal Information

nlm.nih.gov/medlineplus/druginformation.html

100 Herbs and Supplements Monographs in English & Spanish

Pomegranate

How effective is it?

Natural Medicines Comprehensive Database rates effectiveness based on scientific evidence according to the following scale: Effective, Likely Effective, Possibly Effective, Possibly Ineffective, Likely Ineffective, Ineffective, and Insufficient Evidence to Rate.

The effectiveness ratings for **POMEGRANATE** are as follows:

Possibly ineffective for...

- **Chronic lung disease (chronic obstructive pulmonary disease, COPD)**. Drinking pomegranate juice does not seem to improve symptoms or breathing in people with COPD.

Insufficient evidence to rate effectiveness for...

- **High cholesterol (hyperlipidemia)**. Some studies show pomegranate seems to lower total cholesterol and "bad" (LDL) cholesterol. But other studies find no benefit.
- **High blood pressure (hypertension)**. One research study suggests that drinking 50 mL of pomegranate juice daily for up to 1 year can lower systolic blood pressure (the top number) by 5% to 21%. But drinking pomegranate juice doesn't seem to affect diastolic pressure (the lower number). However, other research shows no effect on blood pressure when study subjects drink 240 mL of pomegranate juice daily for 3 months. Additional research is needed to sort this out.
- **"Hardening of the arteries" (atherosclerosis)**. Preliminary evidence suggests drinking pomegranate juice might help to keep the arteries in the neck (carotid arteries) clear of the build-up of fatty deposits.
- **Gum disease**. There is some evidence that painting the gum with pomegranate fruit peel extract in combination with gotu kola extract might improve gum disease.
- **Prostate cancer**. Early research findings suggest that drinking pomegranate juice might slow the progress of prostate cancer.
- **Heart disease**. Some preliminary research shows that drinking pomegranate juice might improve blood flow to the heart. But drinking pomegranate juice does not seem to prevent narrowing of blood vessels in the heart (stenosis). Also, there isn't enough information to know if drinking pomegranate juice helps to prevent heart disease-related events such as heart attack.
- **Intestinal worm infestations**.
- **Obesity and weight loss**.
- **Fungal mouth infections**.
- **Diarrhea**.
- **Dysentery**.
- **Sore throat**.
- **Hemorrhoids**.



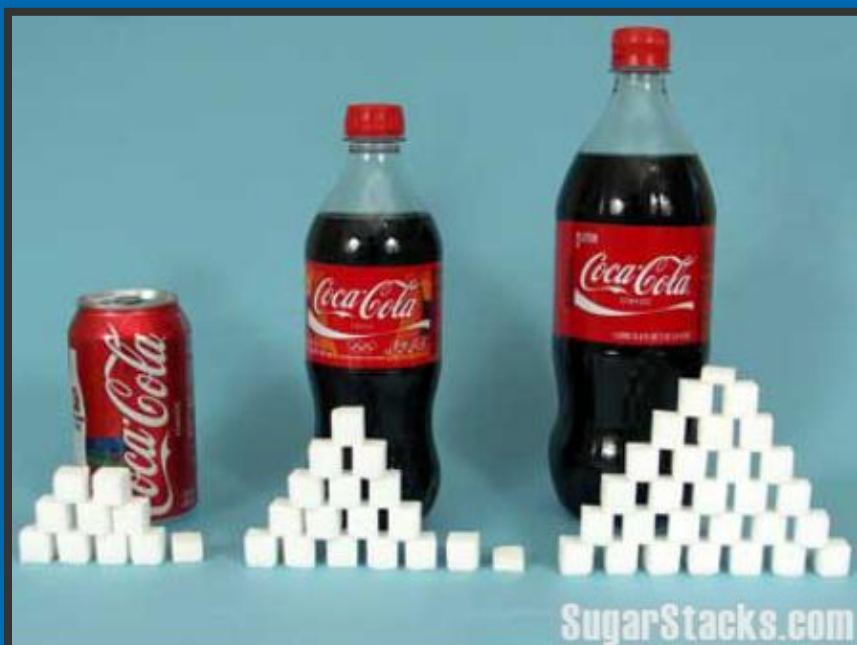
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14. Aviram M. Polyphenolic flavonoids content and anti-oxidant activities of various juices: a comparative study. Proceedings of the 11th Biennial Meeting of the Society for Free Radical Research International, 2002 Feb.1-9.

