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HEALTH SCIENCES LIBRARIES

Locating Evidence-Based Pediatric Nutrition Resources on the Web

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Health Sciences Library
University of Washington, Seattle, WA
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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.

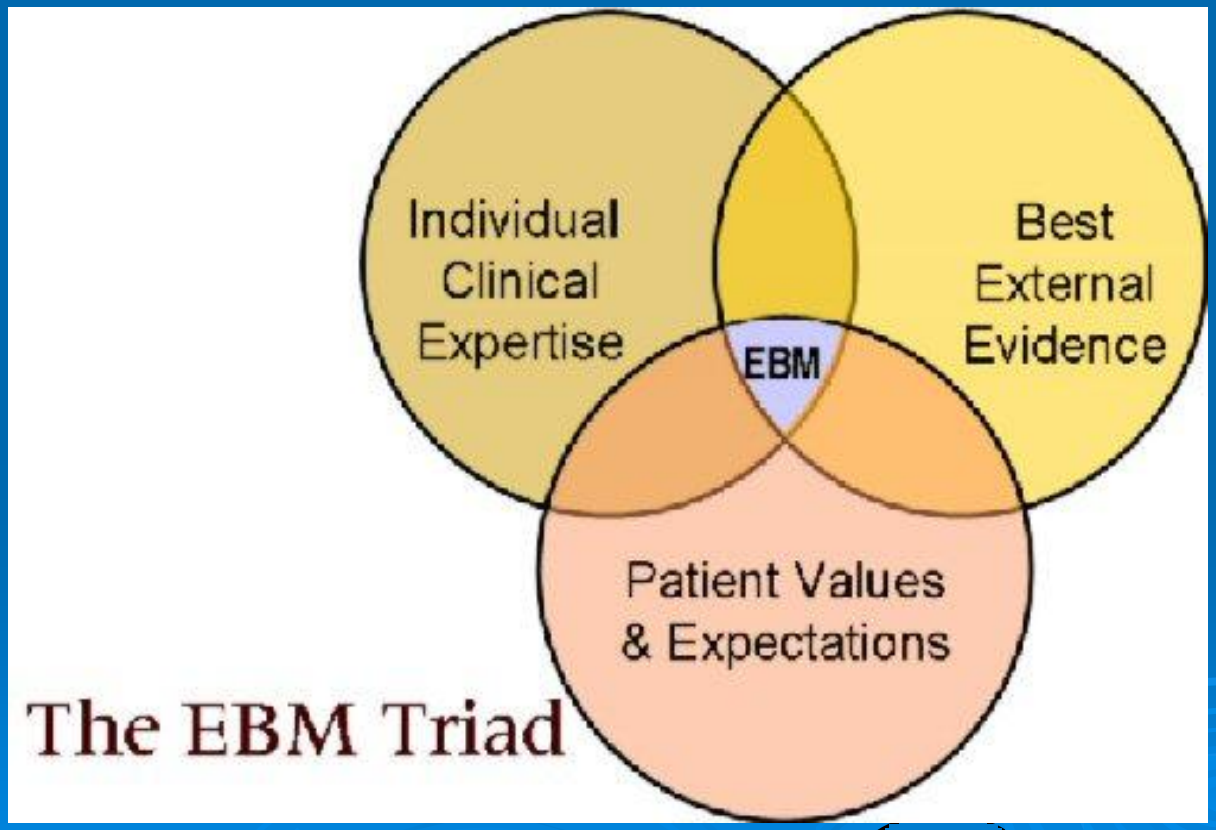
Approved by ADA House of Delegates February 2006
Updated by ADA 2007

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?

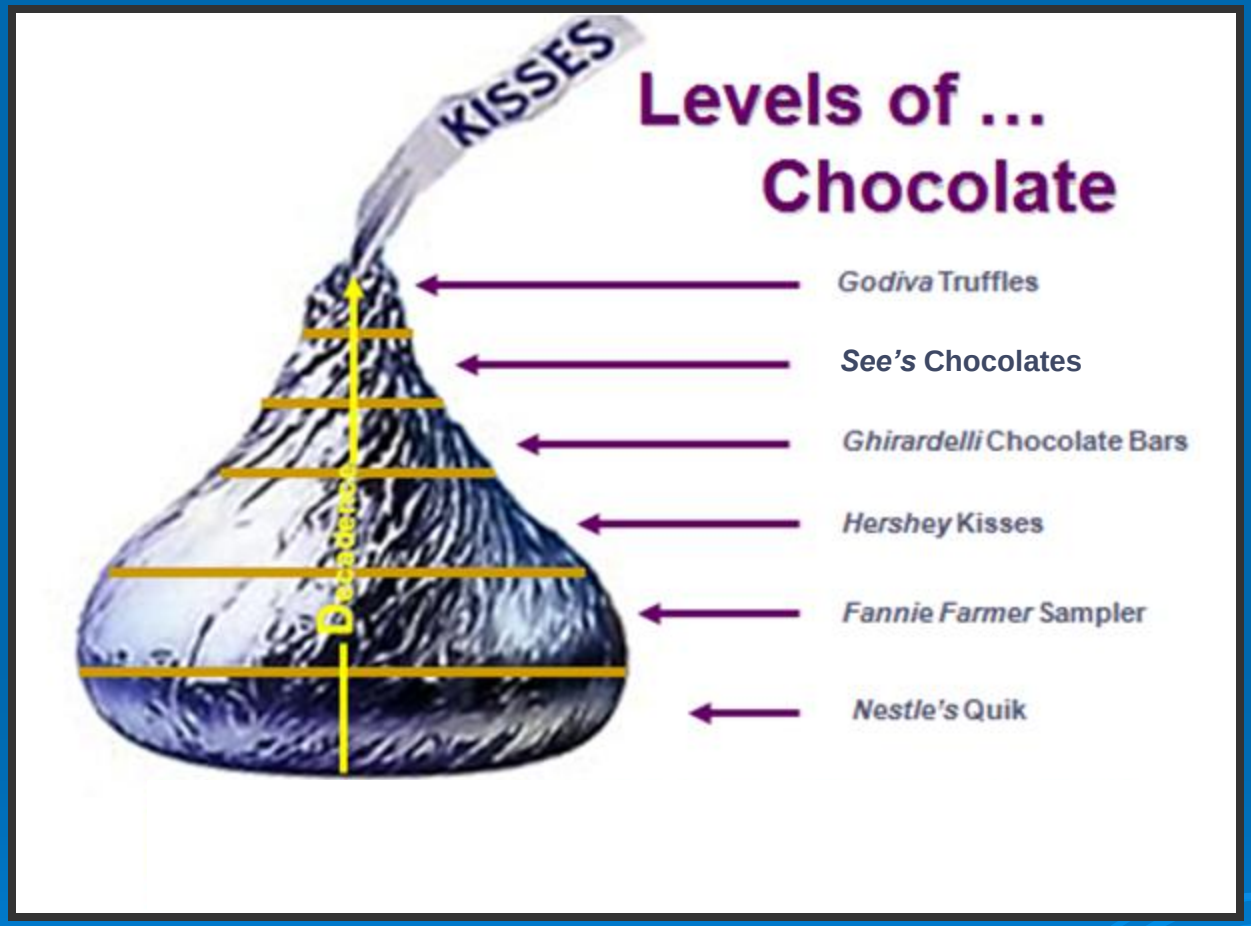
Good

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

Shoddy

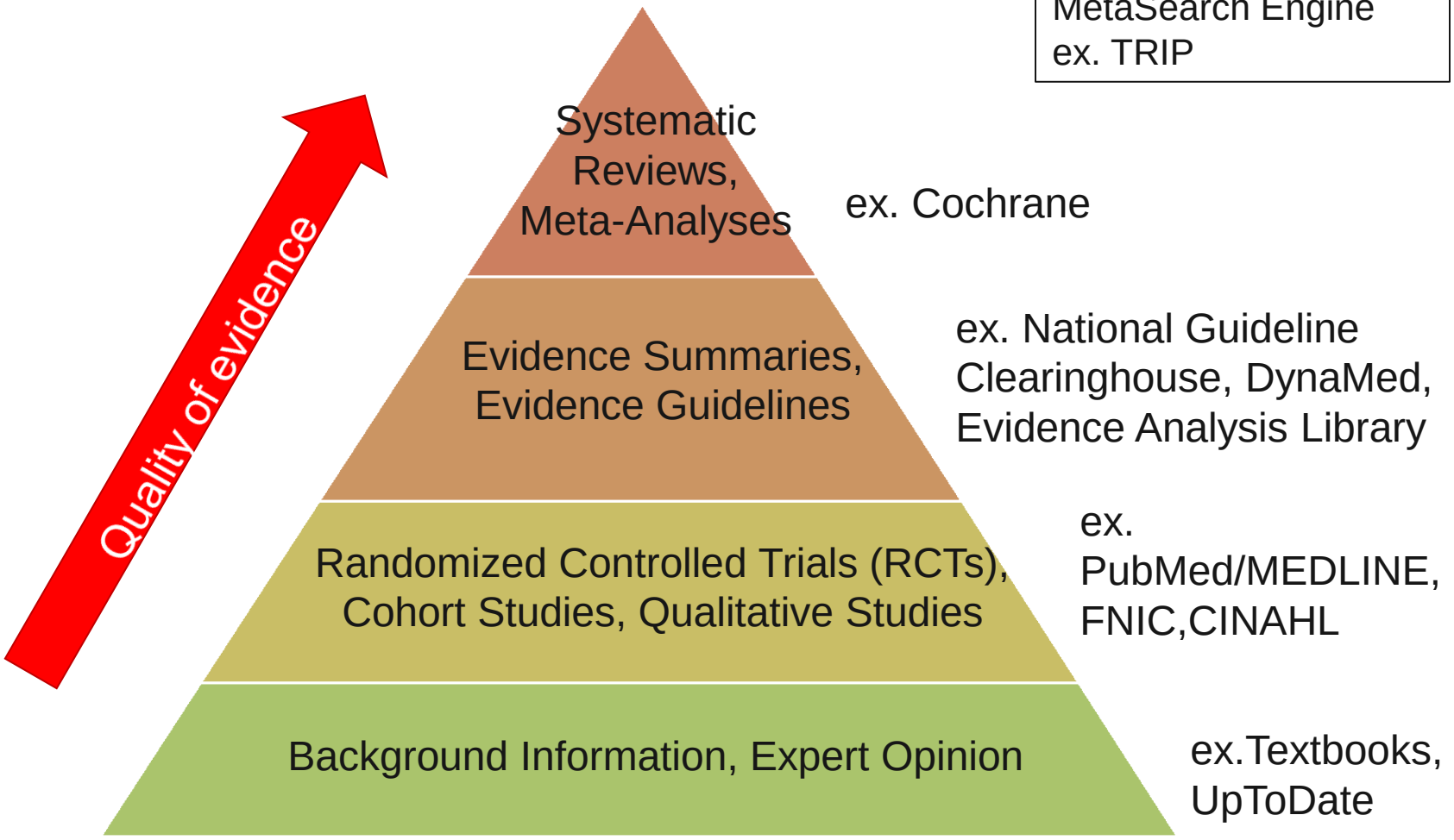
- Opinion
- Consensus
- Because it's been done this way for 100 years

Chocolate Pyramid

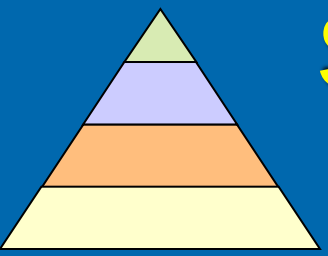


Slide adapted from Edward G. Miner Library, University of Rochester School of Medicine and Dentistry

Searching for Evidence Pyramid



Search for the Best Evidence to answer Nutrition Questions



Search Databases Efficiently to Find Research Journal Articles

- PubMed/MEDLINE **H** *pubmed.gov*

  Search *PubMed* to find citations to evidence-based articles on nutrition
- CINAHL **H** *ebscohost.com/biomedical-libraries/the-cinahl-database*
- FNIC (Food and Nutrition Information Center) *fnic.nal.usda.gov/fnic/databases*
- See Handout for additional databases

2 PubMed/MEDLINE Strategies for Finding Evidence-Based Citations

1. Use Filters: Article/Publication Type
   - Randomized Controlled Trial
   - Meta-Analysis
   - Practice Guideline
   - Clinical Trial
   - Consensus Development Conference
2. Use Clinical Queries section

PubMed.gov
U.S. National Library of Medicine
National Institutes of Health

Search: PubMed

probiotics infant formula

Search Clear

Enter search terms

PubMed

PubMed comprises more than 20 million citations for biomedical literature from MEDLINE, life science journals, and online books. Citations may include links to full-text content from PubMed Central and publisher web sites.

Using PubMed

- PubMed Quick Start Guide
- Full Text Articles
- PubMed FAQs
- PubMed Tutorials
- New and Noteworthy

PubMed Tools

- PubMed Mobile
- Single Citation Matcher
- Batch Citation Matcher
- Clinical Queries
- Topic-Specific Queries

More Resources

- MeSH Database
- Journals in NCBI Databases
- Clinical Trials
- E-Utilities
- LinkOut

PubMed.gov
US National Library of Medicine
National Institutes of Health

PubMed | probiotics infant formula

RSS Save search Advanced

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

Filters

Choose additional filters

Clear all

Text availability
Abstract available
Free full text available
Full text available

Publication dates
5 years
10 years
Custom range...

Species clear
✓ Humans
Other Animals

Article types clear
Clinical Trial
Meta-Analysis
✓ Randomized Controlled Trial
Systematic Reviews
more ...

Languages clear
✓ English
more ...

Clear all

Choose additional filters

Display Settings: Summary, 20

Results: 1 to 20 of 73

Filters activated: Humans, Randomized Controlled Trial, English Clear all

1. 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

2. Effect of Lactobacillus GG on tolerance acquisition in infants with cow's milk allergy: a randomized trial.
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

3. The effect of Lactobacillus rhamnosus GG supplemented enteral feeding on the microbiotic flora of preterm infants-double blinded randomized control trial.
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

4. Human milk probiotic Lactobacillus fermentum CECT5716 reduces the incidence of gastrointestinal and upper respiratory tract infections in infants.
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 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, Rodriguez JM, Boza J, Xaus J, Olivares 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.

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 infa [Am J Clin Nutr. 2008]

Intestinal and immunological effects of daily oral administration of Lactobacillus sa [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]

See reviews...

See all...

All links from this record

Related Citations

Compound (MeSH Keyword)

Substance (MeSH Keyword)

Recent activity

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Full text Article

Nutrition 26 (2010) 1082–1087

Contents lists available at ScienceDirect

Nutrition

journal homepage: www.nutritionjrnl.com

Applied nutritional investigation

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

José Maldonado Ph.D., M.D. [a], Federico Lara-Villoslada Ph.D. [b], Saleta Sierra Ph.D. [b], Lluis Sempere M.Sc. [b], Marta Gómez Ph.D. [c], Juan Miguel Rodriguez Ph.D. [c], Julio Boza Ph.D. [b], Jordi Xaus Ph.D. [b], Mónica Olivares Ph.D. [b,*]

[a] *Department of Pediatrics, Hospital Universitario San Cecilio, Granada, Spain*
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ARTICLE INFO

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Accepted 17 August 2009

Keywords:
Safety
Probiotics
Intestinal function
Follow-on formula
Intestinal microbiota

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 (2×10^8 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.

