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Locating Evidence-Based Pediatric Nutrition Resources on the Web

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Objectives

- Describe web resources to use for evidence-based dietetics practice
- Identify websites of interest to pediatric nutritionists
- Identify ways to improve searching skills to find appropriate evidence on the web

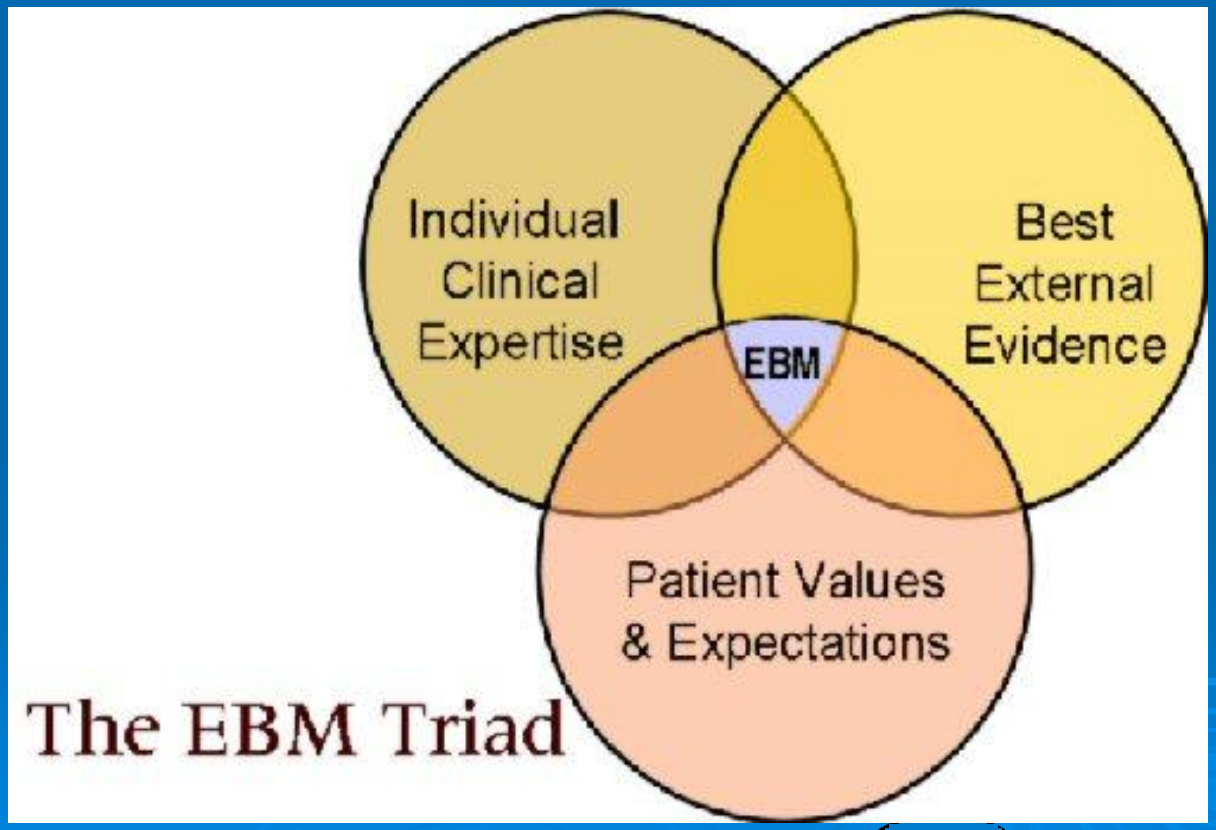
What is Evidence-Based Dietetics Practice?

- 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

Evidence-Based Practice



What makes good evidence?

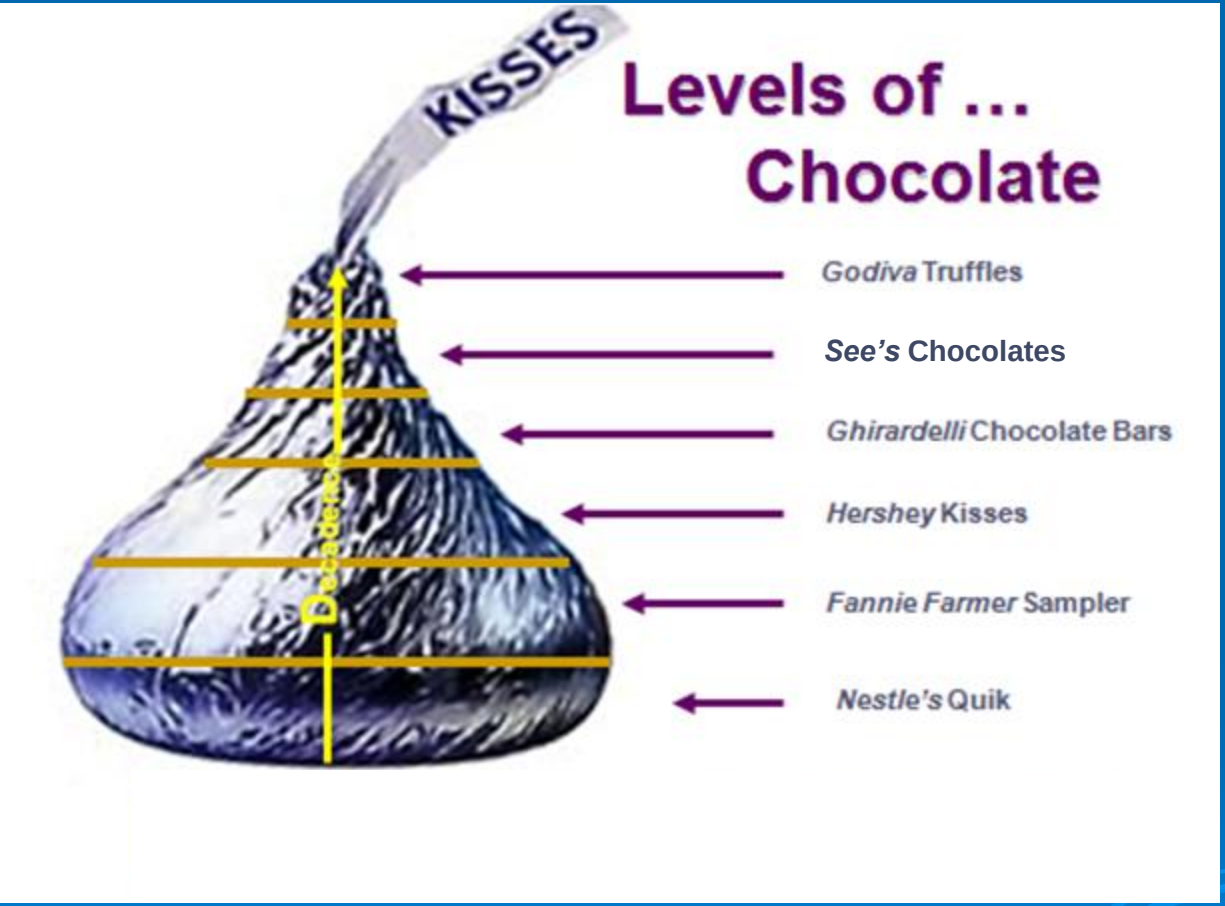
Good

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

Shoddy

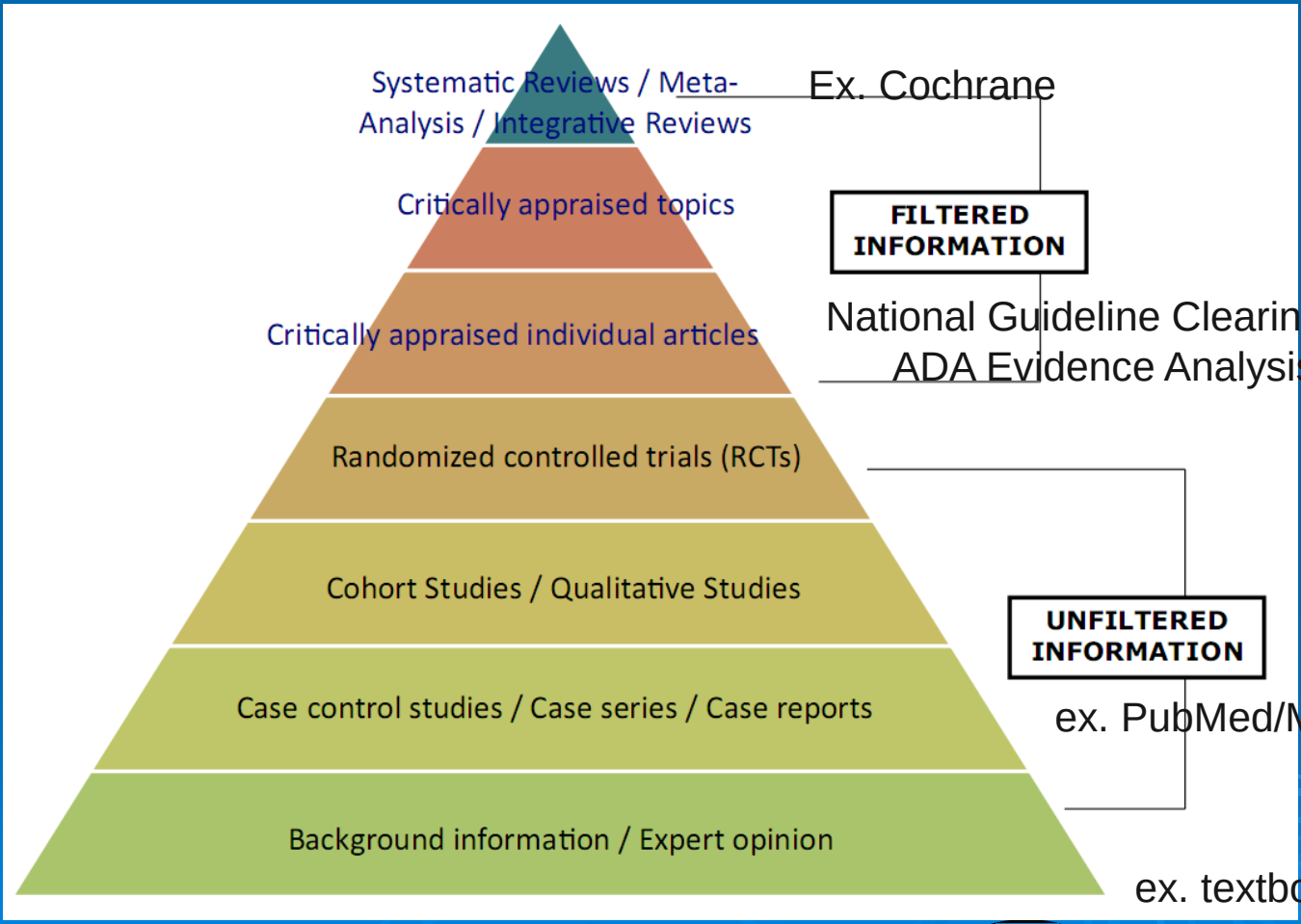
- Opinion
- Consensus
- Because it's been done this way for 100 years