adapted from *Natural Medicines Comprehensive Database*

Last reviewed - 01/05/2012

Sugar Stacks

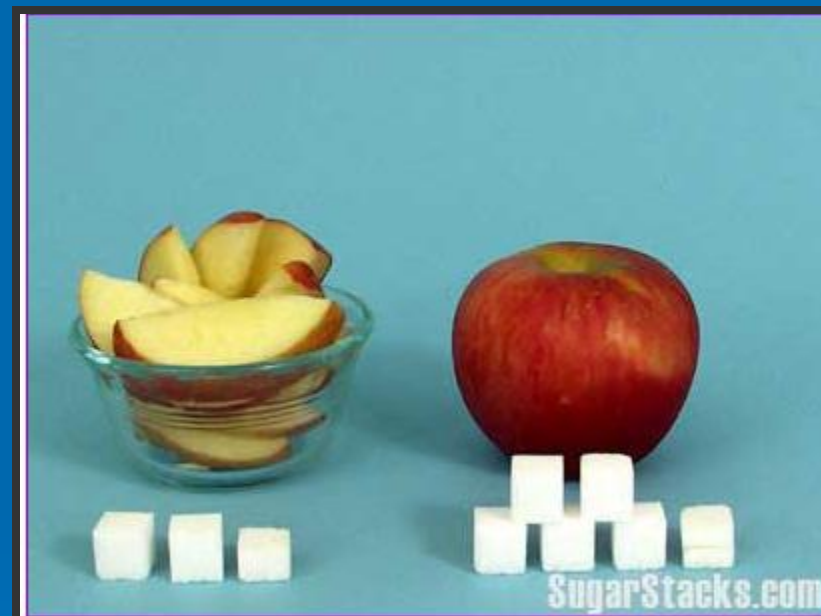


39g

65g

108g

Yikes! That's a lot of sugar!



sugarstacks.com

Cross-Cultural Healthcare Resources

- **EthnoMed** ethnomed.org
Cultural beliefs and medical issues pertinent to healthcare of ethnic groups in the Seattle area
- **Culture Clues** depts.washington.edu/pfes/CultureClues.htm
Tip sheets for increasing awareness about preferences from diverse cultures
- **SPIRAL** spiral.tufts.edu
Patient information resources in Asian languages
- **Health Information in Multiple Languages**
www.nlm.nih.gov/medlineplus/languages/languages.html
- **Consumer Health Information in Many Languages**
nmlm.gov/outreach/consumer/multi.html




FEATURE: MAY/JUNE 2012

TOOLKIT FOR PRIMARY CARE PROVIDERS TREATING REFUGEES

The **Toolkit for Primary Care** is designed to provide your clinic with:

- **Information** about medical assessments and interventions that occur as part of the refugee resettlement process.
- **Tips** on accessing your patient's previous medical information.
- **Suggestions** on health screening priorities in the primary care setting.
- **Links, referrals** and other relevant information to provide health care to refugee patients.

The Toolkit was created by the Pathways to Wellness Program in conjunction with medical staff from Harborview Medical Center. Content was contributed and reviewed by: Mary Stasio, R.N., Dr. Genji Terasaki, Dr. Suzinne Pak-Gorstein, Dr. David Roesel and Dr. Joseph P. Sherman. *Note:* Health screening for refugees entering their new communities differs across the United States. The Toolkit for Primary Care was created in King County and reflects conditions solely in this community site. It may not be appropriate or accurate for your locale. See [guidelines on adapting the toolkit](#) .

2012 NORTH AMERICAN REFUGEE HEALTH CARE CONFERENCE

This 3-day event June 28-30, 2012 in Rochester NY, focuses on best practices in refugee health. The conference is co-sponsored by the U.S. Centers for Disease Control and Prevention. Lectures include contemporary issues in refugee health, mental health, OB/GYN, pediatrics, and primary care. Keynote Speakers are Eskinder Negash, Director, U.S. Office of Refugee Resettlement and Martin Cetron, M.D., Director, Division of Global Migration and Quarantine, U.S.



Welcome To EthnoMed

EthnoMed contains information about cultural beliefs, medical issues and related topics pertinent to the health care of immigrants to Seattle or the US, many of whom are refugees fleeing war-torn parts of the world.

EthnoMed Newsletter

Subscribe to our e-Newsletter to receive updates about what's new. [Read more...](#)

Alert: Whooping Cough

Whooping cough cases have reached epidemic levels in much of Washington state. Whooping cough, also known as pertussis, can be a very serious disease for young babies who often get it from other family members. Whooping cough vaccines are recommended for all children and adults. For more info:

- **Pertussis Fact Sheet:** available in several languages.
- **Washington State Department of Health**

Infant Feeding, Care (Including weaning)

Vietnamese Cultural Profile

Most Vietnamese women breastfeed their infants for the first 6-12 months (both in the US and in Vietnam). This can be difficult when the mother works outside the home and such women may stop breastfeeding sooner than they would in Vietnam. Children are often delayed in weaning from the nursing bottle to the cup until 2 years of age. This may result in an iron deficient diet.

Child Rearing Practices

"Children sit where their parent's place them." This traditional Vietnamese expression characterizes the Confucian based parent-child relationship. Though parents in Seattle have adopted various degrees of western parenting styles, they take their responsibility to teach their children very seriously. The first priority is to teach filial obedience and respect, the second is to provide as much educational success as possible. In many homes, homework must be completed when arriving home from school, and television is only allowed on the weekends. If the parents don't feel the teacher is providing enough homework, they may make homework assignments themselves, or write questions for the child to answer.