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 Puleva 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@pulevabiotech.es (M. Olivares).

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doi:10.1016/j.nut.2009.08.023

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 dire

Clinical Study Categories

Category: Therapy

Scope: Narrow

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 wi…

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.

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

PMID: 21081959 [PubMed - indexed for MEDLINE]

Effects of…

[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]

…nfants: a pooled analysis

[Ann Nutr Metab. 2009]

…ystematic review of

…Pediatr Adolesc Med. 2009]

See all (3)

Filter citations for systematic reviews, meta-analyses, reviews of clinical trials, evidence-based medicine, consensus development conferences, and guidelines. See related sources.

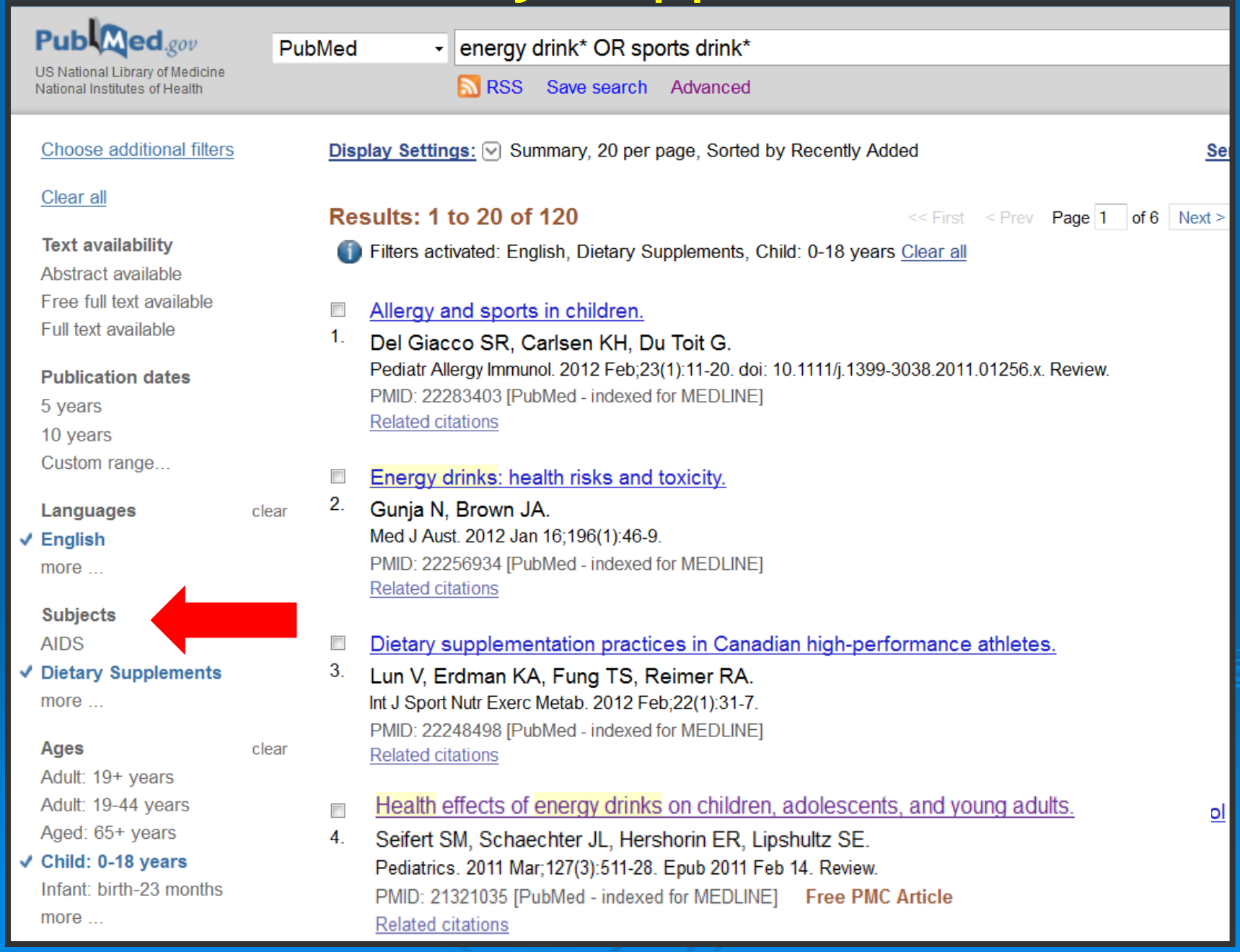
PubMed Basic Tips

Try this…	Tell PubMed…
Start with a keyword search	Enter keywords (and synonyms for these terms) you would expect to find in an *article title* or *abstract* [PubMed does not search the full text of articles.]
Search by phrase (“”)	Add quotations around words to tell PubMed to find an *exact phrase*
Search for words in the title [ti]	PubMed to search for words in article titles [Do not use this for comprehensive searches.] Ex: **chlorhexidine[ti] AND bathing[ti].**
Use Limits	Limit your results by *type of article, date range, age group, journal sets,* and more.
Search by Author [au]	Search PubMed for a particular author Ex: **Flum DR[au]**
Find Related Citations	In the *abstract view*, take a look at *the related citations* generated for a particular article (right hand side of page)

PubMed/MEDLINE Dietary Supplement Subset

- Created by ODS and the National Library of Medicine (NLM)
- Succeeds *the International Bibliographic Information on Dietary Supplements (IBIDS)* database, 1999-2010
- Limits *PubMed/MEDLINE* search results to citations from dietary supplement literature
- Includes vitamin, mineral, phytochemical, ergogenic, botanical, and herbal supplements in human nutrition and animal models

PubMed Dietary Supplement Subset



PubMed.gov
US National Library of Medicine
National Institutes of Health

PubMed | energy drink* OR sports drink*

RSS Save search Advanced

Choose additional filters

Clear all

Text availability
Abstract available
Free full text available
Full text available

Publication dates
5 years
10 years
Custom range...

Languages clear
✓ English
more ...

Subjects
AIDS
✓ Dietary Supplements
more ...

Ages clear
Adult: 19+ years
Adult: 19-44 years
Aged: 65+ years
✓ Child: 0-18 years
Infant: birth-23 months
more ...

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

Results: 1 to 20 of 120

<< First < Prev Page 1 of 6 Next >

Filters activated: English, Dietary Supplements, Child: 0-18 years Clear all

1. Allergy and sports in children.
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

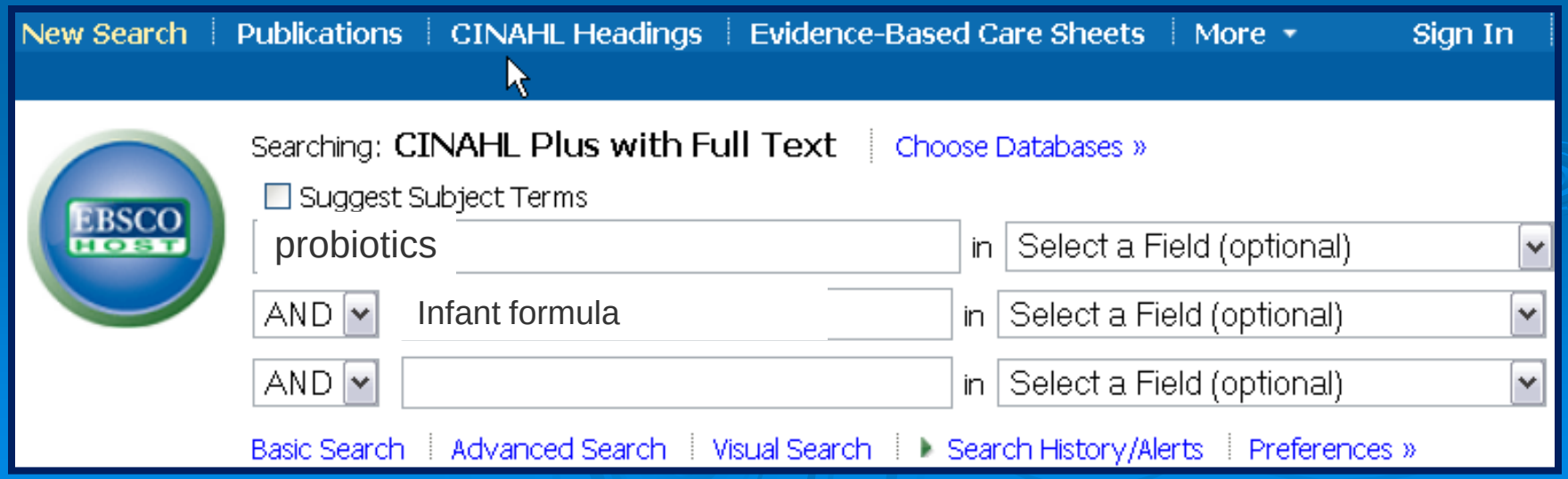
2. Energy drinks: health risks and toxicity.
Gunja N, Brown JA.
Med J Aust. 2012 Jan 16;196(1):46-9.
PMID: 22256934 [PubMed - indexed for MEDLINE]
Related citations

3. Dietary supplementation practices in Canadian high-performance athletes.
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

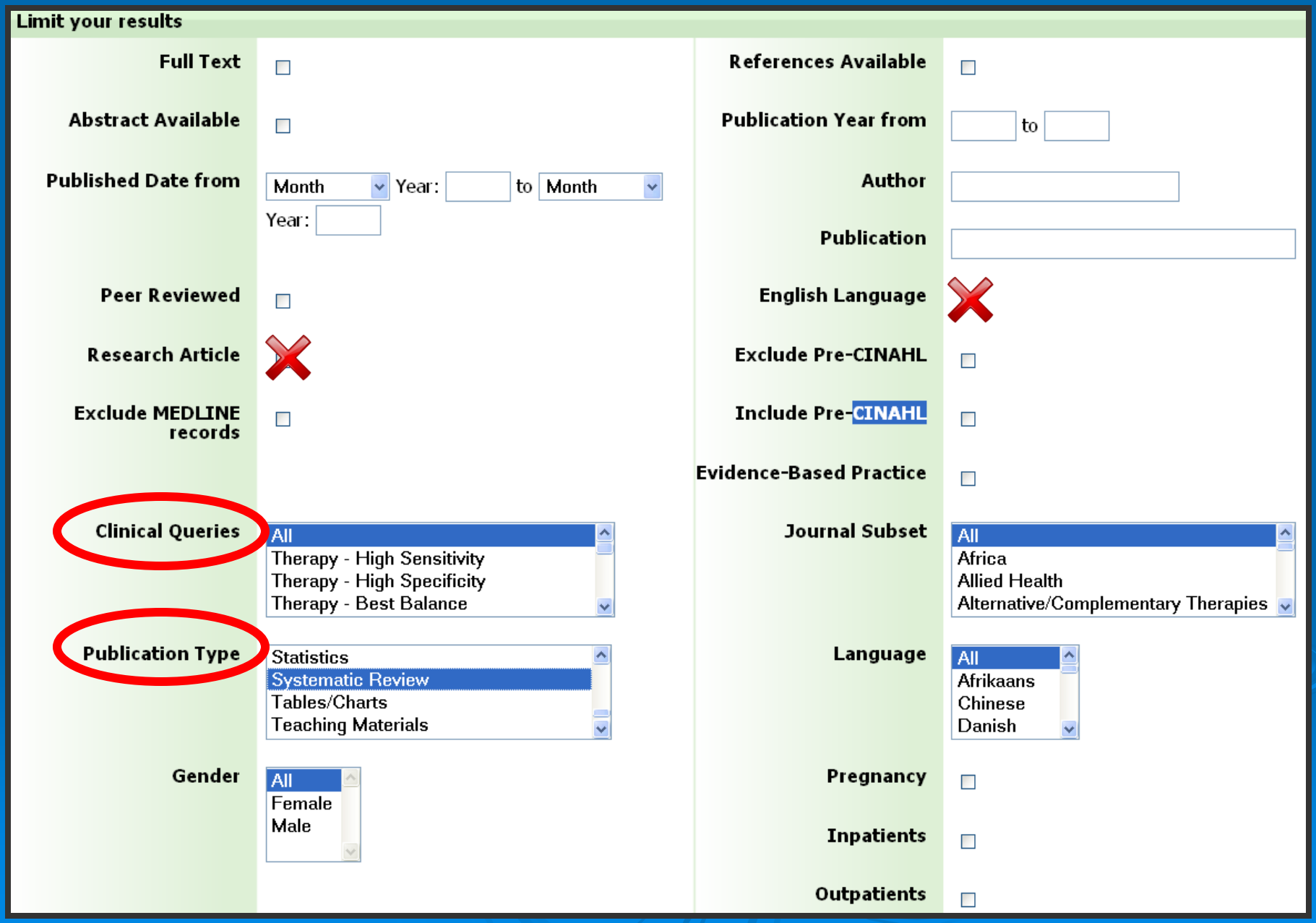
4. Health effects of energy drinks on children, adolescents, and young adults.
Seifert SM, Schaechter JL, Hershorin ER, Lipshultz SE.
Pediatrics. 2011 Mar;127(3):511-28. Epub 2011 Feb 14. Review.
PMID: 21321035 [PubMed - indexed for MEDLINE] Free PMC Article
Related citations

CINAHL H

- Provides coverage from 1982+ of nursing and 17 allied health disciplines literature
- 1700+ journals indexed
- Can easily search for Research articles



Limit your Results



1. Academic Journal

An α-lactalbumin-enriched and symbiotic-supplemented v. a standard infant formula: a multicentre, double-blind, randomised trial.

Rozé, Jean-Christophe; Barbarot, Sébastien; Butel, Marie-José; Kapel, Nathalie; Waligora-Dupriet, Anne-Judith; De Montgolfier, Inès; Leblanc, Magali; Godon, Nathalie; Soulaines, Pascale; Darmaun, Dominique; et al.; British Journal of Nutrition, 2012 Jun 14; 107 (11): 1616-22. (journal article - randomized controlled trial, **research**, tables/charts) ISSN: 0007-1145

Subjects: Infant Formula; Probiotics; Milk Proteins; Dermatitis, Atopic; Prebiotics; Infant, Newborn: birth-1 month; Infant: 1-23 months

Database: CINAHL Plus with Full Text

Add to folder

Check for Full Text

2. Academic Journal

Probiotics, prebiotics infant formula use in preterm or low birth weight infants: a systematic review.

Mugambi, Mary N; Musekiwa, Alfred; Lombard, Martani; Young, Taryn; Blaauw, Reneé; Nutrition Journal, 2012; 11: 58. (journal article - **research**, systematic review) ISSN: 1475-2891 PMID: 22928998

Subjects: Child Development; Infant Formula; Medical Practice, Evidence-Based; Prebiotics; Probiotics; Infant: 1-23 months; Infant, Newborn: birth-1 month

Database: CINAHL Plus with Full Text

Add to folder

PDF Full Text

Link to full text

3. Academic Journal

Synbiotics, probiotics or prebiotics in infant formula for full term infants: a systematic review.