Chocolate Pyramid

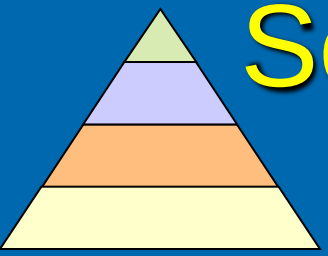


Slide adapted from Edward G. Miner Library, University of Rochester School of Medicine and Dentistry

Searching for Evidence Pyramid



Search for the Best Evidence to answer Nutrition Questions



Search Databases Efficiently to Research Journal Articles

- PubMed *pubmed.gov*

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

  healthlinks.washington.edu/hsl/liaisons/schnall/pednutrition2010.doc

PubMed
pubmed.gov

- Includes MEDLINE and citations to biomedical journal articles from the 1940's to date
- Indexes 5,200 biomedical journals
- 75-80% of citations have abstracts
- Updated 5x/week
- Links to full-text articles

2 *PubMed* Strategies for Finding Evidence-Based Citations

1. Use *PubMed* Type of Article limits
   - Randomized Controlled Trial
   - Meta-Analysis
   - Practice Guideline
   - Clinical Trial
   - Consensus Development Conference
2. Use *PubMed* Clinical Queries and Systematic Reviews section

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

Search: PubMed

fish oils asthma

Advanced search Help

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

Limits

Can easily limit your search to:

- **Age groups**
- **Human or Animal studies**
- **Language**
- **Research articles**
- **Only items with links to full text**

Dates

Published in the Last: Any date

Type of Article

- [ ] Meta-Analysis
- [ ] Practice Guideline
- [x] Randomized Controlled Trial
- [x] Review

Languages

- [x] English
- [ ] French
- [ ] German
- [ ] Italian
- [ ] Japanese

Species

- [x] Humans
- [ ] Animals

Gender

- [ ] Male
- [ ] Female

Subsets

Journal Groups

- [ ] Core clinical journals
- [ ] Dental journals
- [ ] Nursing journals

Ages

- [ ] All Infant: birth-23 months
- [ ] All Child: 0-18 years
- [ ] All Adult: 19+ years
- [ ] Newborn: birth-1 month

PubMed Results

Omega-3 fatty acids, vitamin C and Zn supplementation in asthmatic children: a randomized self-controlled study.
Biltagi MA, Baset AA, Bassiouny M, Kasrawi MA, Attia M.
Acta Paediatr. 2009 Apr;98(4):737-42. Epub 2008 Jan 11.
PMID: 19154523 [PubMed - indexed for MEDLINE]
Related citations

Associations between fatty acids in colostrum and breast milk and risk of allergic disease.
Lowe AJ, Thien FC, Stoney RM, Bennett CM, Hosking CS, Hill DJ, Carlin JB, Abramson MJ, Dharmage SC.
Clin Exp Allergy. 2008 Nov;38(11):1745-51. Epub 2008 Aug 12.
PMID: 18702657 [PubMed - indexed for MEDLINE]
Related citations

Fish oil intake compared with olive oil intake in late pregnancy and asthma in the offspring: 16 y of registry-based follow-up from a randomized controlled trial.
Olsen SF, Østerdal ML, Salvig JD, Mortensen LM, Rytter D, Secher NJ, Henriksen TB.
Am J Clin Nutr. 2008 Jul;88(1):167-75.
PMID: 18614738 [PubMed - indexed for MEDLINE] **Free Article**
Related citations

Omega-3 and omega-6 fatty acid exposure from early life does not affect atopy and asthma at age 5 years.
Almqvist C, Garden F, Xuan W, Mihrshahi S, Leeder SR, Oddy W, Webb K, Marks GB; CAPS team.
J Allergy Clin Immunol. 2007 Jun;119(6):1438-44. Epub 2007 Mar 26.
PMID: 17379291 [PubMed - indexed for MEDLINE]
Related citations

Consumption of omega3-fatty acids during perinatal life: role in immuno-modulation and allergy prevention.
Blümer N, Renz H.
J Perinat Med. 2007;35 Suppl 1:S12-8. Review.
PMID: 17302535 [PubMed - indexed for MEDLINE]
Related citations

Treating asthma with omega-3 fatty acids: where is the evidence? A systematic review.
Reisman J, Schachter HM, Dales RE, Tran K, Kourad K, Barnes D, Sampson M, Morrison A, Gaboury I, Blackman J.
BMC Complement Altern Med. 2006 Jul 19;6:26. Review.
PMID: 16854238 [PubMed - indexed for MEDLINE] **Free PMC Article** Free text
Related citations

PubMed Abstract

J Allergy Clin Immunol. 2007 Jun;119(6):1438-44. Epub 2007 Mar 26.

Omega-3 and omega-6 fatty acid exposure from early life does not affect atopy and asthma at age 5 years.

Almqvist C, Garden F, Xuan W, Mihrshahi S, Leeder SR, Oddy W, Webb K, Marks GB; CAPS team.

Woolcock Institute of Medical Research, Camperdown NSW, Australia. calmqvist@woolcock.org.au

Abstract

BACKGROUND: The Childhood Asthma Prevention Study was a randomized controlled trial conducted in children with a family history of asthma in whom omega-3 fatty acid supplementation and restriction of dietary omega-6 fatty acids did not prevent asthma, eczema, or atopy at age 5 years. OBJECTIVE: We sought to examine the relation of all measures of omega-3 and omega-6 polyunsaturated fatty acids with outcomes at age 5 years in the whole birth cohort, regardless of randomization group. METHODS: Plasma fatty acids were measured at 18 months, 3 years, and 5 years. Compliance with the fatty acid supplements was estimated every 6 months. Dietary intake was assessed at 18 months by means of weighed-food record and at 3 years by means of food-frequency questionnaire. At age 5 years, 516 children were examined for wheeze and eczema (questionnaire) and atopy (skin prick tests, n = 488). Multiple logistic regression was used to evaluate associations between exposures and outcomes. RESULTS: Plasma levels of omega-3 or omega-6 fatty acids were not associated with wheeze, eczema, or atopy at age 5 years (P = .11-.96). Overall, fatty acid exposure, measured as plasma levels, dietary intake, and compliance with supplements, was not associated with any respiratory or allergic outcomes (P = .35-.59). CONCLUSION: This observational analysis of the cohort, using the full range of observed variation in omega-3 and omega-6 fatty acid exposure, supports the negative findings of the randomized controlled trial. CLINICAL IMPLICATIONS: Modification of dietary polyunsaturated fatty acids in early childhood is not helpful in preventing atopy and asthma.

PMID: 17379291 [PubMed - indexed for MEDLINE]

Publication Types, MeSH Terms, Substances

LinkOut - more resources

Omega-3 and omega-6 fatty acid exposure from early life does not affect atopy and asthma at age 5 years

Catarina Almqvist, MD, PhD,[a,b,c] Frances Garden, BAppSci,[d] Wei Xuan, MSc, PhD,[a] Seema Mihrshahi, MPH,[e] Steve R. Leeder, MD, PhD,[b] Wendy Oddy, PhD,[f] Karen Webb, MPH, PhD,[b] and Guy B. Marks, MBBS, PhD[a,b,c] for the CAPS team *Sydney and Perth, Australia, and Stockholm, Sweden*

Background: The Childhood Asthma Prevention Study was a randomized controlled trial conducted in children with a family history of asthma in whom omega-3 fatty acid supplementation and restriction of dietary omega-6 fatty acids did not prevent asthma, eczema, or atopy at age 5 years.

Objective: We sought to examine the relation of all measures of omega-3 and omega-6 polyunsaturated fatty acids with outcomes at age 5 years in the whole birth cohort, regardless of randomization group.

Methods: Plasma fatty acids were measured at 18 months, 3 years, and 5 years. Compliance with the fatty acid supplements was estimated every 6 months. Dietary intake was assessed at 18 months by means of weighed-food record and at 3 years by means of food-frequency questionnaire. At age 5 years, 516 children were examined for wheeze and eczema (questionnaire) and atopy (skin prick tests, n = 488). Multiple logistic regression was used to evaluate associations between exposures and outcomes.

Results: Plasma levels of omega-3 or omega-6 fatty acids were not associated with wheeze, eczema, or atopy at age 5 years (P = .11-.96). Overall, fatty acid exposure, measured as plasma levels, dietary intake, and compliance with supplements, was not associated with any respiratory or allergic outcomes (P = .35-.59).

Conclusion: This observational analysis of the cohort, using the full range of observed variation in omega-3 and omega-6 fatty acid exposure, supports the negative findings of the randomized controlled trial.

Clinical implications: Modification of dietary polyunsaturated fatty acids in early childhood is not helpful in preventing atopy and asthma. (J Allergy Clin Immunol 2007;119:1438-44.)

Key words: *Asthma, allergy and immunology, birth cohort, child, eczema, omega-3 fatty acids, omega-6 fatty acids, primary prevention*

The recent increase in asthma and allergic diseases has partly been attributed to environmental changes, such as dietary intake of polyunsaturated fatty acids. Some observational and ecologic studies showed beneficial associations between dietary intake of oily fish, which is rich in omega-3 fatty acids, and asthma and allergic diseases in

PubMed Clinical Queries

This page provides the following specialized PubMed searches for clinicians:

- Search by Clinical Study Category
- Find Systematic Reviews
- Medical Genetics Searches

#2 Strategy: Clinical Queries
link found on Adv Search screen

Results of searches on these pages are limited to specific clinical research areas. For comprehensive searches, use Pub

Search by Clinical Study Category

This search finds citations that correspond to a specific clinical study category. The search may be either broad and sen
specific. The search filters are based on the work of Haynes RB et al. See the filter table for details.

Search diet childhood obesity Go

Category	Scope
○ etiology	◉ narrow, specific search
○ diagnosis	○ broad, sensitive search
◉ therapy	
○ prognosis	
○ clinical prediction guides	

Find Systematic Reviews

For your topic(s) of interest, this search finds citations for systematic reviews, meta-analyses, reviews of clinical trials,
medicine, consensus development conferences, and guidelines.

For more information, see Help. See also related sources for systematic review searching.