In Vietnam, corporal punishment was the norm. In the US, parents are aware that this is not commonly accepted and they have had to change methods of discipline. Some parents state their children are harder to control here than they would have been in Vietnam and are frustrated that their children seem to lack respect for their elders.

ADOLESCENCE, ADULTHOOD, AND OLD AGE

Refugee families have had to deal with many issues in adapting to their new home. In Vietnam, elders were the strongest influence in decision making, and were respected and sought after for advice. Younger family members were respectful. Also, elders held property rights of the family, and could retire once their children could support the family.

When these elders were transported to the US, they lost their property and much of their material goods. Many of the elders outside the home are unable to find work because of their lack of training for available work, their age, and lack of English skills. They are very socially and culturally isolated while their younger family members become more Americanized. This can result in a role reversal: the elders no longer have power, money or land, and become financially dependent on their children. Because they are culturally isolated, they are no longer sought after for advice. This creates much tension in families where elders feel ignored and disrespected, which



NUTRITION CLINICAL TOPICS

Articles and information related to nutrition and diet.

Related content

[Diabetes Patient Education Materials](#)

Food and fasting in Somali Culture

Information about typical Somali foods and fasting traditions, influenced by Sunni Muslim practice.

Nutrition and Fasting in Cambodian Culture

Information about traditional nutrition and commonly consumed foods in the Cambodian community in Seattle.

The Traditional Foods of the Central Ethiopian Highlands (research report no. 7)

Information about traditional Ethiopian food and food preparation based on studies carried out as part of an applied nutrition program within the framework of the Children's Nutrition Unit (now transformed into the Ethiopian Nutrition Institute (1)). The studies were carried out in widely different parts of Ethiopia, and included the major ethnic groups and also took account of seasonal variations.

More About Ethiopian Food: Teff

Information about Teff, a staple in the Ethiopian and Eritrean diet, and some of the nutritional benefits, and health implications.

Report on Somali Diet

Information about common dietary beliefs and practices of Somali participants in WIC nutrition education.

Chinese Food Cultural Profile

A general article about common foods and the role of food in Chinese culture.

Nutrition and Fasting in Vietnamese Culture

Information about nutrition and commonly consumed foods in the Vietnamese community in Seattle.

Group Nutrition Education Poster

A 1 page poster PDF summarizing a WIC group nutrition project for Spanish and Somali families.

Clinical Pearl: Report on Somali Diet

A clinical pearl abstract about information collected from Somali nutrition education groups about the Somali diet.

Cambodian Shop Around Program

Description of a pilot project to promote healthy eating and dietary management of diabetes in Seattle's Cambodian community; includes curriculum, recipes, photos and information about the prevalence of diabetes and other health conditions affecting Cambodian Americans, along with considerations of some historical and environmental factors that may influence Cambodian American diet.

Muslim Religious Observances and Diabetes

Information about fasting practices, and recommendations for providers caring for diabetic patients during times of fasting. Includes recommendations related to medication management.


REPORT ON SOMALI DIET

Author(s): Aliya S. Haq, MS, RD, CD, WIC

Reviewer(s): Christine Wilson Owens, Editor; Salma Musa, CCM; J. Carey Jackson, MD

Date Authored: August 01, 2003

[View Documentation](#)

Also available as PDF 

METHODS

The following information was collected during more than 70 nutrition education groups for Somali patients taught by dietitian Aliya Haq at the WIC clinic at Harborview Medical Center (HMC), between 1999 and 2002. WIC is a supplemental nutrition education program for pregnant and postpartum women, infants, and children up to age five. Nutrition education is an integral part of the WIC program, which also provides healthy food vouchers to low income families. More than 400 Somali patients have attended the nutrition education groups at Harborview since they began in September 1999.

Providers are encouraged to assess the needs and behavior of all patients individually, and to consider that the information presented here is not intended to be a full account of the dietary practices and beliefs of all Somali immigrants. As Westernization appears to have influenced some aspects of Somali immigrants' diet already, it will be important to observe if and how further acculturation impacts diet in the future.

THE SOMALI DIET

Limited or no published data is available regarding the dietary beliefs and practices of Somali people residing in the United States. For this reason, the following information has been compiled to convey the lessons learned during nutrition education groups with hundreds of Somali patients. The information is organized into four sections:

1. **Religious Proscriptions** discusses the influence the dominant Muslim religion has on Somali immigrants' diet; includes descriptions of halal and haram foods, and fasting and breastfeeding practices.
2. **Foods Commonly Consumed and Methods of Cooking** lists foods that are commonly eaten in Somali immigrant households, including common ingredients and cooking methods for these foods, with indication of which foods are considered high in fat, high in carbohydrates and fat, high in salt, and high in protein. This section also discusses consumption of fast foods and elements of an acculturating diet.
3. **Common Dietary Beliefs** describes some of the commonly held beliefs regarding diet and nutrition that have been expressed by Somalis participating in the group education.