Mugambi, Mary N; Musekiwa, Alfred; Lombard, Martani; Young, Taryn; Blaauw, Reneé; Nutrition Journal, 2012; 11 (1): 81. (journal article - **research**, systematic review) ISSN: 1475-2891 PMID: 23035863

Subjects: Child Development; Infant Formula; Prebiotics; Probiotics; Infant: 1-23 months; Infant, Newborn: birth-1 month

Database: CINAHL Plus with Full Text

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Link to full text

4. Academic Journal

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

Braegger C; Chmielewska A; Decsi T; Kolacek S; Mihatsch W; Moreno L; Piescik M; Puntis J; Shamir R; Szajewska H; et al.; ESPGHAN Committee on Nutrition; Journal of Pediatric Gastroenterology & Nutrition, 2011 Feb; 52 (2): 238-50. (journal article - **research**, systematic review) ISSN: 0277-2116 PMID: 21150647

Subjects: Gastrointestinal System; Infant Formula; Oligosaccharides; Prebiotics; Probiotics; Infant: 1-23 months

Database: CINAHL Plus with Full Text

Add to folder | Times Cited in this Database: (2)

Check for Full Text

CINAHL Basic Tips

Try This…	Tell CINAHL…
Limit to Research Articles	Check the *Research Article* box to show only research articles in your results
Limit to Peer Reviewed Articles	Check the *Peer Reviewed* box to show only results from peer reviewed journals in your results
Exclude PubMed Results	Check the *Exclude MEDLINE Records* box to show only results unique to CINAHL
Limit to Evidence-Based Practice	Check the *Evidence-Based Practice* box to retrieve articles from evidence-based practice journals
Find Similar Results	View a citation of interest and click the title to see the Detailed Record. Click on *Find Similar Results* on the left side of the screen.
Search by CINAHL Heading	Select a citation of interest and click the title to see the Detailed Display. Inspect the *Major Subjects and Minor Subjects* fields in the citation record. Click on an individual term to run a search on that subject heading or copy desired terms into individual search boxes to create a new search.

CINAHL vs MEDLINE

CINAHL

- Coverage: 1982+
- Indexes 1700 journals
- Focuses on nursing and allied health literature
- CINAHL Thesaurus
- Has peer-reviewed limit
- Includes cited references at end of many refs

MEDLINE

- Coverage: early 1940's+
- Indexes 5200 journals
- Focuses on biomedical literature
- Uses MeSH as its controlled vocabulary
- No peer-reviewed limit
- No cited references

FNIC Databases

fnic.nal.usda.gov/databases

- 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

Obtaining eJournals

- Check with your work or public library for access to full-text eJournals
- Use HEAL-WA **H** *healwa.org*
- For UW Affiliates: use the Proxy service to access full-text eJournals from off-campus *www.lib.washington.edu/help/connect.html*

HEAL-WA
Health Evidence Resource for Washington State

Authoritative, current, evidence-based information for health care providers in Washington State.

heal-wa.org

TOOLKITS DATABASES EBOOKS EJOURNALS REFERENCE HELP ABOUT

news

VisualDx Mobile - New Download Instructions
Apr 08, 2013

VisualDx now includes patient handouts
Feb 26, 2013

Suspension of Washington State Mercury Limits on Certain Flu Vaccine
Jan 30, 2013

New Pregnancy & Lactation Checker in Natural Standard
Jan 25, 2013

Natural Standard en Français
Aug 17, 2012

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search

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Diagnosis & Therapy
DynaMed

Guidelines & Evidence
Cochrane

Search for Articles
MEDLINE, CINAHL

Drugs, Labs, Diagnostic Tests

Complementary & Alternative Medicine
Natural Standard

Prevention, Screening, Immunizations

Patient Care Management

Multicultural Information

Information for Patients
Patient Ed Reference Center

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access

Log In

Getting Started

Certain resources in HEAL-WA (indicated by a lock) require a HEAL-WA access code (UW NetID) and password for access.

Once you have set up your HEAL-WA access code and password, LOG IN to HEAL-WA by clicking on the "Log In" button at the top of this column.

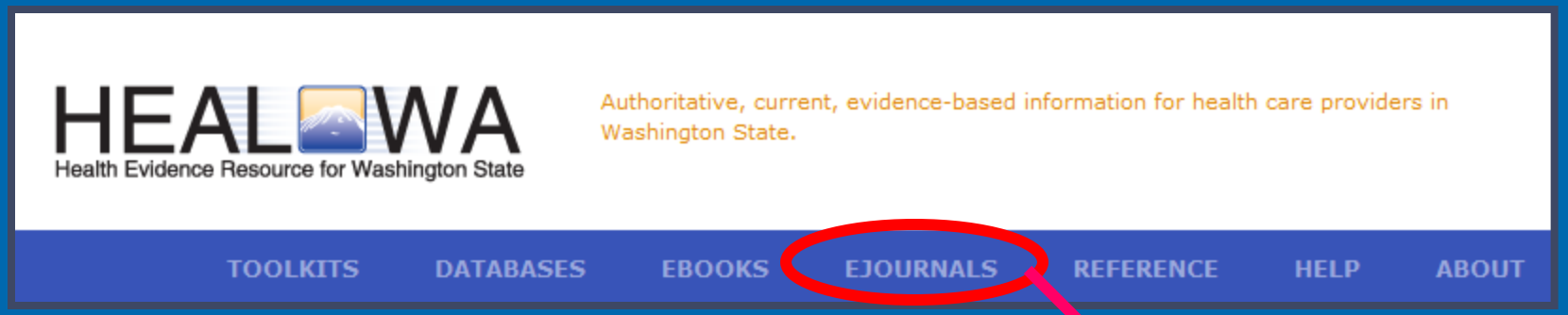
LOG OUT from HEAL-WA by simply closing your browser.

Set up your HEAL-WA access - to set up a HEAL-WA access code and password, see the instructions on the Getting Started page.

PLEASE NOTE that once you have set up your access code, it can take up to a day for your access code to be recognized so you can log in to HEAL-WA.

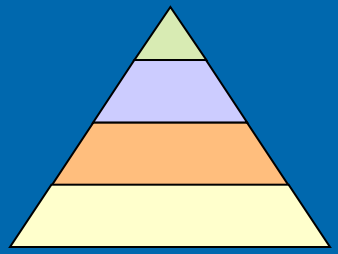
HEAL-WA Journals A-Z

5,000+ full-text health-related journals



Open Access and Free Journal Sites

- BioMed Central *biomedcentral.com*
  - Independent publishing house providing free access to peer-reviewed biomedical research
  - 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 *highwire.stanford.edu*
  - Full-text to 1,750+ peer-reviewed scientific, medical and social science journals, books, etc.



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
- Heal-WA eBooks



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; Vanderplas, 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 (Pedatric 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

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Phenylketonuria Treatment & Management

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Updated: May 7, 2013

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/k phenylalanine to maintain normal growth and developme usually possible and should not be stopped unless instru health official or treatment facility. As growth slows, the falls, and most older children and adults tolerate 200-40

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

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

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Vegetarian diets for children

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Disclosures

e updated as new evidence becomes available and our peer review process is complete.
Literature review current through: Apr 2013. | **This topic last updated:** Feb 22, 2013.

INTRODUCTION — Vegetarian diets are becoming increasingly popular [1-6]. A nationally representative study conducted in the United States in 2008 es 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 milli the United States 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 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 Unite 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 A 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 hir 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 (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

Reasons for choosing a vegetarian diet are varied and include potential health benefits and sociopolitical, ecological, and ethical issues related to allocatio 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 rest 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 rec 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 d cereals, fruits, vegetables, legumes, and nuts; animal foods, including milk, dairy products, and eggs generally are excluded [2,24]. Several less restrictive eggs, or milk and dairy products. Vegetarian diets frequently are grouped as follows (less to more restricted):

- Semi-vegetarian — Meat occasionally is included in the diet. Some people who follow such a diet may not eat red meat but may eat fish and perhap
- Lacto-ovovegetarian — Eggs, milk, and milk products (lacto = dairy; ovo = eggs) are included, but no meat is consumed.
- Lactovegetarian — Milk and milk products are included in the diet, but no eggs or meat are consumed.

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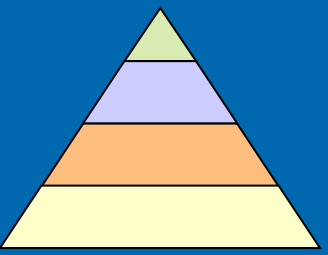
- Clinical Nutrition in Practice, 2010 H
- 5-Minute Pediatric Consult, 2012 H
- Health Professional's Guide To Popular Dietary Supplements, 2007 H
- Nelson Textbook of Pediatrics, 2011 H
- Nutrition & Diet Therapy, 2011 H
- Nutritional and Herbal Therapies for Children and Adolescents : A Handbook for Mental Health Clinicians, 2010 H



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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
World Gastroenterology Organisation - Medical Specialty Society. *View all guidelines by the developer(s)*

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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- Scope
- Methodology
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- Evidence Supporting the Recommendations
- Benefits/Harms of Implementing the Guideline Recommendations
- Contraindications
- Qualifying Statements
- Implementation of the Guideline
- Institute of Medicine (IOM) National Healthcare Quality Report Categories
- Identifying Information and Availability
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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

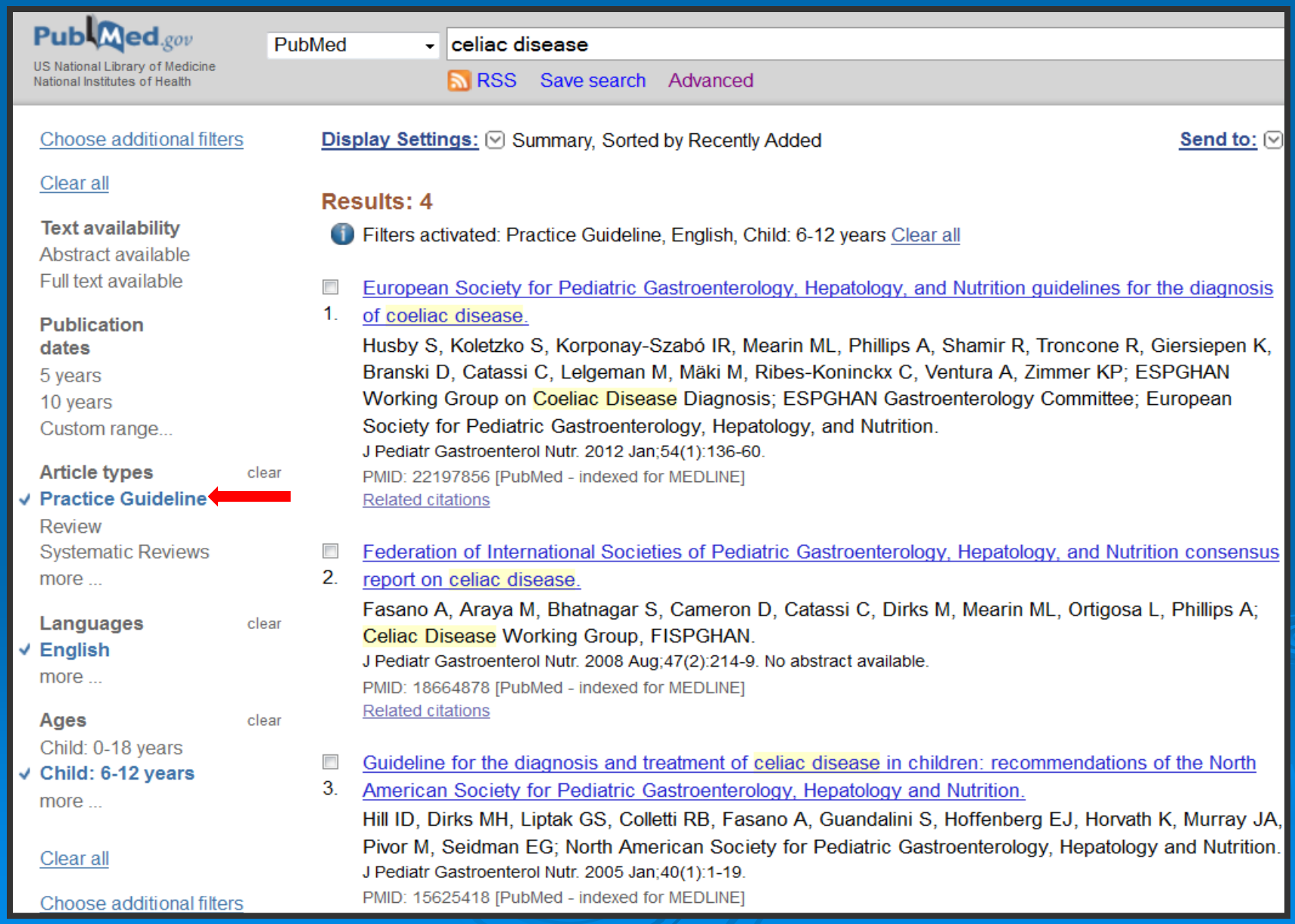
- Conclusion statement was **Grade I**

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

Searching PubMed for Celiac Disease Filter: Practice Guideline



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Husby S, Koletzko S, Korponay-Szabó IR, Mearin ML, Phillips A, Shamir R, Troncone R, Giersiepen K, Branski D, Catassi C, Lelgeman M, Mäki M, Ribes-Koninckx C, Ventura A, Zimmer KP; ESPGHAN Working Group on Coeliac Disease Diagnosis; ESPGHAN Gastroenterology Committee; European Society for Pediatric Gastroenterology, Hepatology, and Nutrition.
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PMID: 15625418 [PubMed - indexed for MEDLINE]

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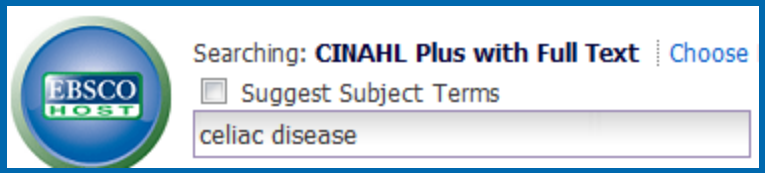

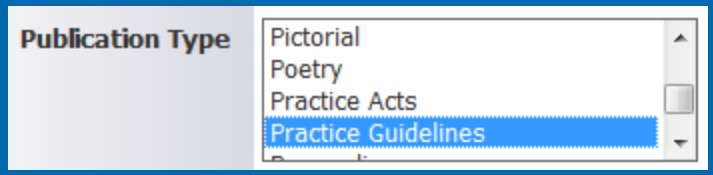

Academic Journal

Celiac Disease.

Boettcher, Erica; Gandhi, Ramesh K.; Primary Care Reports, 2012 Dec; 18 (12): 153-67. (journal article - pictorial, **practice guidelines**, tables/charts) ISSN: 1040-2497

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European Society for Pediatric Gastroenterology, Hepatology, and Nutrition guidelines for the diagnosis of coeliac disease.

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Academic Journal

Evidence-based practice guidelines for celiac disease.