Search diet childhood obesity Go

Results for Clinical Study Category (RCTs)

Comparison of two diets of varying glycemic index on carotid subclinical atherosclerosis in obese children.
Iannuzzi A, Licenziati MR, Vacca M, De Marco D, Cinquegrana G, Laccetti M, Bresciani A, Covetti G, Iannuzzo G, Rubba P, Parillo M.
Heart Vessels. 2009 Nov;24(6):419-24. Epub 2009 Nov 22.
PMID: 20108073 [PubMed - indexed for MEDLINE]
Related citations

Effects of a twelve-week randomized intervention of exercise and/or diet on weight loss and weight maintenance, and other metabolic parameters in obese preadolescent children.
Shalitin S, Ashkenazi-Hoffnung L, Yackobovitch-Gavan M, Nagelberg N, Karni Y, Hershkovitz E, Loewenthal N, Shtaif B, Gat-Yablonski G, Phillip M.
Horm Res. 2009;72(5):287-301. Epub 2009 Oct 19.
PMID: 19844115 [PubMed - indexed for MEDLINE]
Related citations

The influence of diet and/or exercise and parental compliance on health-related quality of life in obese children.
Yackobovitch-Gavan M, Nagelberg N, Phillip M, Ashkenazi-Hoffnung L, Hershkovitz E, Shalitin S.
Nutr Res. 2009 Jun;29(6):397-404.
PMID: 19628106 [PubMed - indexed for MEDLINE]
Related citations

High-milk supplementation with healthy diet counseling does not affect weight loss but ameliorates insulin action compared with low-milk supplementation in overweight children.
St-Onge MP, Goree LL, Gower B.
J Nutr. 2009 May;139(5):933-8. Epub 2009 Mar 25.
PMID: 19321584 [PubMed - indexed for MEDLINE] **Free PMC Article** Free text
Related citations

Short- and mid-term effects of a setting based prevention program to reduce obesity risk factors in children: a cluster-randomized trial.
Bayer O, von Kries R, Strauss A, Mitschek C, Toschke AM, Hose A, Koletzko BV.
Clin Nutr. 2009 Apr;28(2):122-8. Epub 2009 Mar 20.
PMID: 19303675 [PubMed - indexed for MEDLINE]
Related citations

PubMed Results for Systematic Reviews

Interventions to prevent obesity in 0-5 year olds: an updated systematic review of the literature.

Hesketh KD, Campbell KJ.

Obesity (Silver Spring). 2010 Feb;18 Suppl 1:S27-35. Review.

PMID: 20107458 [PubMed - indexed for MEDLINE]

Related citations

Effectiveness of school-based interventions in Europe to promote healthy nutrition in children and adolescents: systematic review of published and 'grey' literature.

Van Cauwenberghe E, Maes L, Spittaels H, van Lenthe FJ, Brug J, Oppert JM, De Bourdeaudhuij I.

Br J Nutr. 2010 Mar;103(6):781-97. Epub 2010 Jan 14. Review.

PMID: 20070915 [PubMed - indexed for MEDLINE]

Related citations

Systematic review of the effectiveness and cost-effectiveness of weight management schemes for the under fives: a short report.

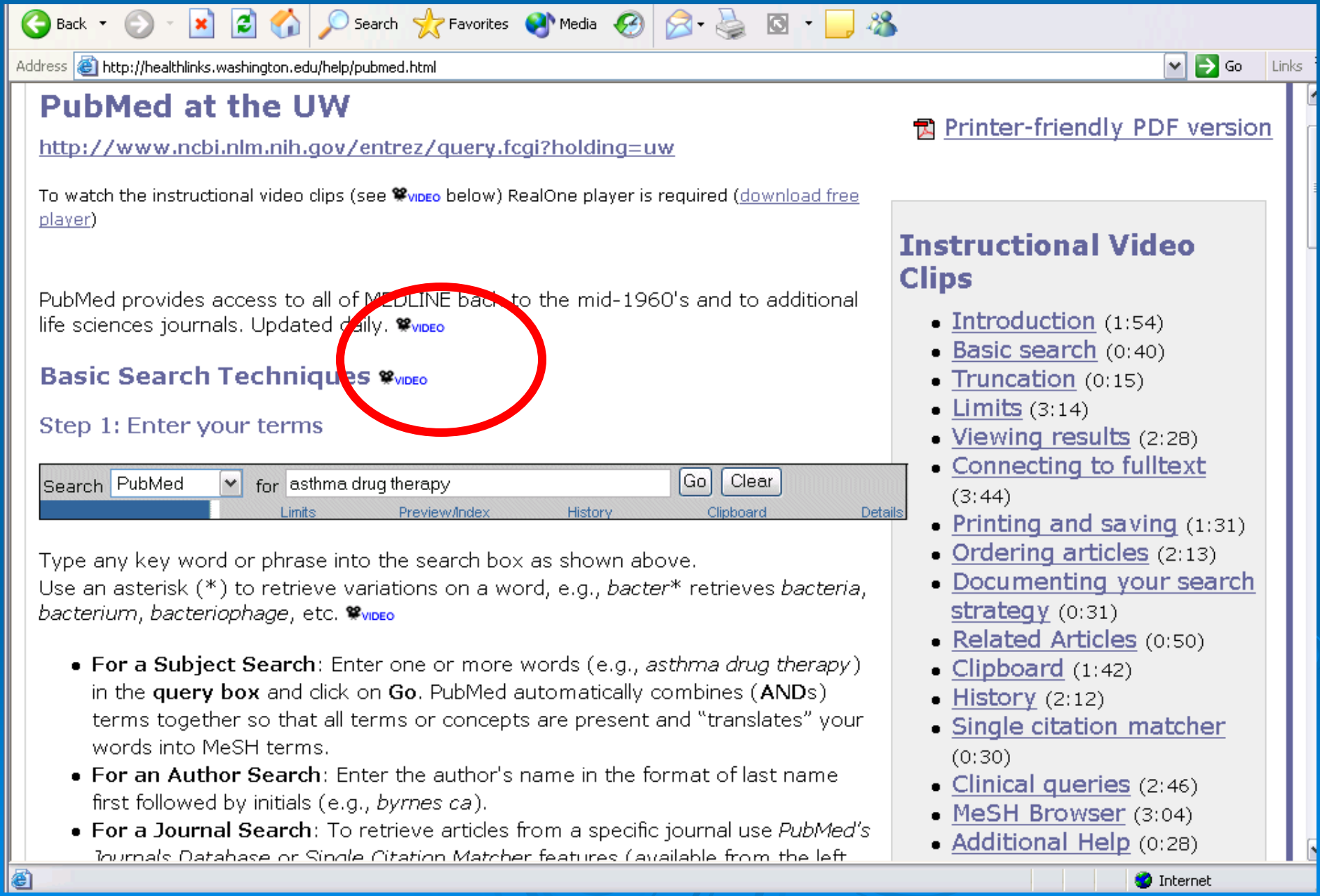
Bond M, Wyatt K, Lloyd J, Welch K, Taylor R.

Health Technol Assess. 2009 Dec;13(61):1-75, iii. Review.

PMID: 20015425 [PubMed - indexed for MEDLINE] Free Article

Related citations

healthlinks.washington.edu/howto/pubmed



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Open Access and Free Journal Sites

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  - Includes *BMC Pediatrics, Nutrition Journal,* etc.
- PubMed Central *pubmedcentral.gov*
  - National Library of Medicine's free digital archive of biomedical and life sciences journal literature
- Free Medical Journals *freemedicaljournals.com*
- Highwire Press *highwire.stanford.edu*
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FNIC Databases

www.nal.usda.gov/fnic/databases.shtml

- Food Safety Education and Training Materials
- Food Safety Research Projects
- Healthy Meals Resource System Education and Training Materials
- International Bibliographic Information on Dietary Supplements Database (IBIDS)
- Native American Nutrition Education
- SNAP-Ed Connection Resource Finder
- WIC Works Education and Training Materials

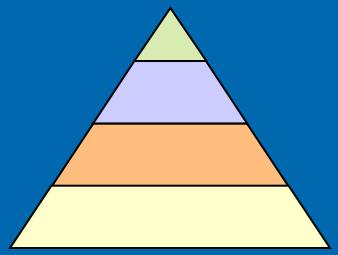
International Bibliographic Information on Dietary Supplements Database (IBIDS)

ods.od.nih.gov/Health_Information/IBIDS.aspx

- Provides access to bibliographic citations and abstracts from published, international, and scientific literature on dietary supplements
- Choose to search:
  - Full IBIDS Database
  - Consumer Citations Only
  - Peer Reviewed Citations Only
- Covers 9,000 journals and records from CAB Abstracts and Global Health

International Bibliographic Information on Dietary Supplements Database (IBIDS)

Title:	**Omega-3 polyunsaturated fatty acid intake and islet autoimmunity in children at increased risk for type 1 diabetes.**
Author:	Norris,-J-M; Yin,-X; Lamb,-M-M; Barriga,-K; Seifert,-J; Hoffman,-M; Orton,-H-D; Baron,-A-E; Clare-Salzler,-M; Chase,-H-P; Szabo,-N-J; Erlich,-H; Eisenbarth,-G-S; Rewers,-M
Citation:	JAMA. 2007 Sep 26; 298(12): 1420-8
Abstract:	CONTEXT: Cod liver oil supplements in infancy have been associated with a decreased risk of type 1 diabetes mellitus in a retrospective study. OBJECTIVE: To examine whether intakes of omega-3 and omega-6 fatty acids are associated with the development of islet autoimmunity (IA) in children. DESIGN, SETTING, AND PARTICIPANTS: A longitudinal, observational study, the Diabetes Autoimmunity Study in the Young (DAISY), conducted in Denver, Colorado, between January 1994 and November 2006, of 1770 children at increased risk for type 1 diabetes, defined as either possession of a high diabetes risk HLA genotype or having a sibling or parent with type 1 diabetes. The mean age at follow-up was 6.2 years. Islet autoimmunity was assessed in association with reported dietary intake of polyunsaturated fatty acids starting at age 1 year. A case-cohort study (N = 244) was also conducted in which risk of IA by polyunsaturated fatty acid content of erythrocyte membranes (as a percentage of total lipids) was examined. MAIN OUTCOME MEASURE: Risk of IA, defined as being positive for insulin, glutamic acid decarboxylase, or insulinoma-associated antigen-2 autoantibodies on 2 consecutive visits and still autoantibody positive or having diabetes at last follow-up visit. RESULTS: Fifty-eight children developed IA. Adjusting for HLA genotype, family history of type 1 diabetes, caloric intake, and omega-6 fatty acid intake, omega-3 fatty acid intake was inversely associated with risk of IA (hazard ratio [HR], 0.45; 95% confidence interval [CI], 0.21-0.96; P = .04). The association was strengthened when the definition of the outcome was limited to those positive for 2 or more autoantibodies (HR, 0.23; 95% CI, 0.09-0.58; P = .002). In the case-cohort study, omega-3 fatty acid content of erythrocyte membranes was also inversely associated with IA risk (HR, 0.63; 95% CI, 0.41-0.96; P = .03). CONCLUSION: Dietary intake of omega-3 fatty acids is associated with reduced risk of IA in children at increased genetic risk for type 1 diabetes.
Review References:	None
Notes:	None
Language:	English
Publication Type:	Journal-Article; Research-Support,-N.I.H.,-Extramural
Keywords:	*Autoantibodies-blood; *Autoimmunity-; *Diabetes-Mellitus,-Type-1-epidemiology; *Erythrocyte-Membrane-metabolism; *Fatty-Acids,-Omega-3-administration-and-dosage; *Fatty-Acids,-Omega-3-metabolism; *Islets-of-Langerhans-immunology