Contents

- [Methods](#)
- [The Somali Diet](#)
 - [Religious Proscriptions](#)
 - [Foods Commonly Consumed and Methods of Cooking](#)
 - [Common Dietary Beliefs](#)
 - [Common Nutrition/Diet Related Health Problems](#)
- [General Recommendations for Providers](#)
- [Discussion of Group Education Intervention](#)

Preventing Rickets in Breastfed Babies Cambodian version

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អ្វីទៅដែលហៅថាពាក់ក្រីស?

វាគឺជាជំងឺមួយដែលឆ្អឹងក្លាយជាពណ៌ខ្មៅដោយសារតែការខ្វះខាតជាតិវីតាមីនដីនៅក្នុងខ្លួន។ នៅក្នុងភូមិភាគ
ខាងជើងឈាងខាងលិចតាមព្រំដែនពាក់ក្រីសនេះកើតមកពីការកំណត់ខ្លួន ថ្ងៃតិចពេក។

តើការណាមួយទទួលបានពាក់ក្រីស?

គឺការកំណត់ខ្លួនយូរពេលដែលទទួលបានទឹកដោះមួយពីរដោះពេលប្រាំមួយខែ ឬច្រើនជាង ការកំណត់សញ្ញា ដែល
ទទួលបានទឹកដោះមួយ ការកំណត់ដែលកើតមិនគ្រប់ខែ និងការកំណត់ដែលត្រូវបានផ្តល់ដោះដើម្បីទទួលបានម្ហូប អាហារ
ដែលមិនមានជាតិសាច់, ទឹកដោះគោ, ពងមាន់, ពងទា ។

តើអ្វីទៅជាសញ្ញាពាក់ក្រីស?

- ក្លាយមានភាពខ្លាំងឡាយ,
- មិនអាចដើរបាន ឬដើរបាន,
- មានការលូតលាស់យឺត,
- មានជំងឺប្រកាច់,
- រោគសញ្ញាផ្សេងៗ។

តើអ្នកមានការការពារយ៉ាងណាឱ្យពួកជៀសវាងពីពាក់ក្រីស?

ដោយពន្លឺថ្ងៃមានមិនគ្រប់គ្រាន់នៅភូមិភាគខាងជើងឈាងខាងលិច ការកំណត់ខ្លួនរយៈពេលជាតិវីតាមីនដីមួយថ្ងៃ
រហូតពីរ បណ្តាអ្នករស់នៅភូមិភាគខាងជើងឈាងខាងលិចសហរដ្ឋអាមេរិក។

តើអ្នករកវិធីមិនមែនដូចអ្នកដទៃ?

វីតាមីនដីមិនមែនទៅតាមកន្លែងលក់ថ្នាំដោយមិនចាំបាច់មានសំបុត្រពិនិត្យពេទ្យ។ នៅក្នុងថ្នាំវីតាមីនដីមាន
ផ្សែងជាមួយនូវជាតិវីតាមីនផ្សេងៗដូចជា វីតាមីនអេ និងស៊ី ហៅថាត្រីវីសូល (Tri-Vi-Sol)។
បើ សិនជាអ្នកប្រើប័ណ្ណពេទ្យ អ្នកអាចសុំឱ្យពេទ្យ ឬអ្នកធ្វើការនៅការិយាល័យវិទ្យាសាស្ត្រពេទ្យជាតិវីតាមីនដី
ដោយឱ្យពេទ្យបញ្ជាក់ថាវីតាមីនដីមានសារៈសំខាន់សំរាប់ពាក់ក្រីសចំពោះការកំណត់ដោះមួយទាំងស្រុង។

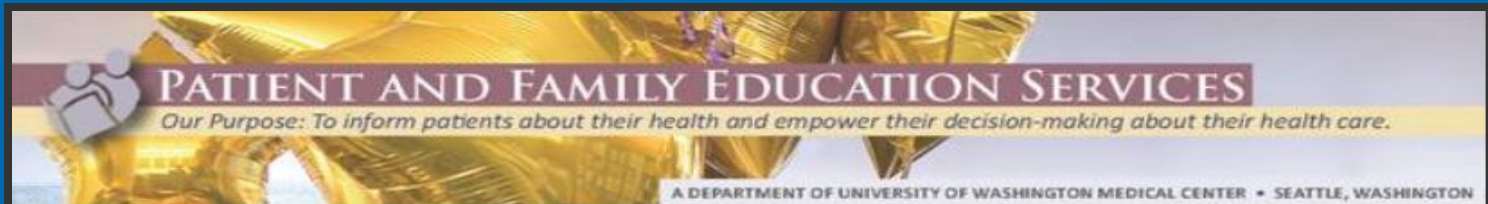
សញ្ញាខ្មៅពាក់ក្រីស

- ឆ្អឹងជំងឺកក
- ឆ្អឹងកោង
- កំណរត់
- ជើងក្របុក

សម្ភារៈអប់រំអ្នកជំងឺនេះគឺត្រូវបានផ្តល់ដោយគម្រោង Community House Calls, គ្លីនិកនិស្សិតសាស្ត្រ
អន្តរជាតិ និង គ្លីនិកកុមារ, មន្ទីរពេទ្យហាប៊ែរវិយូ Harborview Medical Center,
សាកលវិទ្យាល័យ វ៉ាស៊ីនតោន Seattle, WA ។