Kupper, Cynthia; Today's Dietitian, 2010 Oct; 12 (10): 72-7. (journal article - CEU, pictorial, **practice guidelines**, questions and answers)

Subjects: Celiac Disease; Comorbidity; Diet, Gluten-Free; Gluten; Prevalence

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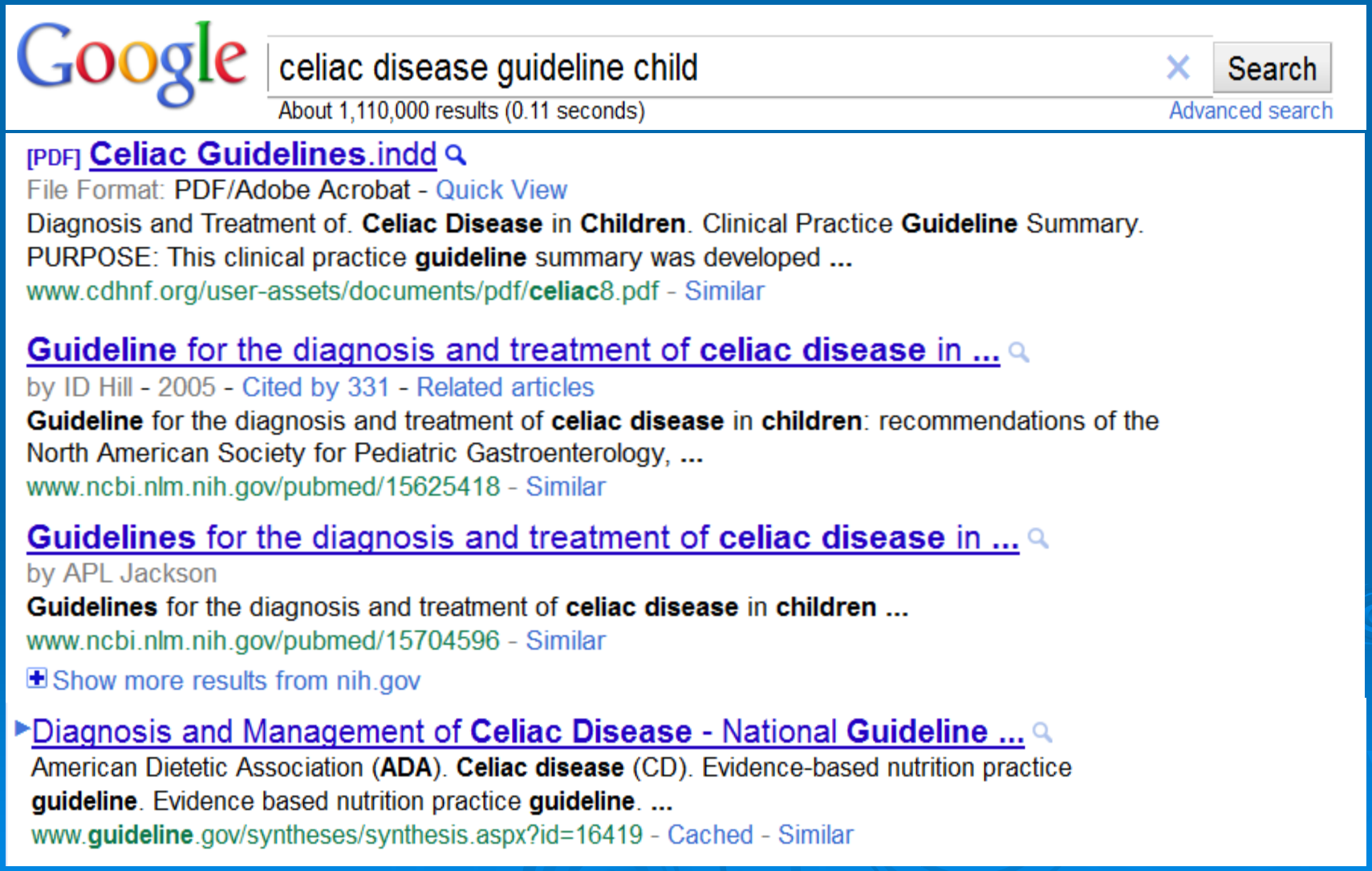

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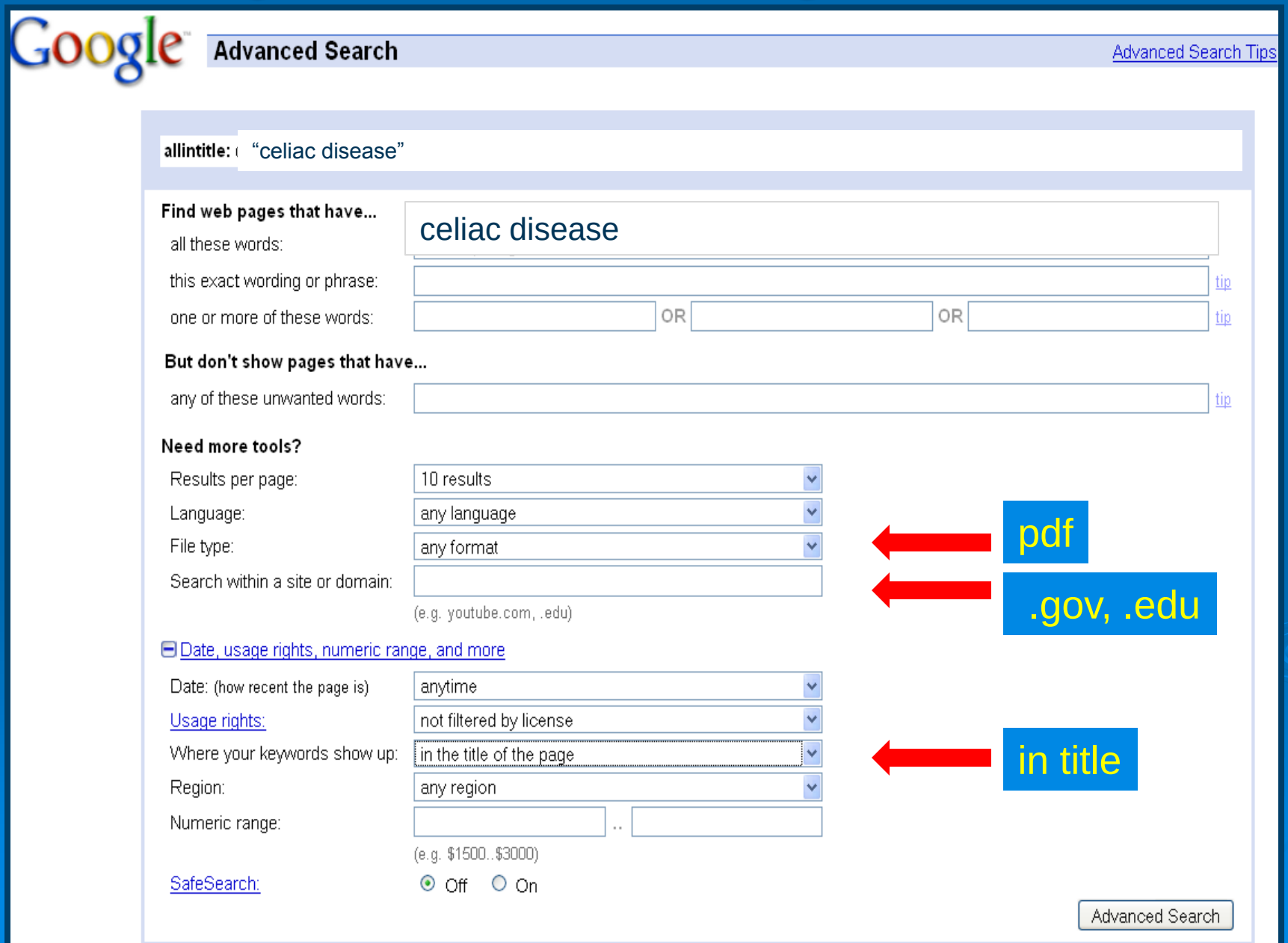

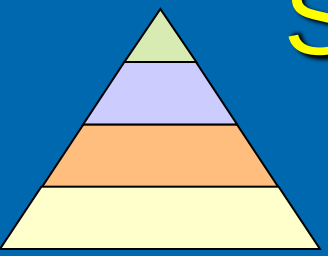

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AND Evidence-Based Nutrition Practice Guidelines

Academy (ADA) Evidence-Based Nutrition Practice Guidelines	Date Published	Presentations	Toolkits	Guideline Tutorials	Educator Modules
Adult Weight Management (AWM)	May 2006 *(under revision)*	AWM PPT	AWM Toolkit	--	
Celiac Disease (CD)	May 2009	CD PPT	CD Toolkit	CD Brief	CD Ed. Module
Chronic Kidney Disease (CKD)	July 2010	CKD PPT	2012	--	--
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Critical Illness 2012 (CIU)	Apr 2012	CI PPT (2012)	CI Toolkit (2006)	--	--
Diabetes Mellitus Type 1 and 2 (DM)	Mar 2008 *(under revision)*	DM PPT	DM Toolkit	--	DM Ed. Module
Disorders of Lipid Metabolism Update (DLM)	Mar 2011	DLM PPT (2011)	DLM Toolkit (2006)	--	DLM Ed. Module
Food and Nutrition for Older Adults Promoting Health and Wellness Recommendations (FNOA)	Apr 2012	FNOA PPT			
Gestational Diabetes Mellitus (GDM)	Dec 2008	GDM PPT	GDM Toolkit	--	--
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 *(under revision)*	ONC PPT	ONC Toolkit	--	--
Pediatric Weight Management (PWM)	June 2007 *(under revision)*	PWM PPT	PWM Toolkit	--	--

Pediatric Weight Management Nutrition Practice Guideline

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

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

Evidence Analysis Library Diseases and Conditions

Topics

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- Grade Chart
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- Childhood Overweight Topics
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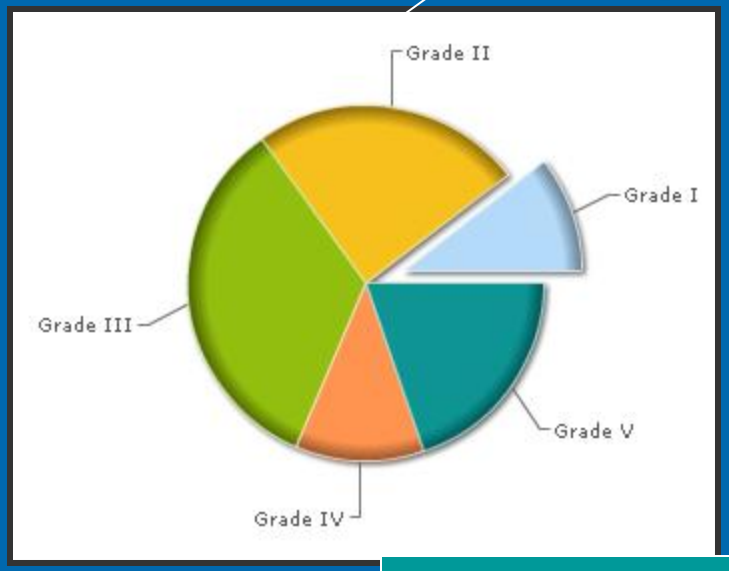
- Pediatric Weight Management Topics

Pediatric Weight Rx: Grade Chart



Questions, Evidence Summaries, Bibliography

Evidence Analysis Questions:

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

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

Bibliography

Epstein LH, Paluch RA, and Raynor HA. Sex Differences in Obese Children and Siblings in Family-based Obesity Treatment. Obesity Research 2001;9:746-753

Epstein LH, Paluch RA, Gordy CC, Dorn J. Decreasing sedentary behaviors in treating pediatric obesity. Arch Pediatr Adolesc Med 2000; 154 (3):220-6.

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

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?

- Quality Rating Summary
- Bibliography

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

ories

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

AND Evidence Analysis Manual

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- Revised January 2012
- Steps in the Evidence Analysis Process
  - Step 1: Formulate the EA question
  - Step 2: Conduct literature review for evidence
  - Step 3: Critically appraise each article
  - Step 4: Summarize evidence
  - Step 5: Develop conclusion statement and assign grade

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end Comment to Editor

Cystic fibrosis (CF)

Updated 2013 May 23 02:24:00 PM: noninvasive ventilation might improve airway clearance and increase gas exchange during sleep compared to chest physical therapy in patients with CF (Cochrane Database Syst Rev 2013 Apr 30) view update | Show more updates

Diet:

- general nutrition recommendations[1]
  - balanced high-calorie high-protein diet
  - special formulas for infants to enhance weight gain
  - oral nutrition supplements
  - supplemental feeding, often by gastrostomy tube, to increase caloric intake
- calorie supplements not shown to be effective but inadequately studied
  - **oral calorie supplements may not improve growth in children with CF (level 2 [mid-level] evidence)**
    - based on Cochrane review with limited evidence
    - systematic review of 3 randomized or quasi-randomized trials comparing oral caloric supplements vs. no treatment or additional nutritional advice in 131 children aged 2-15 years w cystic fibrosis (CF)
    - no significant differences in change in weight, height, body mass index, and other indices of growth
    - Reference - Cochrane Database Syst Rev 2012 Oct 17;(10):CD000406
  - **oral protein calorie supplements not shown to be effective in children with CF (level 2 [mid-level] evidence)**
    - based on Cochrane review of limited evidence
    - systematic review of 3 randomized or quasi-randomized trials with 135 children with chronic disease
    - all trials identified involved children with CF
    - only significant difference demonstrated was change in total energy intake in 1 small trial
    - Reference - Cochrane Database Syst Rev 2009 Jan 21;(1):CD001914
  - **supplemental enteral tube feeding widely used to improve nutritional status, but no randomized trials identified to evaluate efficacy**
    - based on Cochrane review
    - systematic review did not identify any randomized trials comparing supplemental enteral tube feeding for ≥ 1 month vs. no specific intervention in patients with CF
    - nasogastric or gastrostomy feeding is invasive, expensive, may have negative effect on self-esteem and body image
    - Reference - Cochrane Database Syst Rev 2012 Dec 12;(12):CD001198
- consensus report on nutrition for pediatric patients with CF can be found in J Pediatr Gastroenterol Nutr 2002 Sep;35(3):246
- American Society for Parenteral and Enteral Nutrition (ASPEN) enteral nutrition practice recommendations can be found in JPEN J Parenter Enteral Nutr 2009 Mar-Apr;33(2):122, summary can be in Nursing 2011 Sep;41(9):32
- review of nutrition in CF can be found in Semin Respir Crit Care Med 2009 Oct;30(5):579

Level of evidence

Levels and Grades of Evidence

Levels of Evidence and Grades of Recommendations

Grade of recommendation	Level of evidence	Interventions
A	1a	Systematic review of randomized controlled trials
	1b	Individual randomized controlled trial
B	2a	Systematic review of cohort studies
	2b	Individual cohort study
	3a	Systematic review of case-control studies
	3b	Individual case-control study
C	4	Case series
D	5	Expert opinion without explicit critical appraisal or based on physiology or bench research

Natural Standard H

Coleus

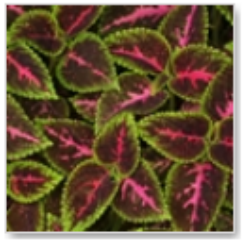
Professional reading level

12th grade reading level

Spanish

Spanish

Patient handout 5th grade



Coleus (*Coleus forskohlii*)

Synonyms/Common Names/Related Substances:

- Coleon U-quinone coleus, coleonol, *Coleus amboinicus* Lour (CA), *Coleus barbatus* Benth, *Coleus blumei*, *Coleus blumei* Benth, *Coleus carnosifolius*, *Coleus galeatus*, *Coleus kilimandschari*, *Coleus parvifolius*, *Coleus scutellarioides*, coleus solenostemon rotundifolius, *Coleus xanthanthus*, colforsin, colforsin daropate hydrochloride, forscolin, forskoditerpenoside A, forskoditerpenoside B, forskolin, forskolin G, forskolin H, HL 362, FSK88, Labiatae (family), Lamiaceae (family), L-75-1362B, NKH477, *Plectranthus barbat us*, *Plectranthus forskohlii*, rosmarinic acid, rosemary, rosmarinic acid, xanthanthusin E, xanthanthusins F-K.