Textbooks

- Merck Manual of Medical Information
  www.merck.com/mmpe
- eMedicine *emedicine.medscape.com*
  Open access clinical textbook containing chapters on diseases, practice guidelines and evidence-based content
- UptoDate ($) *uptodate.com*
  Concise comprehensive uptodate reviews of clinical topics in multiple specialties

Merck Manual of Medical Information

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SECTION

Search

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Sections

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- Clinical Pharmacology
- Critical Care Medicine
- Dermatologic Disorders
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- Endocrine and Metabolic Disorders
- Eye Disorders
- Gastrointestinal Disorders
- Genitourinary Disorders
- Gynecology and Obstetrics
- Hematology and Oncology
- Hepatic and Biliary Disorders
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- Injuries; Poisoning
- Musculoskeletal and Connective Tissue Disorders
- Neurologic Disorders
- Nutritional Disorders
- Pediatrics

Nutritional Disorders

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- Nutritional Requirements
- Nutrition in Clinical Medicine

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- Metabolic Syndrome

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- Protein-Energy Undernutrition

Vitamin Deficiency, Dependency, and Toxicity

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- Riboflavin
- Thiamin
- Vitamin A
- Vitamin B_{12}
- Vitamin B_6
- Vitamin C
- Vitamin D
- Vitamin E
- Vitamin K

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SECTION	Nutritional Disorders
SUBJECT	Vitamin Deficiency, Dependency, and Toxicity

Vitamins may be fat soluble (vitamins A, D, E, and K) or water soluble (B vitamins and vitamin C). The B vitamins include biotin, folate, niacin, pantothenic acid, riboflavin (B_2), thiamin (B_1), B_6 (eg, pyridoxine), and B_{12} (cobalamins). For dietary requirements, sources, functions, effects of deficiencies and toxicities, blood levels, and usual therapeutic dosages for vitamins, see Table 1: Vitamin Deficiency, Dependency, and Toxicity: Recommended Daily Intakes for Vitamins* and Table 2: Vitamin Deficiency, Dependency, and Toxicity: Sources, Functions, and Effects of Vitamins

Dietary requirements for vitamins (and other nutrients) are expressed as daily recommended intake (DRI). There are 3 types of DRI:

- **Recommended daily allowance (RDA):** RDAs are set to meet the needs of 97 to 98% of healthy people.
- **Adequate intake (AI):** When data to calculate an RDA are insufficient, AIs are based on observed or experimentally determined estimates of nutrient intake by healthy people.
- **Tolerable upper intake level (UL):** ULs are the largest amount that of a nutrient most adults can ingest daily without risk of adverse health effects.

In developed countries, vitamin deficiencies result mainly from poverty, food faddism, drugs (see Nutrition: General Considerations: Nutrient–Drug Interactions and Table 3: Vitamin Deficiency, Dependency, and Toxicity: Potential Vitamin-Drug Interactions), alcoholism, or prolonged and inadequately supplemented parenteral feeding. Mild vitamin deficiency is common among frail and institutionalized elderly people who have protein-

Table 1

Recommended Daily Intakes for Vitamins*

This table is presented as a PDF and requires the free Adobe PDF reader. Get Adobe Reader

Table 2

Sources, Functions, and Effects of Vitamins

This table is presented as a PDF and requires the free Adobe PDF reader. Get Adobe Reader

Table 3

Potential Vitamin-Drug Interactions

Nutrient	Drug
Biotin	Antibiotics, anticonvulsants

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Phenylketonuria

Author: Georgianne L Arnold, MD, Director of Inherited Metabolic Disorders Clinic, Department of Pediatrics and Genetics, Associate Professor, University of Rochester School of Medicine and Dentistry
Contributor Information and Disclosures

Updated: Feb 13, 2009

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Introduction

Background

Phenylketonuria (PKU) is an inborn error of protein metabolism that results from an impaired ability to metabolize the essential amino acid phenylalanine. Classic phenylketonuria is present when plasma phenylalanine levels exceed 20 mg/dL (1200 mmol/L) without treatment. Lesser degrees of elevation of plasma phenylalanin considered in Hyperphenylalaninemia. Elevated phenylalanine negatively impact developmental function, and individuals with classic phenylketonuria almost always have mental retardatio unless levels are controlled through dietary treatment. In the U States and many other countries, phenylketonuria is detected newborn screening, and treated individuals have normal intelli

Pathophysiology

Most individuals with phenylketonuria have a deficiency of the enzyme phenylalanine hydroxylase. Phenylalanine hydroxyla deficiency is inherited in an autosomal recessive manner.

References

1. Yannicelli S, Ryan A. Improvements in behaviour and physical manifestations in previously untreated adults with phenylketonuria using a phenylalanine-restricted diet: a national survey. *J Inherit Metab Dis.* 1995;18(2):131-4. [Medline].

2. Burton BK, Grange DK, Milanowski A, et al. The response of patients with phenylketonuria and elevated serum phenylalanine to treatment with oral sapropterin dihydrochloride (6R-tetrahydrobiopterin): a phase II, multicentre, open-label, screening study. *J Inherit Metab Dis.* Oct 2007;30(5):700-7. [Medline].

3. Schindeler S, Ghosh-Jerath S, Thompson S, et al. The effects of large neutral amino acid supplements in PKU: an MRS and neuropsychological study. *Mol Genet Metab.* May 2007;91(1):48-54. [Medline].

4. Sarkissian CN, Gamez A, Wang L, et al. Preclinical evaluation of multiple species of PEGylated recombinant phenylalanine ammonia lyase for the treatment of phenylketonuria. *Proc Natl Acad Sci U S A.* Dec 30 2008;105(52):20894-9. [Medline].

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Vegetarian diets for children

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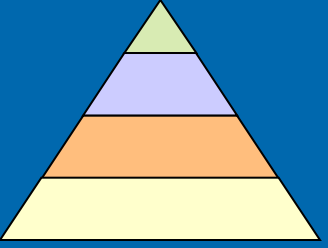
Last literature review version 18.1: January 2010 | **This topic last updated:** August 19, 2009 (More)

INTRODUCTION — Vegetarian diets are becoming increasingly popular [1-6]. A poll conducted in 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 percent do not eat meat, fish, poultry, dairy products, or eggs [1]. Approximately 5 percent of individuals in the United Kingdom, Germany, and Australia describe themselves as vegetarian [7-9].

An increasing number of families are choosing to rear their children on a vegetarian eating style [10,11]. An estimated 8 percent of adolescents in the United Kingdom [12] and 6 percent of public middle- and high-school students surveyed in the midwestern United States [13] consume a vegetarian diet. A poll conducted in 2005 estimated that 6 percent of American youth aged 8 to 18 years do not eat meat, 3 percent do not eat meat, fish, or poultry, and 1 percent do not eat meat, fish, poultry, dairy or eggs [14].

Studies of vegetarian diets are complicated by variations in definitions for the term "vegetarian". Definitions range from whether the individual considers himself or herself as vegetarian ("self-defined" vegetarians), avoids meat only, or lives by the strict definition (never consuming meat, fish, and poultry). As an example, one review of dietary patterns and nutrient intakes of self-defined vegetarians (aged six years and older) found that patterns ranged from those who consumed reduced amounts of red meat but included poultry and fish, to those who excluded all animal foods [15].

Reasons for choosing a vegetarian diet are varied and include potential health benefits and sociopolitical, ecological, and ethical issues related to allocation of resources and animal rights [3,16-20]. Adolescents pose a particular challenge because it may be difficult to determine if an adolescent's choice to become a



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- ADA Evidence Analysis Library *www.adaevidencelibrary.com*
- PubMed *pubmed.gov*
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NGC News

New/updated AAP, ACEP, AWHONN, and Finn Med Soc guidelines. Go to "What

The American Association for the Study of Liver Diseases has submitted guideli
B, hepatitis C, and management of ascites due to cirrhosis. Look for these in N

Look for practical, ready-to-use tools for measuring and improving the quality
in the Agency for Healthcare Research and Quality's (AHRQ's) QualityTools Wel

Look for Quality Measures in AHRQ's National Quality Measures Clearinghouse (

Subscribe to the NGC Weekly E-mail Update Service.

Brief Summary

GUIDELINE TITLE

Prevention and treatment of type 2 diabetes mellitus in children, with special emphasis on American Indian Native children.

BIBLIOGRAPHIC SOURCE(S)

Gahagan S, Silverstein J. Prevention and treatment of type 2 diabetes mellitus in children, with special emphasis on A and Alaska Native children. American Academy of Pediatrics Committee on Native American Child Health. Pediatrics 20 (4):e328-e347. [137 references]

BRIEF SUMMARY CONTENT

Go to the Complete Summary

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Primary and Secondary Prevention

Prevention must take highest priority and should focus on decreasing the risk, incidence, and consequences of type 2 mellitus among American Indian/Alaska Native (AI/AN) children. Primary prevention efforts by primary health care prof recommended in 2 arenas: 1) general community health promotion and health education and 2) clinically based activit based health promotion activities should not duplicate community-wide health promotion but instead should offer addi When type 2 diabetes mellitus is the established diagnosis, secondary prevention efforts by primary health care profe important for the prevention of complications (e.g., vascular, neural, renal, retinal). Early diagnosis and optimal medica keys to effective secondary prevention.

To be effective, prevention efforts need a strong community base and acceptance. Current evidence suggests that mo for type 2 diabetes mellitus include obesity and lack of breastfeeding. Primary prevention efforts can focus on the pre obesity in children and the promotion of breastfeeding. Preventing obesity in women of childbearing age is another prin prevention goal, because exposure to the environment of a diabetic pregnancy places the fetus at increased risk of fut diabetes.