Culture Clues

depts.washington.edu/pfes/CultureClues.htm



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Culture Clues[™] in
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Culture Clues[™]

Culture Clues[™] are tip sheets for clinicians, designed to increase awareness about concepts and preferences of patients from the diverse cultures served by University of Washington Medical Center.

Culture Clues[™] are available for these cultures:

- [Albanian](#)
- [Chinese](#)
- [Deaf](#)
- [Hard of Hearing](#)
- [Korean](#)
- [Latino](#)
- [Russian](#)
- [Somali](#)
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End-of-Life Culture Clues[™]

Also available are tip sheets regarding end-of-life care as often preferred by various cultures. The End-of-Life *Culture Clues*[™] are available for:

- [The Latino Culture](#)
- [The Russian Culture](#)
- [The Vietnamese Culture](#)



Communicating with Your Russian Patient

Perception of Illness • Patterns of Kinship and Decision Making • Comfort with Touch

Culture Clues™ is designed to increase awareness about concepts and preferences of patients from the diverse cultures served by University of Washington Medical Center. **Every person is unique; always consider the individual's beliefs, needs, and concerns.** Use *Culture Clues™* and information from the patient and family to guide your communication and your patient care.

How does the Russian culture deal with illness?

Helping Your Patient Feel Comfortable with UWMC

- Remember to find out if this is your patient's first visit to University of Washington Medical Center.
 - **If it is your patient's first visit to UWMC, take a few moments for orientation.**
 - **Keep in mind that patients who are new to the system may not be aware of the role of the Primary Care Team or the process for getting a referral to a specialist.**

Explaining the Causes of Illness and Disease

- Your patient and his or her family may believe that illness is caused by weather or social experiences, such as stress from the living situation or because of arguing with the family.
 - **Ask your patient if they have experienced stresses or strains recently.**
- Your patient may not like to take excessive medications. When an option, ask your patients if they prefer over-the-counter or homeopathic medicine.
- Spend time with the patient to show that the patient is cared for.

Feeding Your Baby 6 to 12 Months

Source: Washington State Department of Health - Division of Environmental Health

- [Cambodian Khmer](#)
- [Chinese 中文](#)
- [English](#)
- [Korean 한국어](#)
- [Vietnamese Tiếng Việt](#)

Feeding Your 1 to 2 Year Old

Source: Washington State Department of Health - Division of Environmental Health

- [Cambodian Khmer](#)
- [Chinese 中文](#)
- [English](#)
- [Korean 한국어](#)
- [Vietnamese Tiếng Việt](#)

Feeding Your 3 to 5 Year Old

Source: Washington State Department of Health - Division of Environmental Health

- [Cambodian Khmer](#)
- [Chinese 中文](#)
- [English](#)
- [Korean 한국어](#)
- [Vietnamese Tiếng Việt](#)

Healthy Choices for Kids

Source: Washington State Department of Health - Division of Environmental Health

- [Cambodian Khmer](#)
- [Chinese 中文](#)
- [English](#)
- [Korean 한국어](#)
- [Vietnamese Tiếng Việt](#)

Starting your baby on family foods

Source: Health Information East London - National Health Service

- [Chinese 中文](#)
- [English](#)
- [Vietnamese Tiếng Việt](#)

Give Your Baby a Healthy Start

Source: Washington State Department of Health - Division of Environmental Health

- [Cambodian Khmer](#)
- [Chinese 中文](#)
- [English](#)
- [Korean 한국어](#)
- [Vietnamese Tiếng Việt](#)

Good Food for Kids

Source: Nutrition Education for New Americans Project

- [Cambodian Khmer](#)

SPIRAL

spiral.tufts.edu



給家長，照料人及兒童的資料

兒童需要很多能量去成長，玩耍和學習。在選購及小吃時選擇適當的食物，可以幫助你的孩子建立一個健康的將來。

兒童可以與其他家人享用同樣的食物。一起進膳可以幫助他們有良好的飲食。良好的飲食習慣是可以終生受用的。

食物是無分好與壞的，而最重要的是飲食要均衡。在本小冊內的每個食物類別對發展良好健康都非常重要，因此每人都要將每一個類別的食物包括在內。

很多膳食都有從這五個食物類別加入不同的食物。想一想你孩子的飲食中缺少了哪類別的食物，然後將它們加入他們的膳食內。



麵包，穀類食品及馬鈴薯

這些食物提供能量及維他命。每餐都應包括這些食物在內。

嘗試用不同的食品，包括麵包片，pitta 包，印度薄餅(chapatti)，麵包圈(bagels)，義大利粉，芋頭，飯，麵，早餐穀類食品或大蕉。



奶類及奶類食品

MedlinePlus Health Information in Multiple Languages

nlm.nih.gov/medlineplus/languages/languages.html

Find your topic by first letter:

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [XYZ](#) [XYZ](#) [List of All Topics](#)

Infant and Newborn Nutrition - Multiple Languages



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[Portuguese](#) (português)

[Russian](#) (Русский)

[Somali](#) (af Soomaali)

[Spanish](#) (español)

[Vietnamese](#) (Tiếng Việt)

Arabic (العربية)

- Bottle Feeding Your Baby
(Arabic) [العربية](#) PDF Bilingual
Health Information Translations

Bosnian (Bosanski)

- Bottle Feeding Your Baby
Hranjenje bebe flašicom - [Bosanski](#) (Bosnian) PDF Bilingual
Health Information Translations

Chinese - Simplified (简体中文)

- Bottle Feeding Your Baby
用奶瓶喂哺宝宝 - [简体中文](#) (Chinese - Simplified) PDF Bilingual
Health Information Translations

Navigating the Web Beyond Basic Google to Find Evidence

- Google Advanced Search

google.com/advanced_search?hl=en

- Google Scholar

scholar.google.com

Searching Advanced Google for Guidelines

Google **Advanced Search** [Advanced Search Tips](#)

allintitle: Vitamin D supplements

Find web pages that have...

all these words:

this exact wording or phrase:

one or more of these words: OR OR

But don't show pages that have...

any of these unwanted words:

Need more tools?

Results per page:

Language:

File type:

Search within a site or domain:

(e.g. youtube.com, .edu)

[Date, usage rights, numeric range, and more](#)

Date: (how recent the page is)

[Usage rights:](#)

Where your keywords show up:

Region:

Numeric range: ..

(e.g. \$1500..\$3000)

[SafeSearch:](#) Off On

pdf

.gov, .edu

in title



Advanced Google Results for .gov

[Vitamin D: MedlinePlus Supplements](#) 🔍

Researchers noticed that people who don't have enough vitamin D tend to fall ...

www.nlm.nih.gov/medlineplus/druginfo/natural/929.html - Cached - Similar

[Calcium and Vitamin D: Important at Every Age](#) 🔍

Jump to [Calcium Supplements](#): If you have trouble getting enough calcium in your diet, you may need to ...

www.niams.nih.gov/Health_Info/Bone/Bone_Health/Nutrition/ - Cached

[Randomized trial of vitamin D supplementation to prevent seasonal ...](#) 🔍

by M Urashima - 2010 - Cited by 65 - Related articles

Mar 10, 2010 ... OBJECTIVE: We investigated the effect of **vitamin D** ...

www.ncbi.nlm.nih.gov/pubmed/20219962 - Similar

⊕ Show more results from nih.gov

[Safety Alerts for Human Medical Products > Vitamin D Supplement ...](#) 🔍

Jun 15, 2010 ... Some liquid **Vitamin D supplement** products are sold with droppers that could allow parents to accidentally give harmful amounts of Vitamin D ...

www.fda.gov > ... > Safety Information - Cached - Similar

[Vitamin D and Cancer Prevention - National Cancer Institute](#) 🔍

Vitamin D can also be obtained through dietary supplements. However, individuals who used any amount of **vitamin D supplements** had a lower risk of ...

www.cancer.gov/cancertopics/factsheet/prevention/vitamin-D - Cached - Similar

[Vitamin D Supplementation To Prevent Rickets in Breast-Fed Babies](#) 🔍

Clinical highlights recommend **vitamin D supplementation** for dark-skinned infants and children who are fed only breast milk to prevent rickets.

www.ahrq.gov > Priority Populations > Child Health - Cached - Similar

[Vitamin D Supplement Study for Adolescents - Full Text View ...](#) 🔍

The purpose of this study is to determine if 14-19 year old African American adolescents are able to take a daily **vitamin D supplement** daily for about 4 ...

clinicaltrials.gov/ct2/show/NCT00000454 - Cached

Google Scholar

scholar.google.com

- Searches for **scholarly literature**, including peer-reviewed papers, theses, books, abstracts and technical reports
- Finds articles from academic publishers, professional societies, universities, etc. as well as scholarly articles on the web
- "**Cited by**" link identifies # that have cited the original
- Access to full text only available with subscription
- **Caution:** Not a reliable sole source for searching scholarly literature

Google Scholar

Google scholar

phenylketonuria diet children

Search

[Advanced Scholar Search](#)

Scholar

Articles excluding patents

since 2008

include citations



[Create email alert](#)

[Efficacy of sapropterin dihydrochloride in increasing phenylalanine tolerance in children with phenylketonuria: a phase III, randomized, double-blind, placebo- ...](#)

FK Trefz, BK Burton, N Longo, MMP Casanova... - The Journal of ..., 2009 - Elsevier

... of tetrahydrobiopterin) to increase phenylalanine (Phe) tolerance while maintaining adequate blood Phe control in 4- to 12-year-old children with phenylketonuria (PKU). ... 3:1) to sapropterin, 20 mg/kg/d, or placebo for 10 weeks while continuing on a Phe-restricted diet. ...