Clinical Bottom Line/Effectiveness

Brief Background:

- Coleus species have been used in the Asian traditional medicine for several indications; however it is a relatively new herb in the United States. Since the 1970s, research was predominantly concentrated on forskolin, a root extract of *Coleus forskohlii*. Forskolin stimulates the cellular production of cAMP, and many of the research papers tested this effect on cAMP as a starting point for in-depth study of the pharmacological profile of forskolin. These studies, which were not designed to examine the clinical effectiveness of forskolin, nonetheless, revealed properties of forskolin promising to be of clinical use, such as cardiovascular dilatation, bronchodilation, and reduction of intra-ocular pressure. However, until now, there have not been convincing clinical studies conducted to support its use for any indication.
- Although most studies have used the isolated forskolin extract, it is believed that the whole coleus plant may be more effective, due to the presence of multiple compounds that may act synergistically. Generally, coleus appears to be well tolerated with few adverse effects.

Natural Standard

Scientific Evidence for Common/Studied Uses:

Indication	Evidence Grade
Asthma	B
Cardiomyopathy	B
Glaucoma	B
Anti-inflammatory action after cardiopulmonary bypass	C
Breast milk stimulant	C
Breathing aid for intubation	C
Depression and schizophrenia	C
Erectile dysfunction	C

Grading System

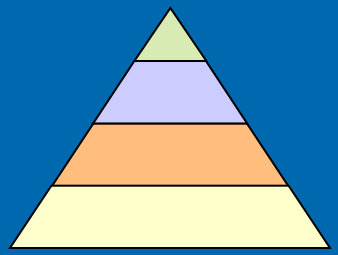
Coleus

Level of Evidence Grade	Criteria
A (Strong Scientific Evidence)	Statistically significant evidence of benefit from >2 properly randomized trials (RCTs), OR evidence from one properly conducted RCT AND one properly conducted meta-analysis, OR evidence from multiple RCTs with a clear majority of the properly conducted trials showing statistically significant evidence of benefit AND with supporting evidence in basic science, animal studies, or theory.
B (Good Scientific Evidence)	Statistically significant evidence of benefit from 1-2 properly randomized trials, OR evidence of benefit from ≥1 properly conducted meta-analysis OR evidence of benefit from >1 cohort/case-control/non-randomized trials AND with supporting evidence in basic science, animal studies, or theory. *This grade applies to situations in which a well designed randomized controlled trial reports negative results but stands in contrast to the positive efficacy results of multiple other less well designed trials or a well designed meta-analysis, while awaiting confirmatory evidence from an additional well designed randomized controlled trial.*
C (Unclear or conflicting scientific evidence)	Evidence of benefit from ≥1 small RCT(s) without adequate size, power, statistical significance, or quality of design by objective criteria,* OR conflicting evidence from multiple RCTs without a clear majority of the properly conducted trials showing evidence of benefit or ineffectiveness, OR evidence of benefit from ≥1 cohort/case-control/non-randomized trials AND without supporting evidence in basic science, animal studies, or theory, OR evidence of efficacy only from basic science, animal studies, or theory.
D (Fair Negative Scientific Evidence)	Statistically significant negative evidence (i.e., lack of evidence of benefit) from cohort/case-control/non-randomized trials, AND evidence in basic science, animal

Breast milk stimulant and related conditions

Levels of scientific evidence for specific therapies

Grade: B (Good Scientific Evidence)	
Therapy	**Specific therapeutic Use(s)**
Cabbage, Broccoli, Cauliflower, Collard, Kale, Brussels sprouts, Kohlrabi	Breast feeding (breast engorgement)
Moringa	Galactagogue
Grade: C (Unclear or Conflicting Scientific Evidence)	
Therapy	**Specific therapeutic Use(s)**
Acupuncture	Galactagogue (lactation stimulant)
Asparagus	Galactagogue
Coleus	Breast milk stimulant
Cotton	Breast feeding
Fenugreek	Galactagogue
Homeopathy	Lactation suppression
Jasmine	Lactation suppression
Therapeutic touch	Galactagogue
Vitamin A	Breast feeding (nipple pain)
Vitamin B6	Lactation suppression
Traditional or Theoretical Uses which Lack Sufficient Evidence	
Therapy	**Specific therapeutic Use(s)**
Alfalfa	Lactation induction
Anise	Galactagogue (stimulates breast milk production)
Bay leaf	Galactagogue
Beer	Breast milk stimulant
Bilberry	Lactation suppression
Black seed	Galactagogue (promotes the secretion of milk)
Blessed thistle	Galactagogue
Brewer's yeast	Galactagogue
Buckwheat	Galactagogue
Bulbous buttercup	Galactagogue



Use a Meta -Search Engine to find evidence sites

Home About Login Register Labs

Trip Database
tripdatabase.com

nutrition crohn's disease | Search | Advanced Search | History | Search Tips | Translate

FILTER SEARCH

Order By: Date **Relevance**

(Showing *all* results - Only show new)

EVIDENCE	633
All Secondary Evidence	52
Evidence Based Synopses	1
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Guidelines	
Aus. & NZ	0
Canada	2
UK	15
USA	9
Other	0
Clinical Q&A	3
Core primary research	8
Extended primary research	365
eTextbooks	155
Patient Decision Aids	0
Patient Information	42
More	3
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SEARCH RESULTS

Select All

Choose Your Action

1. Enteral nutrition for the maintenance of remission in Crohn's disease: a systematic review
   DARE. 2010
   CPD/CME Developing World? Related ~~Conclusion~~ Preview

2. Enteral nutrition for maintenance of remission in Crohn's disease
   COCHRANE DATABASE OF SYSTEMATIC REVIEWS 2009
   CPD/CME Developing World? Related ~~Conclusion~~ Preview DOI

3. Meta-analysis: enteral nutrition in active Crohn's disease in children
   DARE. 2007
   CPD/CME Developing World? Related ~~Conclusion~~ Preview

4. Impact of exclusive enteral nutrition on body composition and circulating micronutrients in plasma and erythrocytes of children with active Crohn's disease.
   INFLAMMATORY BOWEL DISEASES 2011

ASSOCIATED RESULTS

MEDLINE ARTICLES PubMed

Therapy	108
Etiology	124
Diagnosis	23
Prognosis	122
Systematic Reviews	49

CLINICAL TRIALS ClinicalTrials.gov

Fetching

BNF RESULTS bnf.org

- Inflammatory bowel disease
- 9.1.2 Drugs used in megaloblastic anaemias

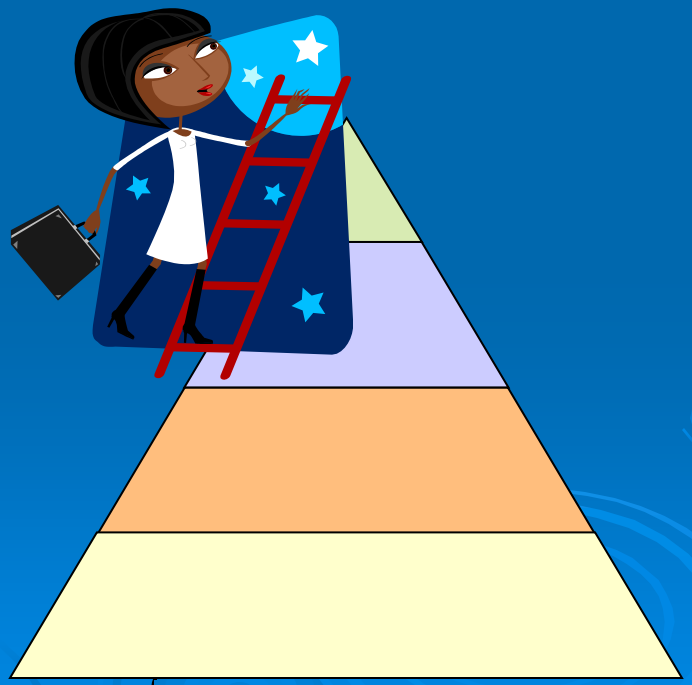
View full results on bnf.org...

RELATED ARTICLES

Choose some articles on the left to see related

Search for Systematic Review and Meta-Analyses Resources

- Cochrane Database of Systematic Reviews ($) **H**
- PubMed/MEDLINE **H**
  Systematic Reviews
- CINAHL **H**



Systematic review vs Meta-analysis

- Systematic review:
  - a literature review of RCTs focused on a single question which tries to identify, appraise, select and synthesize all high quality research evidence relevant to that question.
  - Uses explicit methods to identify, select and critically evaluate relevant research.
- Meta-analysis:
  - a systematic review combining results of several studies using quantitative statistics.

THE COCHRANE LIBRARY
Independent high-quality evidence for health care decision making

Cochrane Database of Systematic Reviews H

BROWSE
Cochrane Reviews: By Topic | New Reviews | Updated Reviews | A-Z | By Review Group
Other Resources: Other Reviews | Clinical Trials | Methods Studies | Technology Assessments | Economic Evaluations

SEARCH
phenylketonuria diet
Advanced Search | MeSH Search | Search H

Search Results

Show Results in:
Cochrane Reviews [5] | Other Reviews [0] | Clinical Trials [46] | Methods Studies [0] | Technology Assessments [0] | Economic Evaluations [1] | Cochrane Groups [0]

There are **5** results out of **6641 records** for: "**phenylketonuria diet** in **Title, Abstract or Keywords** in **Cochrane Database of Systematic Reviews**"

View: **1-5**

Export All Results

Record Information — Issue: Current | **All** — Restrict to: Reviews | Protocols — Sort by:

1. **Dietary interventions for phenylketonuria**
   Vanessa J Poustie, Joanne Wildgoose
   January 2010
   Review

2. **Tyrosine supplementation for phenylketonuria**
   Diana Webster, Joanne Wildgoose
   August 2010
   Review

3. **Sapropterin dihydrochloride for phenylketonuria**
   Usha Rani Somaraju, Marcus Merrin
   June 2010
   Review

4. **Protein substitute for children and adults with phenylketonuria**
   Sarah HL Yi, Rani H Singh
   May 2011
   New search Review

5. **Carnitine supplementation for inborn errors of metabolism**
   Mona Nasser, Hoda Javaheri, Zbys Fedorowicz, Zaman Noorani
   October 2010
   Review

[Intervention Review]

Dietary interventions for phenylketonuria

Vanessa J Poustie[1], Joanne Wildgoose[2]

[1]Institute of Child Health, University of Liverpool, Alder Hey Children's NHS Foundation Trust, Liverpool, UK. [2]Physio Corridor, Level 1, Bradford Royal Infirmary, Bradford, UK

Contact address: Vanessa J Poustie, Institute of Child Health, University of Liverpool, Alder Hey Children's NHS Foundation Trust, Eaton Road, Liverpool, Merseyside, L12 2AP, UK. v.poustie@

Editorial group: Cochrane Cystic Fibrosis and Genetic Disorders Group.
Publication status and date: N
Review content assessed as

Citation: Poustie VJ, Wildgoos

Abstract

Background

Phenylketonuria is an inhe
restrictive and can be diffi
address in this review.

Objectives

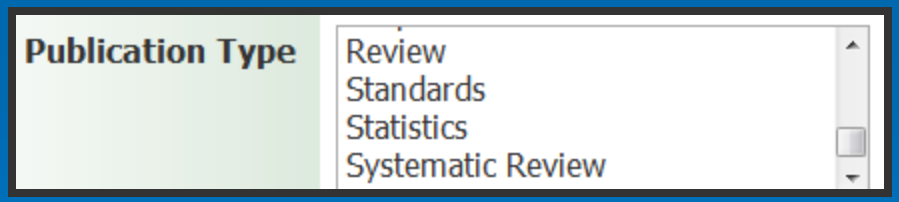
To assess the effects of a
neuropsychological outcomes and mortality, growth, nutritional status, eating behaviour and quality of life.

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.

Finding Systematic Reviews and Meta-Analyses in *MEDLINE* **H** *and CINAHL* **H**

- Use Publication Type Limits:
  - Systematic Review
  - Meta-Analysis



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 dire

Clinical Study Categories

Category: Therapy

Scope: Narrow

Results: 5 of 37

RCTs found in this column

A no… respiratory ever…

[Eur J Clin Nutr. 2011]

Alpha-lactalbumin-enriched and probiotic-supplemented infant formula in infants with colic: growth and gastrointestinal tolerance.

[Eur J Clin Nutr. 2010]

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]

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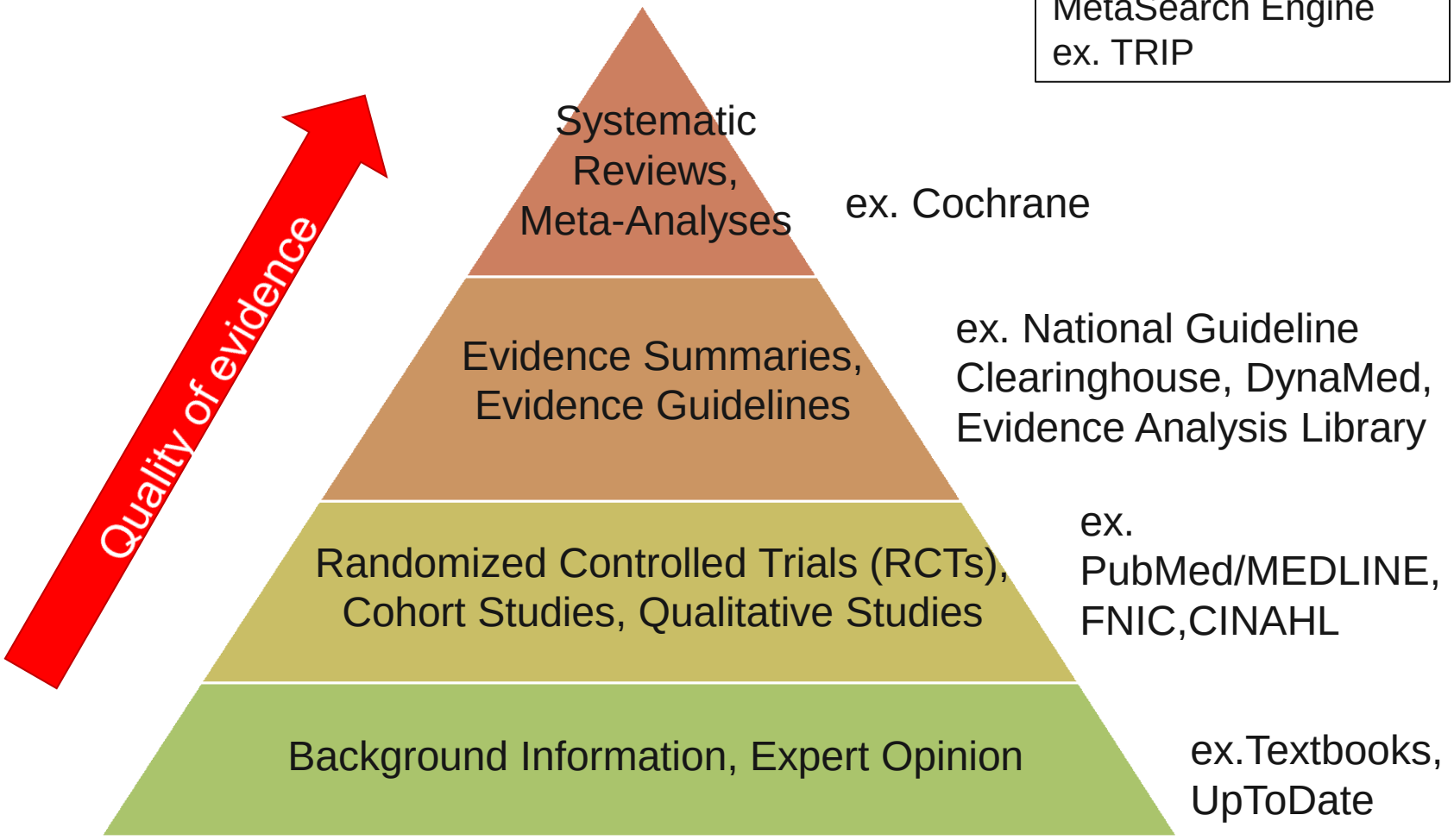
Filter citations for systematic reviews, meta-analyses, reviews of clinical trials, evidence-based medicine, consensus development conferences, and guidelines. See related sources.