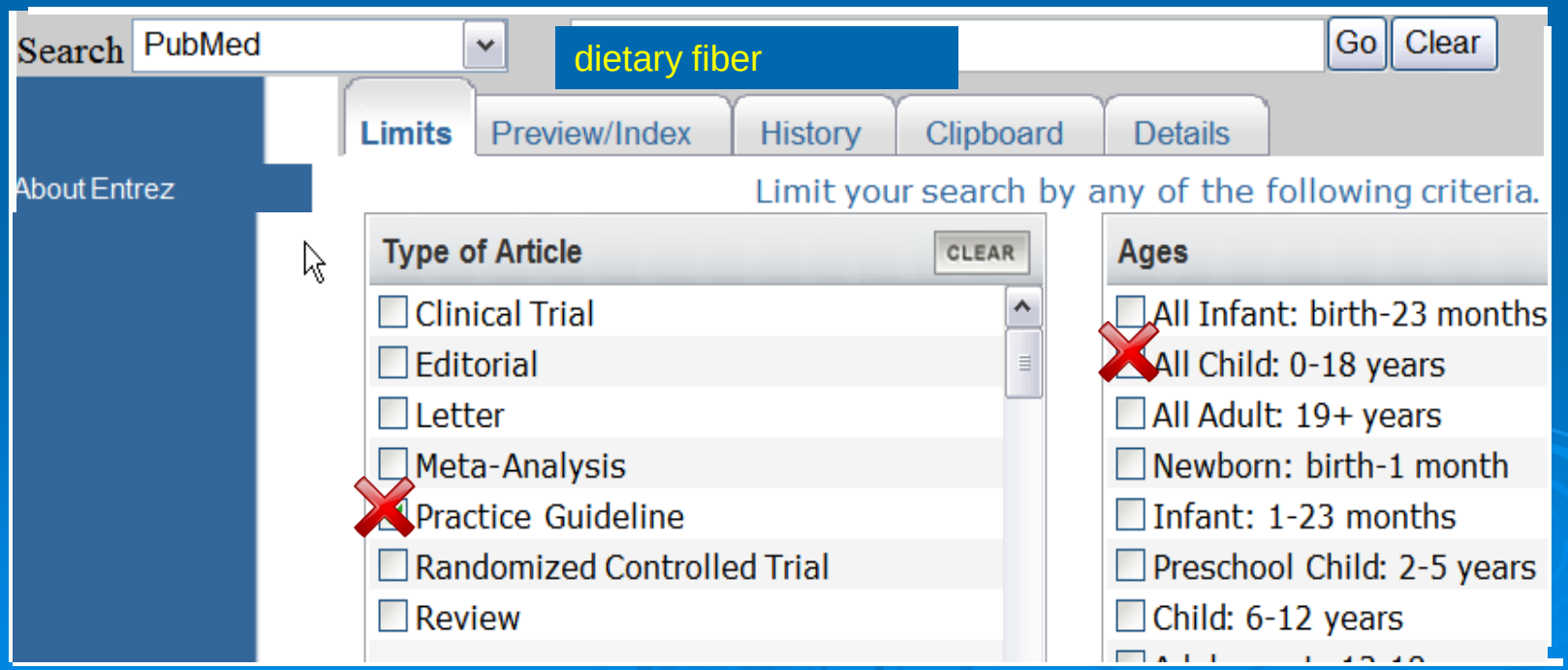
National Guideline Clearinghouse Guideline Comparison

Guideline Comparison

GUIDELINE TITLE	Prevention and treatment of type 2 diabetes mellitus in children, with special emphasis on American Indian and Alaska Native children.	Care of children and adolescents with type 1 diabetes: a statement of the American Diabetes Association.
DATE RELEASED	2003 Oct	2005 Jan
ADAPTATION	Not applicable: The guideline was not adapted from another source.	Not applicable: The guideline was not adapted from another source.
GUIDELINE DEVELOPER(S)	American Academy of Pediatrics - Medical Specialty Society	American Diabetes Association - Professional Association
INTENDED USERS	Advanced Practice Nurses Dietitians Physician Assistants Physicians Social Workers	Advanced Practice Nurses Allied Health Personnel Dietitians Nurses Patients Physician Assistants Physicians
METHODS USED TO ANALYZE THE EVIDENCE	Review	Review Review of Published Meta-Analyses
METHODS USED TO FORMULATE THE RECOMMENDATIONS	Not stated	Expert Consensus
METHODS USED TO COLLECT/SELECT EVIDENCE	Searches of Electronic Databases	Searches of Electronic Databases
VIEW MAJOR RECOMMENDATIONS	View Major Recommendations	View Major Recommendations
VIEW AVAILABILITY OF FULL TEXT	View Full-text Guideline	View Full-text Guideline

Searching for Practice Guidelines in *PubMed*

Limit to **Practice Guideline** under Type of Article



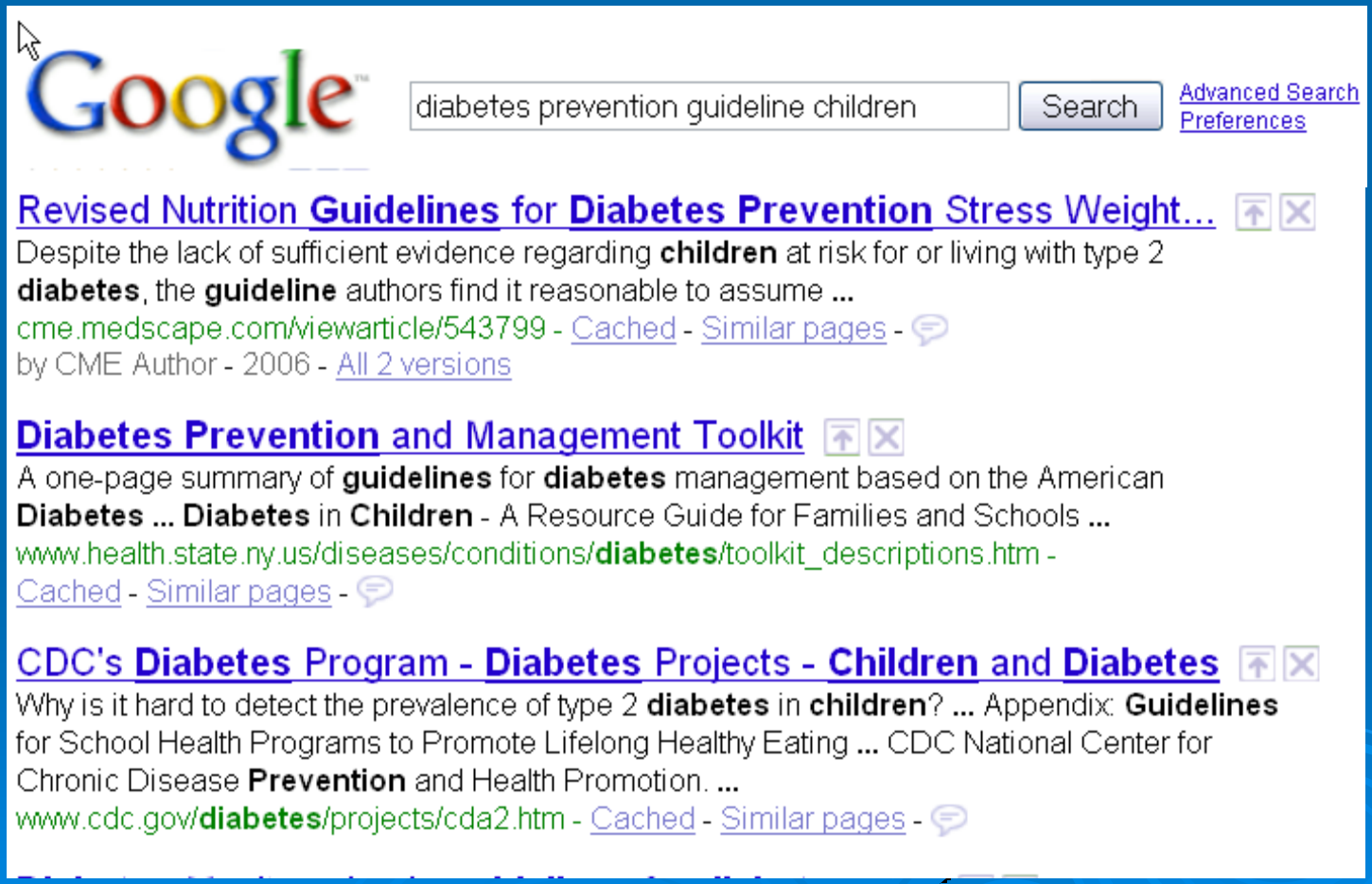
PubMed Results for "dietary fiber" limited to "Practice Guideline"

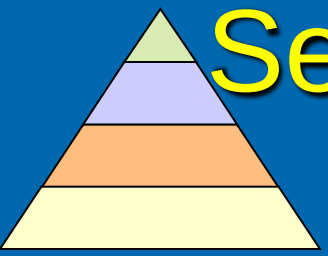
1: Position of the American Dietetic Association: health implications of dietary fiber.
Slavin JL.
J Am Diet Assoc. 2008 Oct;108(10):1716-31. Erratum in: J Am Diet Assoc. 2009 Feb;109(2):350.
PMID: 18953766 [PubMed - indexed for MEDLINE]
Related Articles

2: Evaluation and treatment of constipation in children: summary of updated recommendations of the North American Society for Pediatric Gastroenterology, Hepatology and Nutrition.
North American Society for Pediatric Gastroenterology, Hepatology and Nutrition.
J Pediatr Gastroenterol Nutr. 2006 Sep;43(3):405-7. Review.
PMID: 16954970 [PubMed - indexed for MEDLINE]
Related Articles

3: Position of the American Dietetic Association and Dietitians of Canada: Vegetarian diets.
American Dietetic Association; Dietitians of Canada.
J Am Diet Assoc. 2003 Jun;103(6):748-65.
PMID: 12778049 [PubMed - indexed for MEDLINE]
Related Articles

Searching Google for Guidelines





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ADA Evidence Analysis Library

www.adaevidencelibrary.com

- Summaries of best available research on dietetics and nutrition
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- Part 2: evidence-based guidelines
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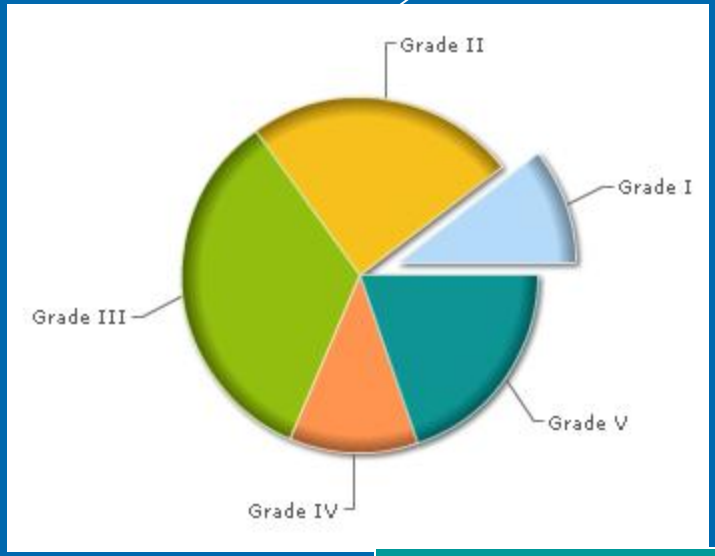
  - Exs. *Evidence-Based Pediatric Weight Management Nutrition Practice Guideline*; *Celiac Disease*

Evidence Analysis Library Diseases and Conditions

Pediatric Overweight: Grade Chart



Questions, Evidence Summaries, Bibliography

Diseases & Conditions

- Adult Weight Management
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- Nutrition in Athletic Performance
- Nutrition Care in Bariatric Surgery
- Breastfeeding
- Celiac Disease
- Chronic Kidney Disease (CKD)
- Chronic Obstructive Pulmonary Disease
- Critical Illness
- Diabetes 1 and 2
- Disorders of Lipid Metabolism
- Gestational Diabetes
- Heart Failure
- HIV/AIDS
- Hydration
- Hypertension
- Oncology
- Pediatric Overweight
- Spinal Cord Injury
- Unintended Weight Loss

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

Pediatric Weight Management Nutrition **Practice Guideline**

View Conclusion Statement

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

Pediatric Weight Management

- Executive Summary of Recommendations
- Introduction
- Major Recommendations
- Algorithms
- Appendices
- Background Information
- References

Recommendations Summary

Pediatric Weight Management (PWM) Reduced Glycemic Load Diet

Click here to see the explanation of recommendation ratings (Strong, Fair, Weak, Consensus, Insufficient Evidence) and labels (Imperative or Conditional). To see more detail on the evidence from which the following recommendations were drawn, use the hyperlinks in the Supporting Evidence Section below.