[Cited by 25](#) - [Related articles](#) - [All 12 versions](#)

[Glutamine, Ornithine, Citrulline and Arginine levels in Children with Phenylketonuria: The Diet Effect](#)

KH Schulpis, M Kalogerakou, V Gioni... - Clinical ..., 2011 - Elsevier

Thirty-seven poorly controlled patients (group A), 43 patients who strictly adhered to their diet (group B) and 50 controls were included in the study. In patients and controls blood chemistry, TAS and serum amino acids levels determinations were performed.

[Find UW Holdings](#)

[Tetrahydrobiopterin Therapy for Phenylketonuria in Infants and Young Children](#)

BK Burton, DJ Adams, DK Grange, JI Malone... - The Journal of ..., 2010 - Elsevier

... administration, response evaluation, and side effect management associated with sapropterin therapy in infants and children aged <4 ... For 3 of 6 cases, diet records were used to monitor changes in dietary Phe. ... Severity of phenylketonuria ranged from mild to severe (classic). ...

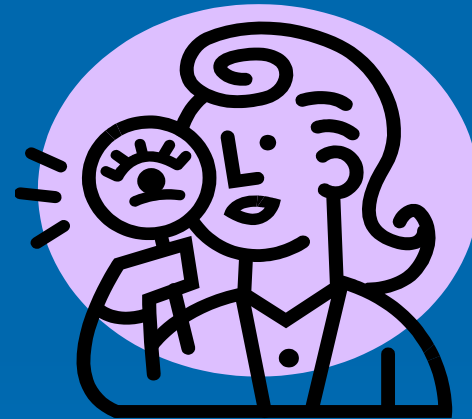
[Cited by 1](#) - [Related articles](#) - [Find UW Holdings](#) - [All 4 versions](#)

Must Evaluate Web Resources: Evaluation Strategies

- Evaluate using checklist entitled:
Criteria for Evaluating Web Resources
- Determine the type of site by analyzing
Web Site Addresses
- A User's **Guide** to Finding and Evaluating
Health Information on the Web
mlanet.org/resources/userguide.html

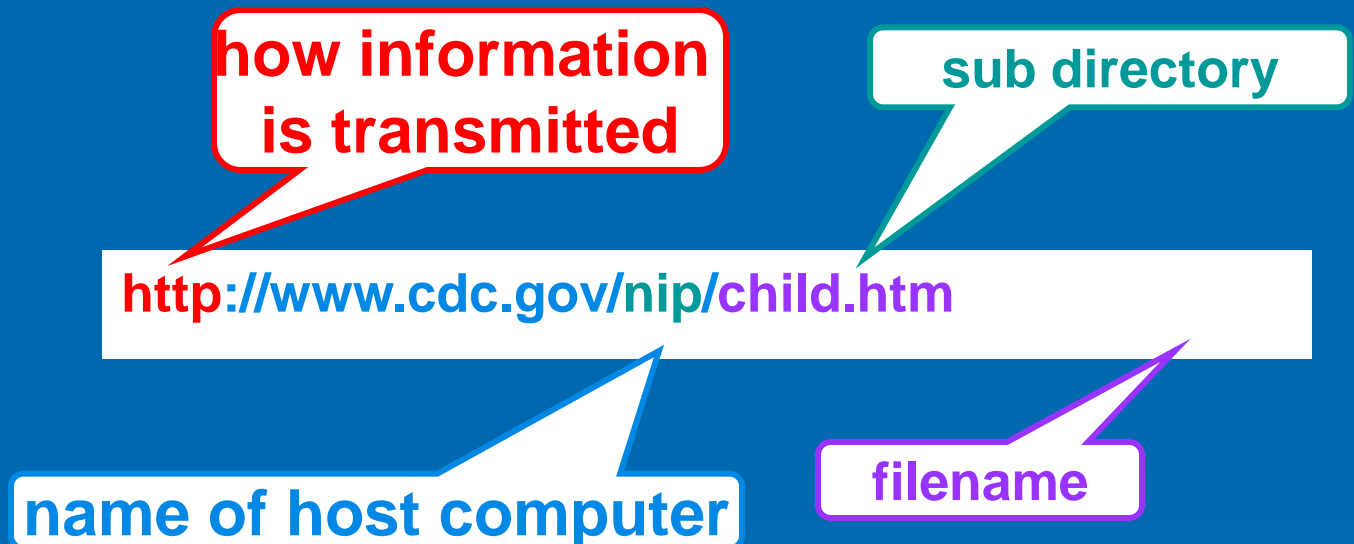
Criteria for Evaluating Web Sites

- Authority
- Accuracy
- Objectivity
- Currency
- Coverage



Analyze the Website Address

- edu
- org
- com
- gov
- net




The URL (Uniform Resource Locator) includes the name of the host computer which can indicate the purpose of the web site.