Searching for Evidence Pyramid



Nutrition Websites

- Academy of Nutrition and Dietetics *eatright.org*
- Assuring Pediatric Nutrition Care in the Community *depts.washington.edu/nutrpeds*
- Dietary Supplements Labels Database *dietarysupplements.nlm.nih.gov/dietary*
- Food and Nutrition Information Center *fnic.nal.usda.gov*
- Food and Nutrition Service *fns.usda.gov/fns*
- Micromedex CareNotes® ($)
  - great for diet plans

Academy of Nutrition and and Dietetics

eatright.org

Position Papers

Academy Position Papers by Subject

Food and Nutrient Supplementation, Fortification and Substitutes

- Functional Foods
- Nutrient Supplementation
- Use of Nutritive and Nonnutritive Sweeteners

Healthy Food Choices

- 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 C
- The Roles of Registered Dietitians and Dietetic Technicians, Registered in Health Promotion
- Weight Management

Nutrition and Physical Activity

- 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

New and Updated

- Oral Health and Nutrition (May 2013)
- Nutrition Security in Developing Nations: Sustainable Food, Water, and Health (April 2013)
- Total Diet Approach to Healthy Eating (February 2013)
- The Impact of Fluoride (September 2012)
- Food and Nutrition for Older Adults: Promoting Health and Wellness (August 2012)
- Use of Nutritive and Nonnutritive Sweeteners (May 2012)

POSITION AND PRACTICE PAPERS (SAME TOPIC)

- Nutrition Intervention in the Treatment of Eating Disorders (August 2011)

Position Paper | Practice Paper

Food and Nutrition Information Center *fnic.nal.usda.gov*

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- Consumers

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- Lifecycle Nutrition
- Diet and Disease
- Food Composition
- Weight and Obesity
- Food Safety
- Food Labeling
- Dietary Supplements
- Nutrition Assistance Programs
- Surveys, Reports and Research
- Professional and Career Resources

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 2013 (PDF|1 MB)
  - for Elementary Age Children 2013 (PDF|1 MB)
- Infant Nutrition and Health Resource List 2009 (PDF|147 KB)
- Toddler Nutrition and Health Resource List 2009 (PDF|139 KB)
- Afterschool Snacks Training Materials
- 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)
- Farm to School and School Gardening: A Resource List for Educators 2010 (PDF|163 KB)

Ethnic/Cultural

- Cultural and Ethnic Food and Nutrition Education Materials: A Resource List for Educators 2011 (PDF|217 KB)
- Holiday Food and Nutrition Resource List 2012 (PDF|159 KB)
- Native American Nutrition Education Resource List for Educators 2006 (PDF|261 KB) *Note: This Resource List has been archived. To get to this list from the Publications Archive Home Page, click on "Food and Nutrition" from the left navigation.*

Food Allergies

- Food Allergies and Intolerances Resource List for Consumers 2010 (PDF|252 KB)
- Toddler Nutrition and Health Resource List 2009 (PDF|139 KB)

I Want To

- Find Sources of Free or Low-Cost Food and Nutrition Materials
- Request Library Materials
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See Also

- SNAP-Ed Connection Recipe Finder
- WIC Works State Developed Materials
- Healthy Meals Resource System Education and Training Materials Database

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- Food Composition
- Weight and Obesity
- Food Safety
- Food Labeling
- Dietary Supplements
- Nutrition Assistance Programs
- Surveys, Reports and Research
- Professional and Career Resources

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
- See ChooseMyPlate.gov
- See Previous Dietary Guidelines

Dietary Guidance

- Dietary Assessment
  - Dietary Assessment Tools
- Dietary Guidelines
  - Previous Editions
  - Historical Dietary Guidance
- Dietary Reference Intakes
  - Interactive DRI for Healthcare Professionals
  - DRI Tables
  - DRI Reports
  - Historical Comparisons with RDA
  - Individual Macronutrients, Phytonutrients, Vitamins and Minerals

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.

USDA Agricultural Research Service National Agricultural Library

Nutrient Data Laboratory

NAL

National Nutrient Database for Standard Reference

Nutrient data for 09038, Avocados, raw, California

Avocados, raw, California

Return to Search Results | Full Report | Statistics Report

Nutrient values and weights are for edible portion

Apply Changes

Nutrient	Unit	1 Value per 100.0g	1.0 cup, pureed 230g	1.0 fruit, without skin and seed 136g	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

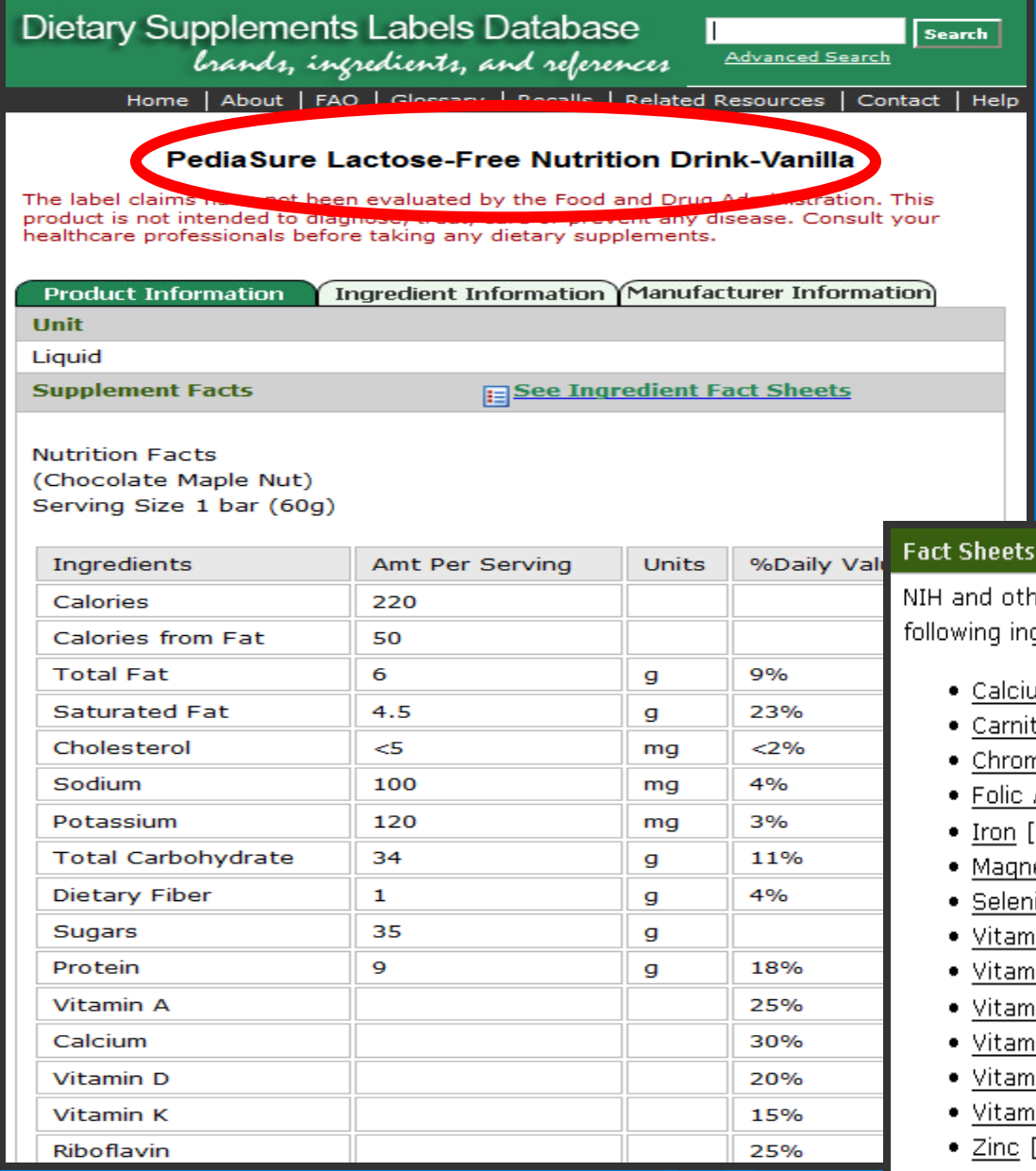
United States Department of Agriculture

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)	Fatty acids: Monounsaturated (g)	Fatty acids: Polyunsaturated (g)
	Fruits and Fruit Juices (continued)									
	Avocados, raw, without skin and seed									
278	California (about ⅕ whole)	1 oz	28	73	50	1	5	0.7	3.2	0.6
279	Florida (about ⅒ whole)	1 oz	28	80	32	Tr	3	0.5	1.4	0.4
	Bananas, raw									
280	Whole, medium (7" to 7⅞" 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 (3⅝" 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	⅕ of 21-oz can	74	71	85	Tr	Tr	Tr	Tr	Tr
290	Cranberries, dried, sweetened	¼ cup	28	12	92	Tr	Tr	Tr	Tr	0.1
291	Cranberry sauce, sweetened									



Ingredients of >8,000 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.

dietarysupplements.nlm.nih.gov/dietary

Dietary Supplements Labels Database

brands, ingredients, and references

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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

Food and Nutrition Information Center *fnic.nal.usda.gov*

Search FNIC

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Databases

Non-FNIC Databases

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 a database available from the Food Safety Research Information Office (FSRIO).

Search Combined Databases

Education and Training Materials Database

Search this combined collection of education and training materials from NAL's Food Safety Information Center and Food and Nutrition Information Center's special project areas for nutrition and food safety resources for consumers, educators, and professionals.

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**
- **Food Safety Education and Training Materials Database**
- **Food Safety Research Information Office Research Projects Database**

Nutrition.gov

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DIETETICS

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3 GRAM SODIUM DIET
4 GRAM SODIUM DIET
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ANOREXIA NERVOSA
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CAFFEINE USE AND ATHLETIC PERFORMANCE
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PERCUTANEOUS ENDOSCOPIC GASTROSTOMY INS
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WEIGHT GAIN TIPS FOR ATHLETES
WEIGHT LOSS TIPS FOR ATHLETES
WEIGHT MANAGEMENT
WEIGHT MANAGEMENT FOR CHILDREN
WOUND HEALING AND YOUR DIET

Patient Education Resources

- Patient Education Resource Center (PERC) **($) H**
  - evidence-based patient education information for clinicians to print and distribute at point-of-care

- MedlinePlus *medlineplus.gov*
  - #1 for basic quality consumer/patient information
  - 900 health topics
  - drug and herbal information
  - Medical Encyclopedia – full-text with illustrations
  - Spanish version
  - Interactive tutorials
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MedlinePlus

medlineplus.gov

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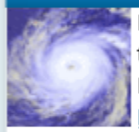

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02 SEP **Health News**

'DASH Diet' Shown to Lower Heart Attack Risk Almost 20%

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Cystic Fibrosis

MedlinePlus *medlineplus.gov*

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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

*ADAM.

Get Cystic Fibrosis updates by email

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

Basics	Learn More	Multimedia & Cool Tools
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MEDICAL ENCYCLOPEDIA

Cystic fibrosis
Cystic fibrosis - nutritional considerations
Fecal fat
How to breathe when you are short of breath
Neonatal cystic fibrosis screening
Oxygen safety
Postural drainage
Secretin stimulation test
Sweat electrolytes test
Traveling with breathing problems

Related Topics

Lung Transplantation
Oxygen Therapy
Genetics/Birth Defects
Lungs and Breathing

National Institutes of Health

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

Overviews

- Cystic Fibrosis (American Lung Association)
- Cystic Fibrosis (Mayo Foundation for Medical Education and Research)
- Cystic Fibrosis: Frequently Asked Questions (Cystic Fibrosis Foundation)

Latest News

- Drug-Resistant 'Superbug' May Spread Among Patients, Study Finds (03/29/2013, HealthDay)

Diagnosis/Symptoms

- CF Mutation Panel (American Association for Clinical Chemistry)
- Cystic Fibrosis (CF) Respiratory Screen: Sputum (Nemours Foundation)
  Also available in Spanish
- Signs and Symptoms of Cystic Fibrosis *NIH* (National Heart, Lung, and Blood Institute)
- 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)

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Prevention/Screening

- Carrier Screening for Cystic Fibrosis (CF) (March of Dimes Birth Defects Foundation)
  Also available in Spanish
- Cystic Fibrosis: Prenatal Screening and Diagnosis (American College of Obstetricians and Gynecologists) - PDF
- Newborn Screening for Cystic Fibrosis (Cystic Fibrosis Foundation)

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Nutrition

- Nutrition and Cystic Fibrosis: Changes through Life (Cystic Fibrosis Foundation) - PDF
  Also available in Spanish
- 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
  Also available in Spanish
- Nutrition for Your Toddler with Cystic Fibrosis (One to Three Years) (Cystic Fibrosis Foundation) - PDF
  Also available in Spanish
- Nutrition: Pancreatic Enzyme Replacement in People with Cystic Fibrosis (Cystic Fibrosis Foundation) - PDF
  Also available in Spanish
- Supporting Nutrition: Understanding Tubefeeding (Cystic Fibrosis Foundation) - PDF

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Interactive Tutorial

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Cystic Fibrosis

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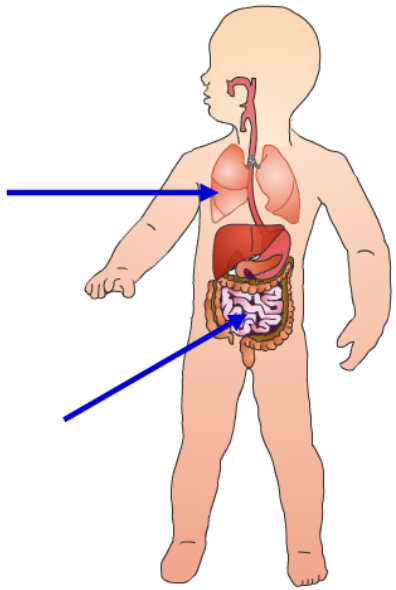
- Introduction
- Cystic Fibrosis
- Causes
- Symptoms
- Diagnosis
- Treatment
- Prevention
- Facts
- Summary

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.