Recommendation(s)

PWM: Reduced Glycemic Load Diet - Children Six to 12 Years

If an ad libitum, reduced glycemic load diet is selected for use in **children (ages six to 12)**, then this diet could be used to produce modest short-term improvement in weight status. Limited research shows that an ad libitum reduced glycemic load diet results in short-term improvement in weight status in this age group.

Rating: Weak
Conditional

PWM: Reduced Glycemic Load Diet - Adolescents

If an ad libitum reduced glycemic load diet is selected for use in **adolescents (ages 13 to 18)**, then this diet could be used to produce modest short-term and longer-term improvement in weight status and body composition. Limited research shows that an ad libitum reduced glycemic load diet results in short-term improvement in weight status and body composition in this age group. One study shows weight status improvement at one year.

Rating: Fair
Conditional

ADA Evidence Analysis Manual

www.adaevidencelibrary.com/files/Docs/201001_ADA EA Manual.pdf

- Revised January 2010
- Steps in the Evidence Analysis Process
  - Step 1: formulate the EA question
  - Step 2: gather and classify evidence reports
  - Step 3: critically appraise each report
  - Step 4: summarize the evidence
  - Step 5: write and grade the conclusion statement

Use Meta-Search Engines to find evidence sites

Allow you to search multiple other search engines simultaneously and combine the results

TRIP Database

tripdatabase.com

- Metasearch engine
- Performs a simple search of more than 75 databases
- Finds evidence based resources
- Searches *Cochrane, National Guideline Clearinghouse, Bandolier*, etc.

childhood obesity diet

Search

Advanced Searc

trip database

Below are links to articles providing background knowledge relating to *obesity*

CKS Guideline eMedicine Background eMedicine Diagnosis eMedicine Treatment
eMedicine Follow-up Mentor GP Notebook Wikipedia Wrong Diagnosis

Search Trip just for "obesity"

Order By: Date **Relevance**

SELECT ALL Choose Your Action

1. Systematic review of school-based interventions that focus on changing dietary intake and physical activity levels to prevent childhood obesity: an update to the obesity guidance produced by the National Institute for Health and Clinical Excellence
DARE. 2009
Developing World? CPD/CME Preview Conclusion Related

2. Effective dietary interventions for overweight and obese children
Joanna Briggs Institute 2008
Developing World? CPD/CME Preview Conclusion Related

3. Systematic review of interventions in the management of overweight and obese children which include a dietary component
DARE. 2007
Developing World? CPD/CME Preview Conclusion Related

4. RCT of a high-protein diet on hunger motivation and weight-loss in obese children: an extension and replication
EvidenceUpdates 2009
Developing World? CPD/CME Preview Conclusion Related

5. Interventions for treating obesity in children
Cochrane Database of Systematic Reviews 2009
Developing World? CPD/CME Preview Conclusion Related

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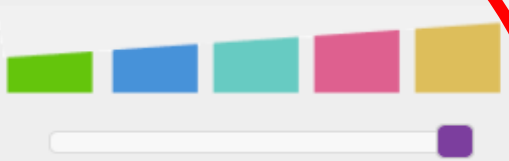

Total	1,620
Evidence Based Synopses	47
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UK	114
USA	30
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Suitable for the Developing World

Medline Articles

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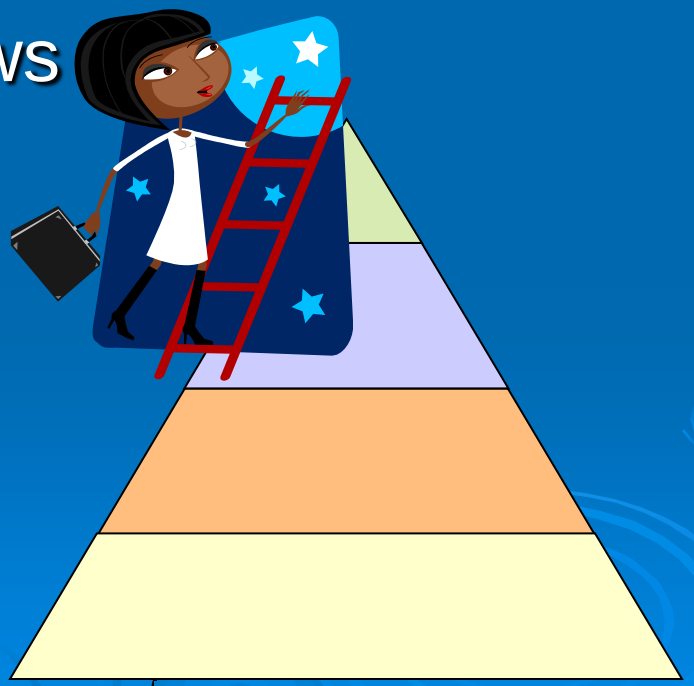

[Intervention Review]

Dietary interventions for recurrent abdominal pain (RAP) and irritable bowel syndrome (IBS) in childhood

Angela A Huertas-Ceballos[1], Stuart Logan[2], Cathy Bennett[3], Colin Macarthur[4]

[1]Neonatal Unit, E
[3]Cochrane UGPD

Contact address:
Ceballos@uclh.nh

Cochrane Datab

DOI: 10.1002/146
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syndrome (IBS) i

Abstract

Background
Between 4% a
activities. It is
their pain can
measures, a la

Abstract

Background
Between 4% and 25% of school-age children complain of recurrent abdominal pain (RAP) of sufficient severity to interfere with daily activities. It is unclear whether the dia
different aetiologies for their pain. For the majority no organic cause for their pain can be found on physical examination or investigation. Although most children are likely
simple measures, a large range of interventions have been recommended.

Objectives
To determine the effectiveness of dietary interventions for recurrent abdominal pain in school-age children.

Search strategy
The Cochrane Library (CENTRAL) 2006 (Issue 4), MEDLINE (1966 to Dec 2006), EMBASE (1980 to Dec 2006), CINAHL (1982 to Dec 2007), ERIC (1966 to Dec 2006), PsycIN
(1982 to Dec 2006), SIGLE (1980 to March 2005), and JICST (1985 to 06/2000) were searched . Where appropriate, search filters were employed. Researchers working in this
relevant studies.

Selection criteria
Randomised or quasi-randomised studies of any dietary treatment versus placebo or no treatment in school-age children with a diagnosis of RAP or functional gastrointes
Rome II criteria.

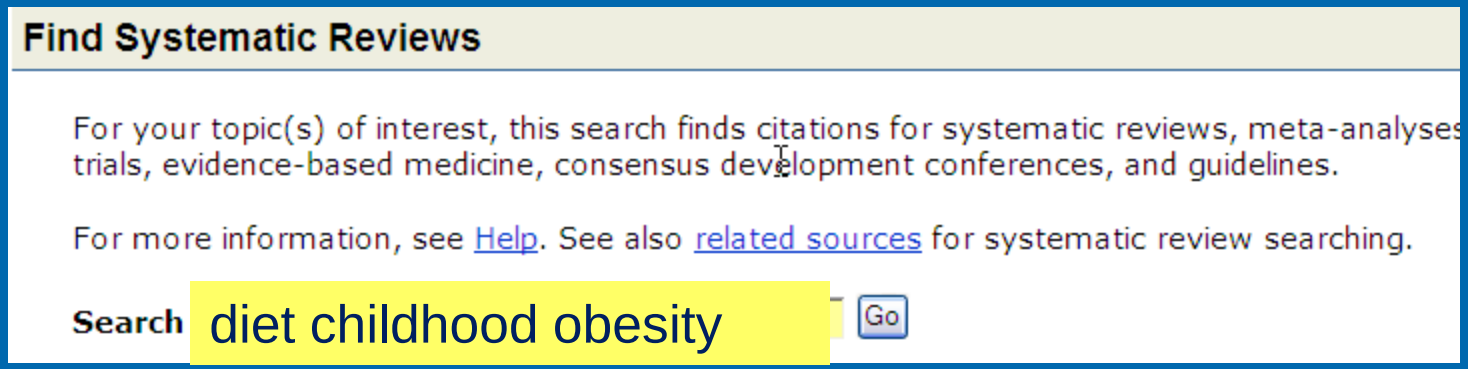
Data collection and analysis
Two authors independently assessed trials for inclusion, assessed quality and extracted data. Where appropriate studies were pooled using a random effects meta-analysi

Main results
Seven trials were included in this review. Two trials, including 83 participants, compared fibre supplements with placebo (Christensen 1982, Feldman 1985), with data from
papers (Christensen 1982, Christensen 1986). The pooled odds ratio for improvement in the frequency of abdominal pain was 1.26 (0.25, 6.29).
Two trials, including 90 participants (Lebenthal 1981, Dearlove 1983) compared lactose-containing with lactose-free diets. Neither reported data in a form which could be us
former trial had a loss to follow-up of 45%. We were not able to obtain further data for either trial.
Three trials (Bausserman 2005, Gavronska 2007, Young 1997) comparing supplementation with Lactobacillus with placebo met the inclusion criteria but only two (Bausserm
including a total of 168 children, provided analysable data. The pooled odds ratio for improvement of symptoms was 1.17 (95% CI 0.62, 2.21).

Authors' conclusions
There is a lack of high quality evidence on the effectiveness of dietary interventions. This review provides no evidence that fibre supplements, lactose free diets or lactoba
effective in the management of children with RAP.

Finding Systematic Reviews and Meta-Analyses in *PubMed*

- Use Clinical Queries Section: Systematic Reviews



- Limit to Type of Article: Meta-Analysis

PubMed Results for Systematic Reviews

Interventions to prevent obesity in 0-5 year olds: an updated systematic review of the literature.

Hesketh KD, Campbell KJ.

Obesity (Silver Spring). 2010 Feb;18 Suppl 1:S27-35. Review.

PMID: 20107458 [PubMed - indexed for MEDLINE]

Related citations

Effectiveness of school-based interventions in Europe to promote healthy nutrition in children and adolescents: systematic review of published and 'grey' literature.

Van Cauwenberghe E, Maes L, Spittaels H, van Lenthe FJ, Brug J, Oppert JM, De Bourdeaudhuij I.