Information Overload!

- 2 million articles published in biomedical journals each year
- considering everything of potential biomedical importance would require perusing about 6,000 articles per day...
- If you only read 2 articles a day, at the end of year you would be 60 centuries behind.

What are Email Alert Services?

- Deliver current citations into your email
 - Based on a search strategy you create
 - In most cases, abstracts of the articles are provided
 - May provide links to *PubMed* and full-text articles
- 

My NCBI from *PubMed*

- Your personal space on the NLM computer system for:
 - ◆ **storing search strategies** used to generate updates
 - ◆ **storing references**
 - ◆ **creating email alerts** (recent PubMed citations sent automatically to your email)
- Free registration
- *My NCBI* libguide:
 - ◆ libguides.hsl.washington.edu/myncbi

Display Settings: Summary, 20 per page, Sorted by Recently Added

- Results: 1 to 20 of 107
- Prevention and treatment of
1. Riordan J, Voegeli D.
Br J Nurs. 2009 Nov 12-25;18(20):
PMID: 20081668 [PubMed - index
Related articles
 - Therapists' roles in pressure
2. Guihan M, Hastings J, Garbe
J Spinal Cord Med. 2009;32(5):56
PMID: 20025152 [PubMed - index
Related articles Free article
 - Comparison of interface pre
3. Jünger M, Ladwig A, Bohbot
J Wound Care. 2009 Nov;18(11):4
PMID: 19901877 [PubMed - index
Related articles

NCBI Home PubMed GenBank BLAST

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- Preferences
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Use My NCBI to save your searches and data, and to set NCBI Web site

Sign into My NCBI

Username

Password

Your PubMed search

Search: cancer summer camps

Name of Search: **celiac disease**

E-mail: schnall@u.washington.edu

Would you like e-mail updates of new search results?

- No thanks.
- Yes, once a month.
Which day? the first Saturday
- Yes, once a week.
Which day? Saturday
- Yes, every day.

Formats:

- Send HTML e-mail
- Send text e-mail

Report format: Summary

Number of items:

Send at most: 5 items Send even when there aren't any

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- Search Filters
- Preferences
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My Saved Data

You have:

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- 3 Collections
- 1 Bibliography

Search Filters

You've set filters for:

- PubMed

Preferences

You've set:

- Common Preferences
- PubMed Preferences

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Arbor Clinical Nutrition Updates

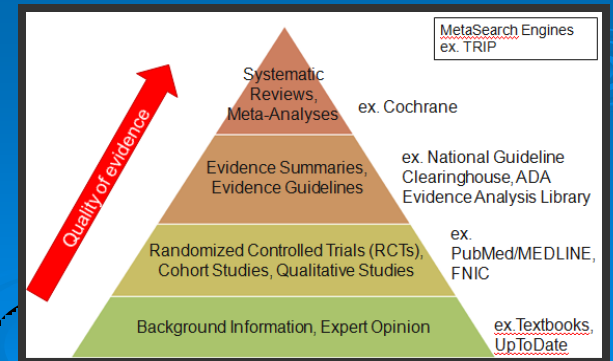
www.nutritionupdates.org

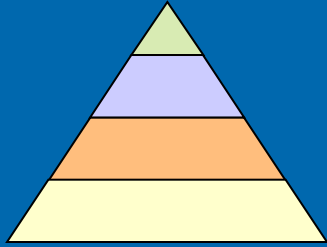
- Free evidence-based electronic nutrition journal
- Summarizes recent clinical research papers
- Adds commentaries



Final Thoughts

- Use the *Locating Evidence-based Pediatric Nutrition Resources on the Web* handout to find evidence resources.
- Navigate the web efficiently using *Advanced Google* or *Google Scholar* and **evaluate!**
- Remember **AND** Evidence Analysis Library, *PubMed*, *MedlinePlus*, *EthnoMed*, and **nutrition** sites to find evidence to incorporate into your clinical practice.
- Ask a **librarian...**
your ultimate search engine!





Resources



schnall@uw.edu

- PowerPoint and Handout listing eResources discussed today can be found under “Presentations” at:
libguides.hsl.washington.edu/schnall
- Schnall JG. Clicking your way to nutrition resources on the web. *Nutrition Focus* 2007 Jan/Feb 22(1):1-9.
depts.washington.edu/cshcnut/download/resources/nutfocus22_1.pdf