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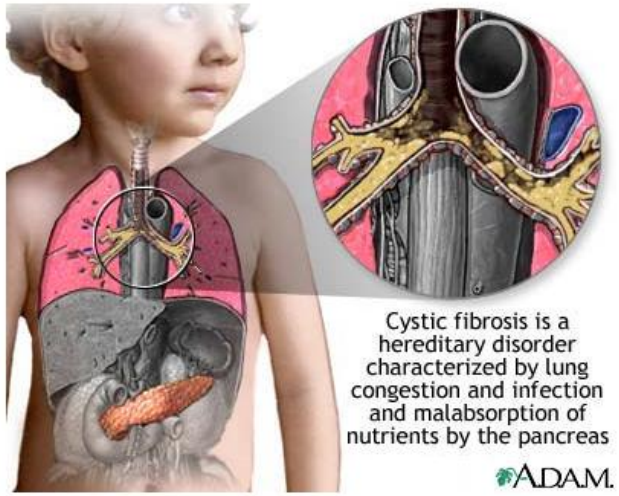
Medical Encyclopedia

Cystic fibrosis



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**.

References Return to top

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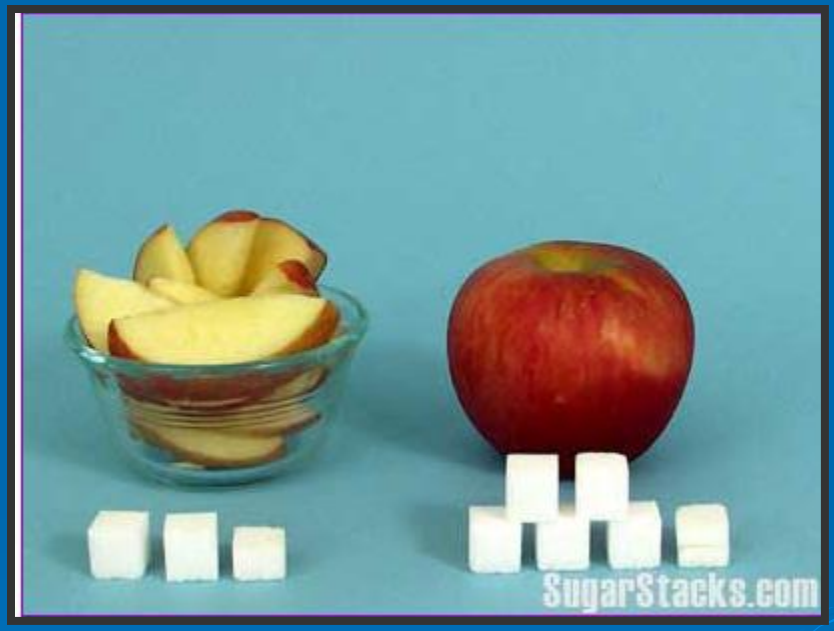
14. Aviram M. Polyphenolic flavonoids content and anti-oxidant activities of various juices: a comparative study. Proceedings of the 11th Biennial Meeting of the Society for Free Radical Research International, 2002 Feb:1-9.

adapted from *Natural Medicines Comprehensive Database*

Last reviewed - 01/05/2012

Sugar Stacks



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
- RHIN *rhin.org* For refugees and health providers
- Consumer Health Information in Many Languages

  nnlm.gov/outreach/consumer/multi.html



ethnomed.org

Feature: May/June 2013

Pre-travel Counseling for Persons Visiting Friends and Relatives (VFRs)

Providers who care for the medical needs of immigrant and refugee patients are familiar with their inevitable decision to return home for a visit. For many, this return is a momentous event. They may have left in terror, to only now return in safety for a long-imagined reunion.The exposures many risk upon return are sometimes minimized as patients may not realize that years later their health cannot tolerate the insults to their immune system they might have weathered back home in their youth. Others will want whatever treatment they can get but not realize the expenses may not be covered by Medicaid or their insurance.

This article, authored by International Medicine Clinic's Medical Director, Dr. Carey Jackson, offers useful tips and guidelines as you discuss issues with traveling patients. Considerations include the significance of the occasion for the patient, the decisions to immunize, prophylax, or treat when symptoms arise, with calculations based on the duration of the trip, geographic areas and seasonal prevalence of disease, settings to be visited, and the condition and co-morbidities of the traveler. The article includes links to guidance provided by Public Health Seattle & King County and the CDC. **Read more...**

Recent Feature:

Cambodian Terms For Hypertension May Cause Misunderstandings about the Disease

A population-based survey conducted in Cambodia in 2007 by the Ministry of Health found self-reported rates of high blood pressure of about 50% were significantly higher than the actual prevalence of high blood pressure of about 12% (Saphonn & Prak, 2008). This raised a question about what the terms used for high blood pressure by health professionals meant to patients, and whether the surveyed population had a different perspective from health professionals. These terms,

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...

Summer Spotlight

Summer safety issues include sun exposure, water safety concerns, and use of fireworks or concern about fire. Here are a few Summer Resources to keep kids safe and healthy:

MedlinePlus (National Library of Medicine): Child safety resources in multiple languages

Healthy Roads Media: Emergency topics (blackouts, firesafety, flash flooding, etc) in mulitple languages and formats.

Seattle Children's Hospital & Medical Center: Many safety and injury prevention topics

Summer Feeding Progam: The USDA wants to expand summer feeding program for low-income children by reimbursing organizations that serve children

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 t
work outside the home and such women may stop breastfeeding sooner than they would in Vietnam. Children are often delayed in wean
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 succ
as possible. In many homes, homework must be completed when arriving home from school, and television is only allowed on the weeke
If the parents don't feel the teacher is providing enough homework, they may make homework assignments themselves, or write quest
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 ar
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 member
respectful. Also, elders held property rights of the family, and could retire once their children could support the

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

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 Ehiopian 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

Contents

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.

Preventing Rickets in Breastfed Babies
Cambodian version

ការប្រុងប្រយ័ត្នចំពោះម្ដាយដែលបំបៅដោះកូន
វិធីការពាររោគក្រិសក្នុងការបំបៅដោះកូនរបស់អ្នក

អ្វីទៅដែលហៅថារោគក្រិស?

វាគឺជាជម្ងឺម្យ៉ាងដែលឆ្អឹងគ្មានភាពមាំមួនបណ្ដាលមកពីការខ្វះខាតជាតិវីតាមីនឌីនៅក្នុងខ្លួន។ នៅក្នុងភូមិភាគខាងជើងឈៀងខាងលិចតាមធម្មតារោគក្រិសនេះកើតមកពីទារកបានទទួលពន្លឺថ្ងៃតិចពេក។

តើទារកណានឹងទទួលរោគក្រិស?

គឺទារកទាំងឡាយណាដែលទទួលទានទឹកដោះម្ដាយពីរយៈពេលប្រាំមួយខែ ឬច្រើនជាង ទារកគ្រប់សញ្ជាតិ ដែលទទួលទានទឹកដោះម្ដាយ ទារកដែលកើតមិនគ្រប់ខែ និងទារកដែលត្រូវបានផ្ដាច់ដោះដើម្បីទទួលទានម្ហូប អាហារដែលមិនមានជាតិសាច់, ទឹកដោះគោ, ពងមាន់, ពងទា ។

តើអ្វីទៅជាសញ្ញានៃរោគក្រិស?

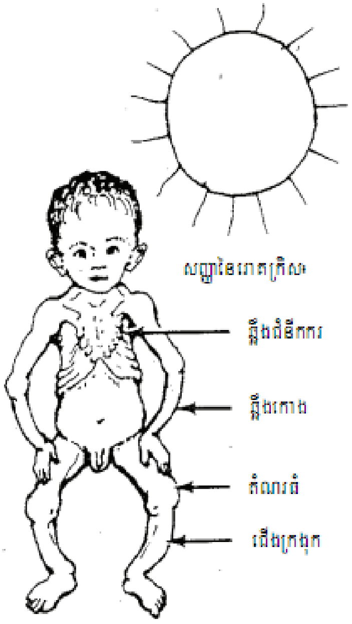
ក្មេងមានភាពទន់ខ្សោយ,
មិនអាចដើរឈរ ឬដើរបាន,
មានការលូតលាស់យឺត,
មានជំងឺប្រកាច់,
រោគសើស្បែក។

តើអ្នកមានការការពារយ៉ាងណាឲ្យកូនអ្នកជៀសវាងពីរោគក្រិស?

ដោយពន្លឺថ្ងៃមានមិនគ្រប់គ្រាន់នៅភូមិភាគខាងជើងឈៀងខាងលិច ទារកគួរទទួលនូវជាតិវីតាមីនឌីមួយថ្ងៃម្ដង របៀបដ៏វាបណាអ្នករស់នៅភូមិភាគខាងជើងឈៀងខាងលិចនៃសហរដ្ឋអាមេរិក។

តើអ្នករកវីតាមីនឌីដូចម្ដេច?

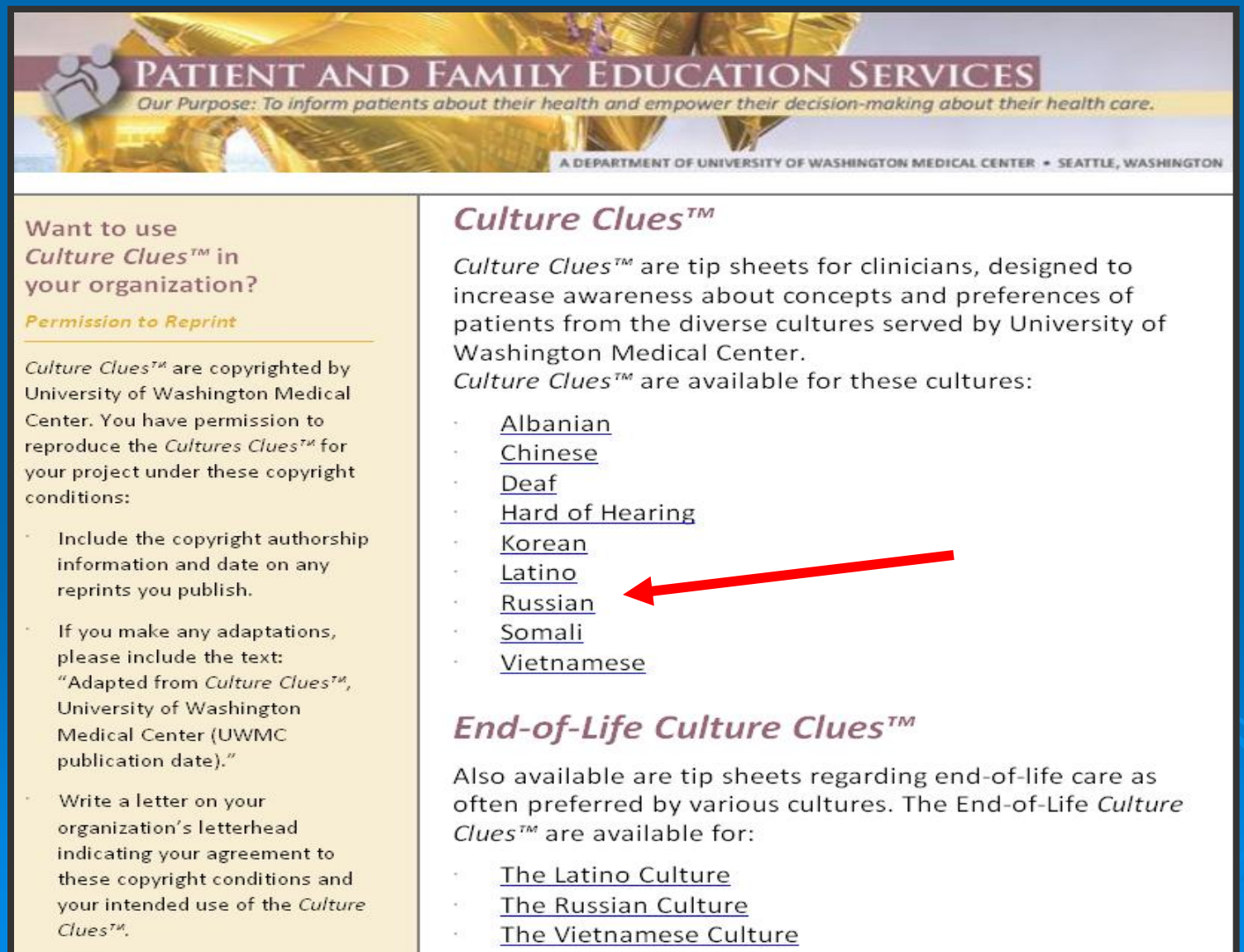
វីតាមីនឌីរកបាននៅតាមកន្លែងលក់ថ្នាំដោយមិនចាំបាច់មានសំបុត្រពីគ្រូពេទ្យ។ នៅក្នុងថ្នាំវីតាមីនឌីវាមានផ្សំមកជាមួយនូវជាតិវីតាមីនផ្សេងៗដូចជា វីតាមីនអេ និងស៊ី ហៅថាទ្រីវីសុល (Tri-Vi-Sol)។
បើ សិនជាអ្នកប្រើប័ណ្ណពេទ្យ អ្នកអាចសុំឲ្យគ្រូពេទ្យ ឬអ្នកធ្វើការនៅការិយាល័យវិចចេញសំបុត្រឲ្យថ្នាំវីតាមីនឌី ដោយឲ្យគ្រូពេទ្យបញ្ជាក់ថាវីតាមីនឌីមានសារៈសំខាន់សំរាប់រោគក្រិសចំពោះទារកដែលបៅដោះម្ដាយទាំងស្រុង។



សម្ភារៈអប់រំអ្នកជំងឺនេះគឺត្រូវបានផ្ដល់ដោយគម្រោង Community House Calls, គ្លីនិកនិសជសាស្ត្រ អន្តរជាតិ និង គ្លីនិកកុមារ, មន្ទីរពេទ្យហាប៊ើវីយូ Harborview Medical Center,
សកលវិទ្យាល័យ វ៉ាស៊ីនតោន Seattle, WA។

Culture Clues

depts.washington.edu/pfes/CultureClues.htm



PATIENT AND FAMILY EDUCATION SERVICES

Our Purpose: To inform patients about their health and empower their decision-making about their health care.

A DEPARTMENT OF UNIVERSITY OF WASHINGTON MEDICAL CENTER • SEATTLE, WASHINGTON

Want to use *Culture Clues™* in your organization?