Br J Nutr. 2010 Mar;103(6):781-97. Epub 2010 Jan 14. Review.

PMID: 20070915 [PubMed - indexed for MEDLINE]

Related citations

Systematic review of the effectiveness and cost-effectiveness of weight management schemes for the under fives: a short report.

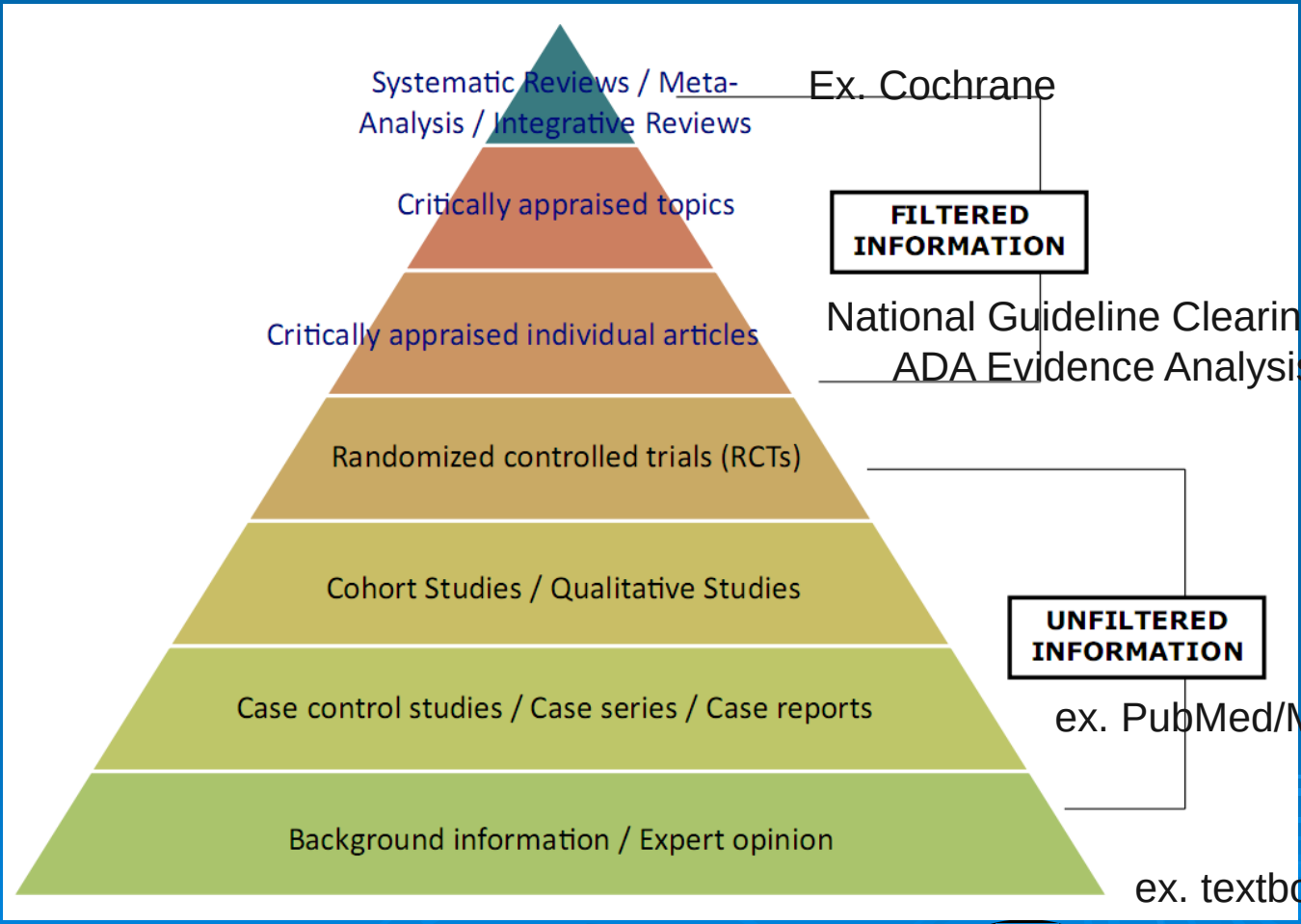
Bond M, Wyatt K, Lloyd J, Welch K, Taylor R.

Health Technol Assess. 2009 Dec;13(61):1-75, iii. Review.

PMID: 20015425 [PubMed - indexed for MEDLINE] **Free Article**

Related citations

Searching for Evidence Pyramid



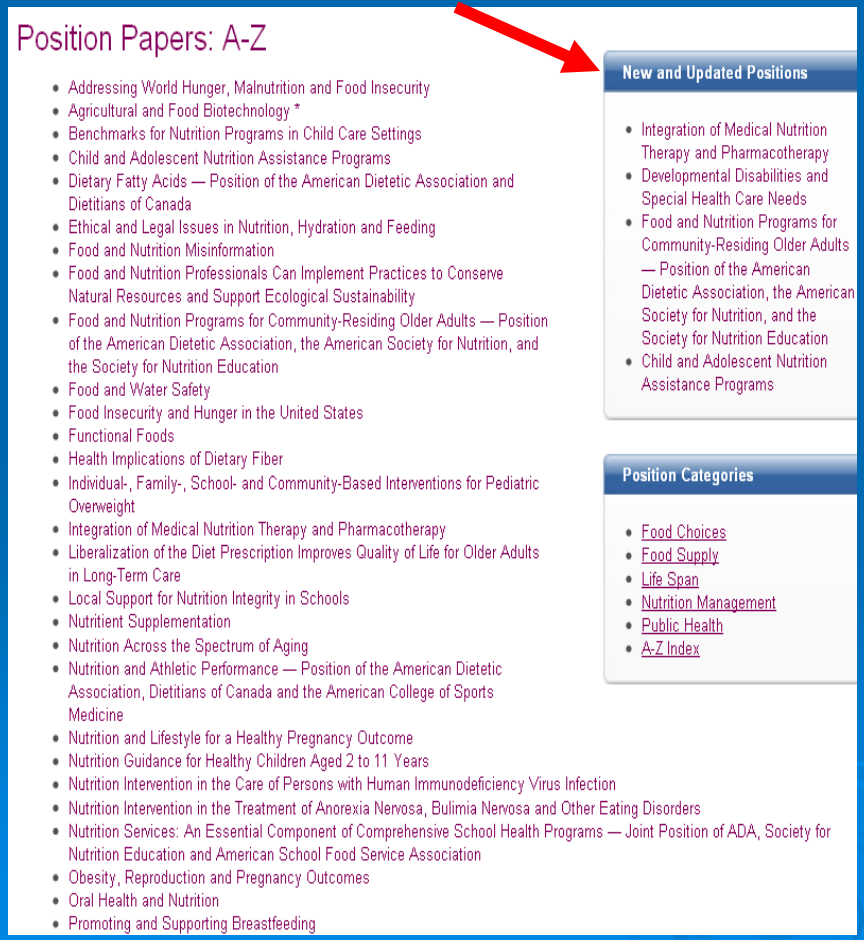
Nutrition Websites

- American Dietetic Association *eatright.org*
- Assuring Pediatric Nutrition Care in the Community *depts.washington.edu/nutrpeds*
- Dietary Supplements Labels Database *dietarysupplements.nlm.nih.gov*
- Food and Nutrition Information Center *www.nal.usda.gov/fnic*
- Food and Nutrition Service *www.fns.usda.gov/fns*

American Dietetic Association

eatright.org

Position Papers



Position Papers: A-Z

- Addressing World Hunger, Malnutrition and Food Insecurity
- Agricultural and Food Biotechnology *
- Benchmarks for Nutrition Programs in Child Care Settings
- Child and Adolescent Nutrition Assistance Programs
- Dietary Fatty Acids — Position of the American Dietetic Association and Dietitians of Canada
- Ethical and Legal Issues in Nutrition, Hydration and Feeding
- Food and Nutrition Misinformation
- Food and Nutrition Professionals Can Implement Practices to Conserve Natural Resources and Support Ecological Sustainability
- Food and Nutrition Programs for Community-Residing Older Adults — Position of the American Dietetic Association, the American Society for Nutrition, and the Society for Nutrition Education
- Food and Water Safety
- Food Insecurity and Hunger in the United States
- Functional Foods
- Health Implications of Dietary Fiber
- Individual-, Family-, School- and Community-Based Interventions for Pediatric Overweight
- Integration of Medical Nutrition Therapy and Pharmacotherapy
- Liberalization of the Diet Prescription Improves Quality of Life for Older Adults in Long-Term Care
- Local Support for Nutrition Integrity in Schools
- Nutritient Supplementation
- Nutrition Across the Spectrum of Aging
- Nutrition and Athletic Performance — Position of the American Dietetic Association, Dietitians of Canada and the American College of Sports Medicine
- Nutrition and Lifestyle for a Healthy Pregnancy Outcome
- Nutrition Guidance for Healthy Children Aged 2 to 11 Years
- Nutrition Intervention in the Care of Persons with Human Immunodeficiency Virus Infection
- Nutrition Intervention in the Treatment of Anorexia Nervosa, Bulimia Nervosa and Other Eating Disorders
- Nutrition Services: An Essential Component of Comprehensive School Health Programs — Joint Position of ADA, Society for Nutrition Education and American School Food Service Association
- Obesity, Reproduction and Pregnancy Outcomes
- Oral Health and Nutrition
- Promoting and Supporting Breastfeeding

New and Updated Positions

- Integration of Medical Nutrition Therapy and Pharmacotherapy
- Developmental Disabilities and Special Health Care Needs
- Food and Nutrition Programs for Community-Residing Older Adults — Position of the American Dietetic Association, the American Society for Nutrition, and the Society for Nutrition Education
- Child and Adolescent Nutrition Assistance Programs

Position Categories

- Food Choices
- Food Supply
- Life Span
- Nutrition Management
- Public Health
- A-Z Index

Practice Papers

Published Practice Papers

Practice reports are often done in the emerging areas of dietetics, areas that might not have sound scientific data, yet. Positions Committee oversees the development of practice papers and welcomes proposals from members.