Permission to Reprint

Culture Clues™ are copyrighted by University of Washington Medical Center. You have permission to reproduce the *Cultures Clues™* for your project under these copyright conditions:

- Include the copyright authorship information and date on any reprints you publish.
- If you make any adaptations, please include the text: "Adapted from *Culture Clues™*, University of Washington Medical Center (UWMC publication date)."
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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
- Vietnamese

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

Culture Clues™ **Patient and Family Education Services**

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 - Divisio

Cambodian Khmer
Chinese 中文
English
Korean 한국어
Vietnamese Tiếng Việt

Healthy Choices for Kids
Source: Washington State Department of Health - Divisio

Cambodian Khmer
Chinese 中文
English
Korean 한국어
Vietnamese Tiếng Việt

Starting your baby on family foods
Source: Health Information East London - Nationa

Chinese 中文
English
Vietnamese Tiếng Việt

Give Your Baby a Healthy Start
Source: Washington State Department of Health - Divisio

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。在進膳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。

很多時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，與餐穀類食品或大麥。

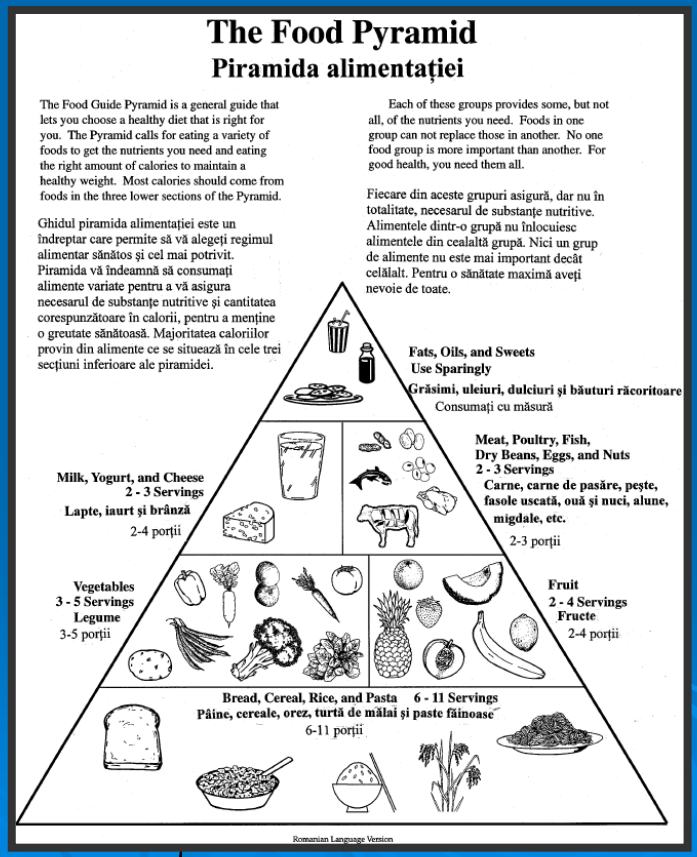
奶類及奶類食品

Rhin.org
Refugee Health Information Network

Food Pyramid Languages

English
Arabic | split screen
Bengali | split screen
Bosnian | split screen
Chinese | split screen
English | split screen
Farsi | split screen
French | split screen
German | split screen
Greek | split screen
Gujarati | split screen
Haitian Creole (Kreyol) | split screen
Hebrew | split screen
Hindi | split screen
Hmong | split screen
Igbo | split screen
Japanese | split screen
Khmer | split screen
Korean | split screen
Kurdish | split screen
Kurdish | split screen
Lao | split screen
Oromo | split screen
Polish | split screen
Portuguese | split screen
Romanian | split screen
Russian | split screen
Somali | split screen
Spanish | split screen
Swahili | split screen
Thai | split screen
Tigrinya | split screen
Turkish | split screen
Ukrainian | split screen
Urdu | split screen
Vietnamese | split screen
Yoruba | split screen

Food Pyramid: Romanian



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

Print Email Share

Arabic (العربية)
Bosnian (Bosanski)
Chinese - Simplified (简体中文)
Chinese - Traditional (繁體中文)
French (français)
Hindi (हिन्दी)
Japanese (日本語)
Korean (한국어)
Marshallese (kajin Majöl)
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

Google Scholar

scholar.google.com

Google

phenylketonuria diet children

[The beneficial effect of adherence to the therapeutic **diet** on the main protein-energy wasting and several other biomarkers in **children** with **phenylketonuria**]

KH Schulpis, V Gioni, D Platis, M Kalogerakou… - Journal of Pediatric …, 2013 - IOS Press

Replacement of natural protein intake, low total antioxidant status (TAS) and DNA oxidation and high phenylalanine (Phe) blood levels are implicated with poorly controlled patients with PKU. In this study we aimed to investigate the effect of **diet** on the main Protein **...**

Cite More

[Tetrahydrobiopterin therapy for **phenylketonuria** in infants and young **children**]

BK Burton, DJ Adams, DK Grange, JI Malone… - The Journal of …, 2011 - 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 15 Related articles All 5 versions Cite

[Supplementation of N-3 LCPUFA to the **diet** of **children** older than 2 years: a commentary by the ESPGHAN Committee on Nutrition]

C Agostoni, C Braegger, T Decsi… - Journal of pediatric …, 2011 - journals.lww.com

... clinical effect. For **children** with **phenylketonuria**, the limited data available suggest that supplementation of n-3 LCPUFA to the **diet** is both feasible and safe, but offers only transient benefit in visual function. For **children** with **...**

Cited by 3 Related articles All 10 versions Cite

	Google	Google Scholar	PubMed
Controlled By:	Google engineers control the search algorithm, but have no control over World Wide Web contents.	Content is selected by Google Scholar staff, are very secretive about the sources included. Some publishers refuse to let Google Scholar search their web content.	PubMed is controlled by human experts who systematically select data for inclusion in the database, and then describe and organize it.
Best Used For:	General web searching; finding recent medical news and announcements.	A quick, easy start on a search, especially in a multidisciplinary field. Can help identify some core papers in a field	The most current and comprehensive source for searching the biomedical literature.

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

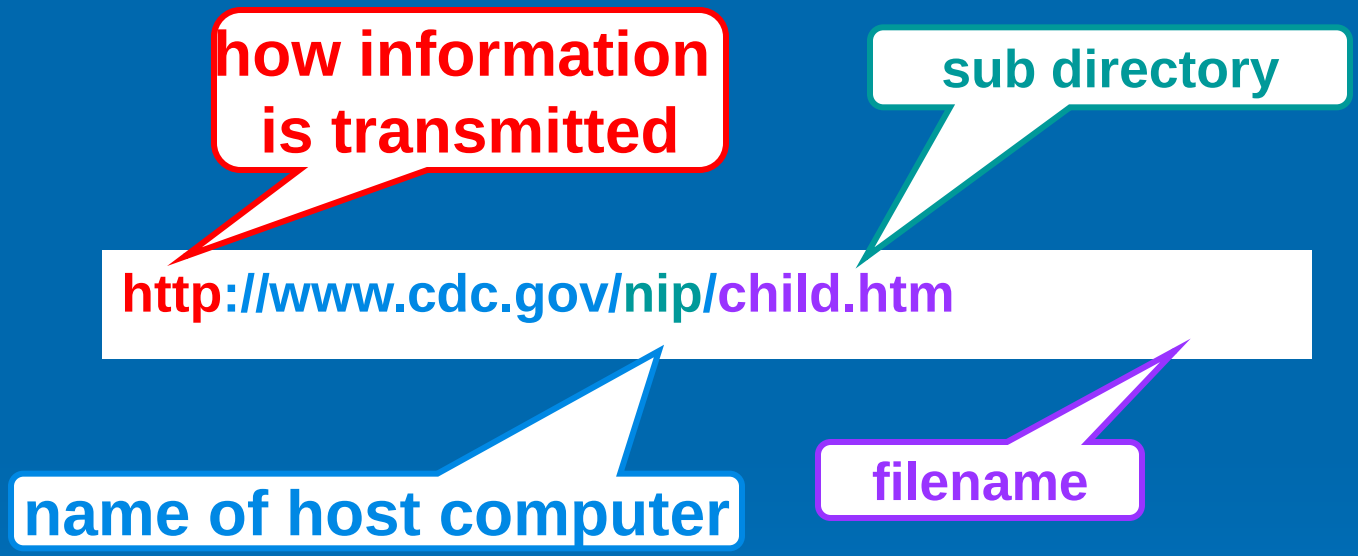
  mlanet.org/resources/userguide.html

Criteria for Evaluating Web Sites

- Authority
- Accuracy
- Objectivity
- Currency
- Coverage

Analyze the Website Address

- edu
- org
- com
- gov
- net

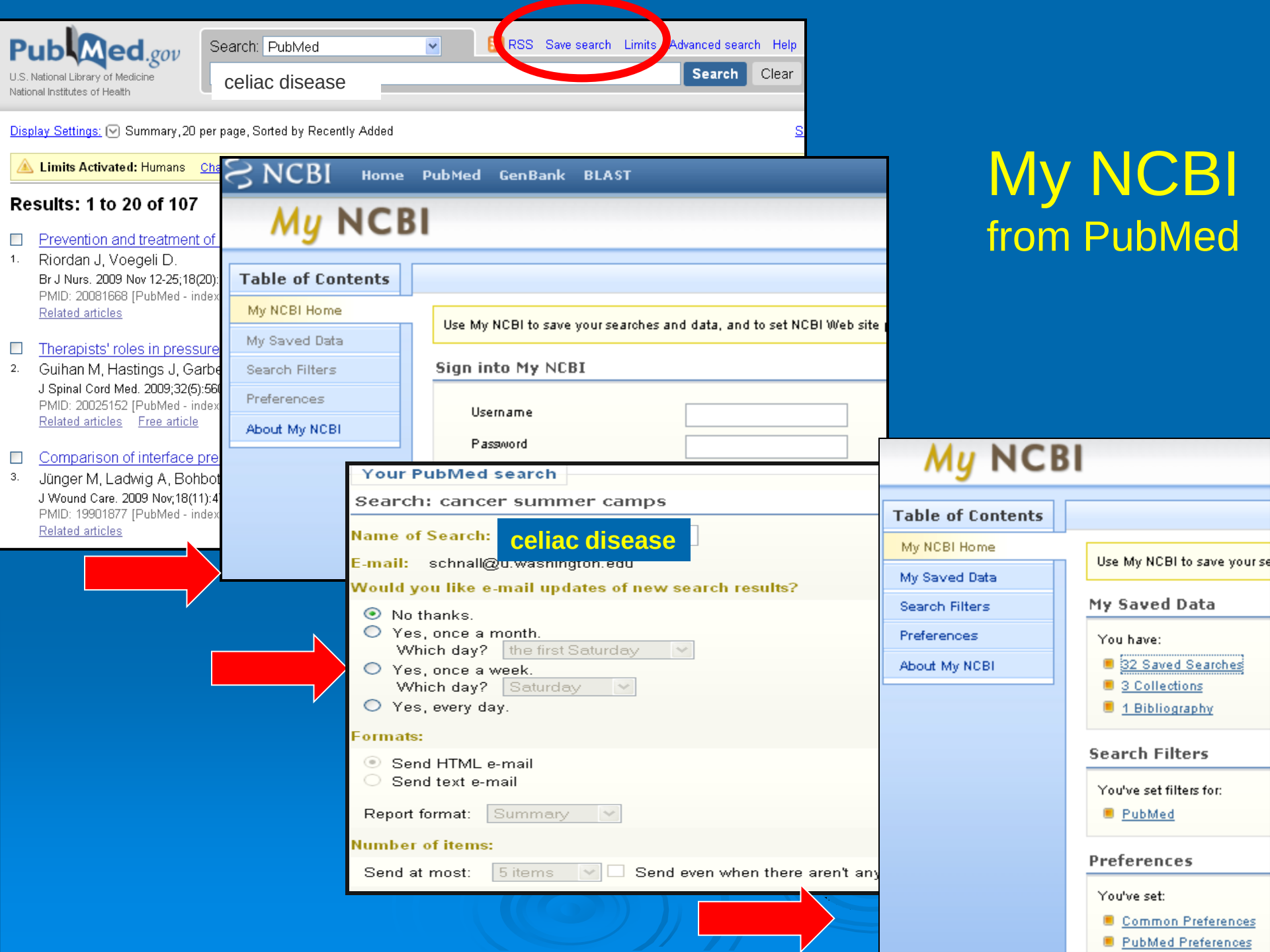


The URL (Uniform Resource Locator) includes the name of the host computer which can indicate the purpose of the web site.

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.
- Solution: Email Alert Services

Lundberg GD. Perspective from the editor of JAMA, The Journal of the American Medical Association. *Bull Med Libr Assoc.* 1992 Apr;80(2):110-4.

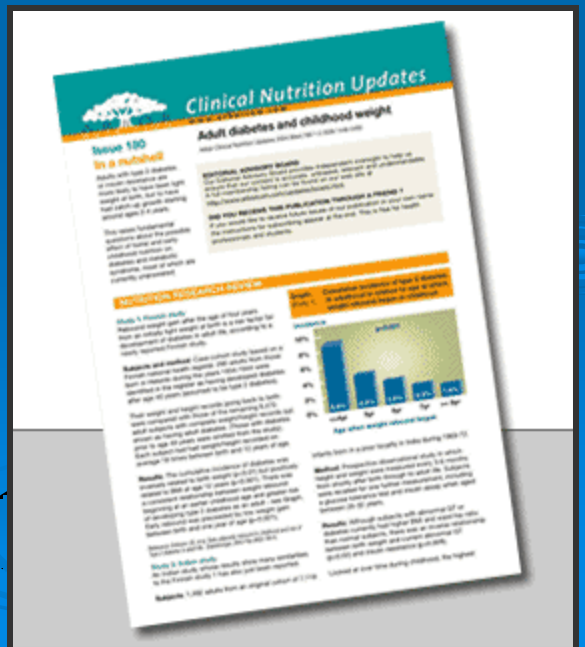


My NCBI
from PubMed

Arbor Clinical Nutrition Updates

www.nutritionupdates.org

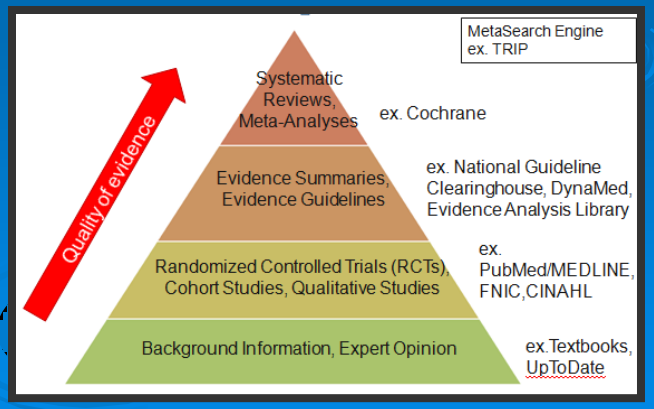
- Free evidence-based electronic nutrition journal
- Summarizes recent clinical research papers
- Adds commentaries



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, /MEDLINE, MedlinePlus*, *EthnoMed*, and nutrition sites to find evidence to incorporate into your clinical practice.
- Try HEAL-WA. **H**
- 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/cshcnnut/download/resources/nutfocus22_1.pdf