- Dietary Supplements
- Home Care-Opportunities for Food and Nutrition Professionals
- Nutrient Density: Meeting Nutrient Goals within Calorie Needs
- Systems Approach to Measuring Productivity in Health Care Foodservice Operations

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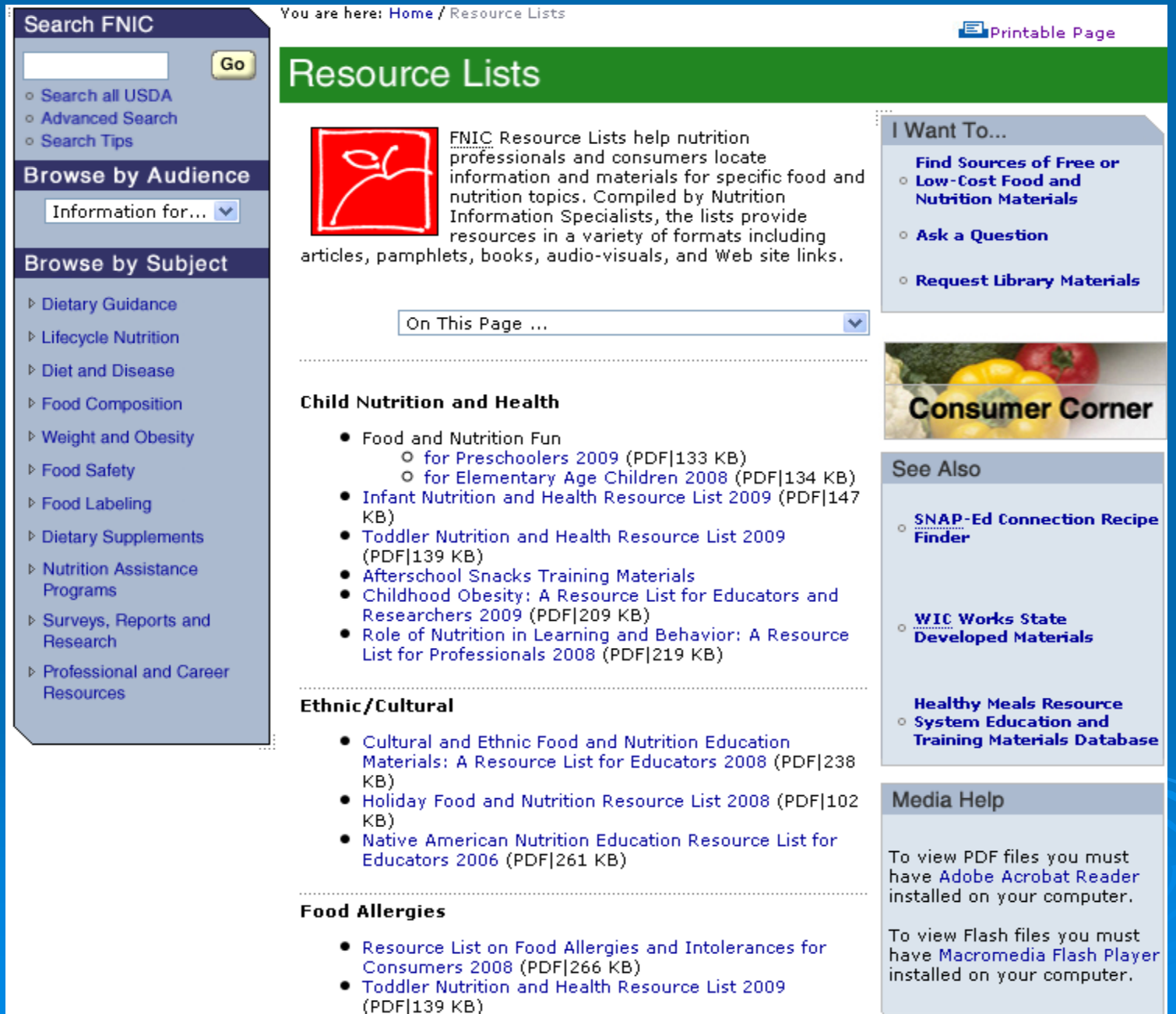

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- Surveys, Reports and Research
- Professional and Career Resources

You are here: Home / Resource Lists

Printable Page

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.

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- Food and Nutrition Fun
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- Childhood Obesity: A Resource List for Educators and Researchers 2009 (PDF|209 KB)
- Role of Nutrition in Learning and Behavior: A Resource List for Professionals 2008 (PDF|219 KB)

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- Cultural and Ethnic Food and Nutrition Education Materials: A Resource List for Educators 2008 (PDF|238 KB)
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- Toddler Nutrition and Health Resource List 2009 (PDF|139 KB)

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See Also

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- Healthy Meals Resource System Education and Training Materials Database

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- Professional and Career Resources

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 21
- Download software to search the SR 21 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 National Nutrient Database for Standard Reference, Release 21 Nutrient Lists -Reports by Single Nutrients
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 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;

Food Composition

- USDA Nutrient Data Laboratory
- Agricultural Research Service (ARS) Food Surveys Research Group
- Individual Macronutrients, Phytonutrients, Vitamins & Minerals
- International Food Composition Resources
- Food FYI
- Additional Resources

Media Help

To view PDF files you must have Adobe Acrobat Reader installed on your computer.

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USDA Agricultural Research Service NUTRIENT DATA LABORATORY

Search the USDA National Nutrient Database for Standar

Enter up to 5 keywords which best describe the food item. To further limit the search, select a specific Food

Certain codes can also be searched: NDB number (the USDA 5-digit Nutrient Databank identifier); the USDA meat (enter the # symbol followed without a space by the URMIS code).

Keyword(s): avocado Help

Select Food Group: All Food Groups

Submit

To view reports on foods by single nutrients, such as calcium or niacin, go to Nutrient Lists.

USDA Nutrient Data Laboratory online searchable database

Avocados, raw, California

Refuse: 33% (Seed and skin)
Scientific Name: *Persea americana*
NDB No: 09038 (Nutrient values and weights are for edible portion)

Nutrient	Units	Value per 100 grams	Number of Data Points	Std. Error
Proximates				
Water	g	72.33	33	2.170
Energy	kcal	167	0	
Energy	kJ	697	0	
Protein	g	1.96	30	0.158
Total lipid (fat)	g	15.41	31	0.630
Ash	g	1.66	30	0.138
Carbohydrate, by difference	g	8.64	0	
Fiber, total dietary	g	6.8	21	1.014
Sugars, total	g	0.30	11	0.098
Sucrose	g	0.06	9	0.043
Glucose (dextrose)	g	0.08	9	0.035
Fructose	g	0.08	9	0.019
Lactose	g	0.00	9	0.000
Maltose	g	0.00	9	0.000
Galactose	g	0.08	8	0.014
Starch	g	0.11	4	0.000
Minerals				
Calcium, Ca	mg	13	24	0.662
Iron, Fe	mg	0.61	24	0.122
Magnesium, Mg	mg	29	12	1.702
Phosphorus, P	mg	54	12	1.886
Potassium, K	mg	507	24	34.404
Sodium, Na	mg	8	18	1.360

Avocados, raw, California

USDA Nutrient Data Laboratory

Scientific Name: *Persea americana*

NDB No: 09038

Nutrient	Units	Value per 100 grams of edible portion	Number of Data Points	Std. Error
Proximates				
Water	g	72.33	33	2.17
Energy	kcal	167	0	0
Energy	kj	697	0	0
Protein	g	1.96	30	0.158
Total lipid (fat)	g	15.41	31	0.63
Ash	g	1.66	30	0.138
Carbohydrate, by difference	g	8.64	0	0
Fiber, total dietary	g	6.8	21	1.014
Sugars, total	g	0.30	11	0.098
Sucrose	g	0.06	9	0.043
Glucose (dextrose)	g	0.08	9	0.035
Fructose	g	0.08	9	0.019
Lactose	g	0.00	9	0
Maltose	g	0.00	9	0

Nutritive Value of Foods

United States Department of Agriculture

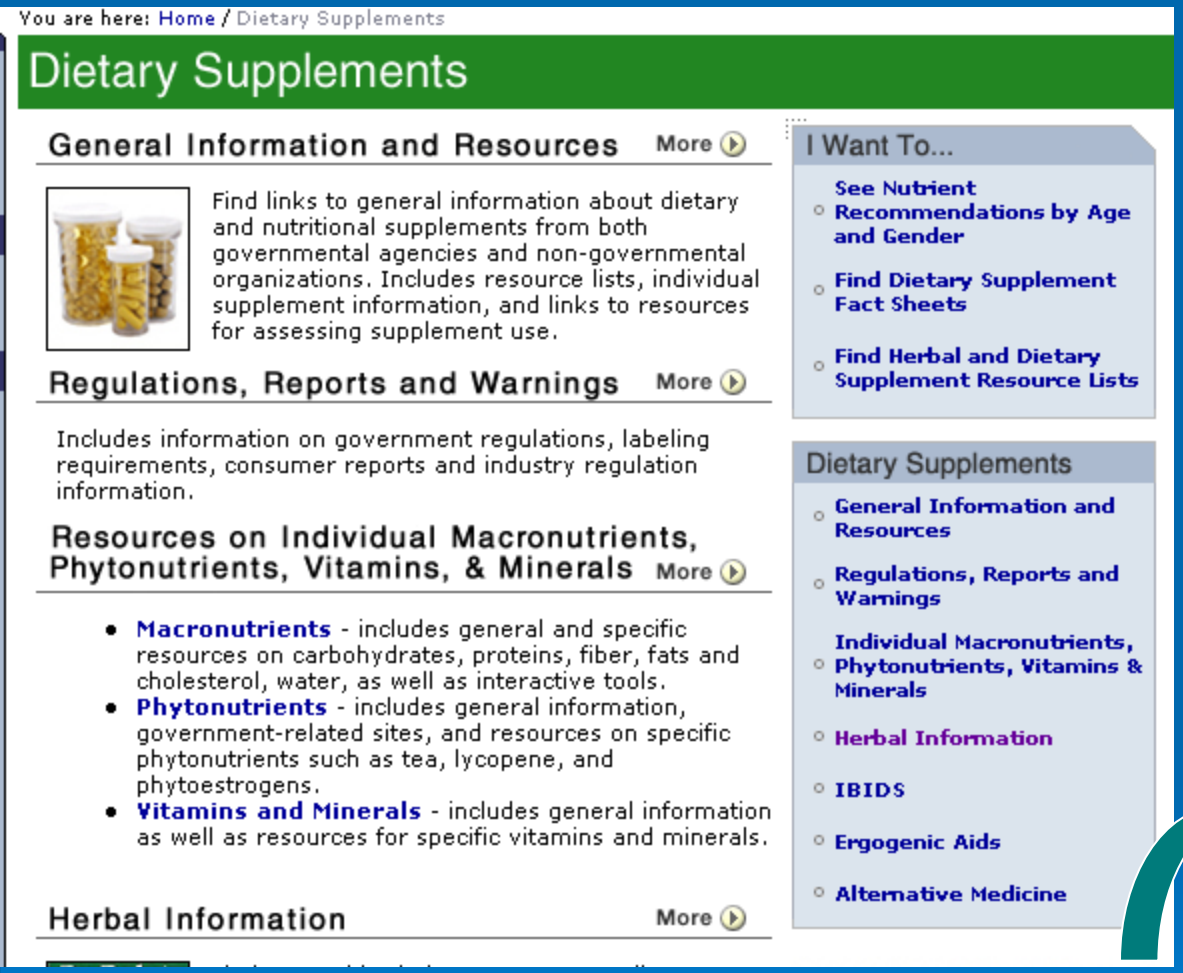
Agricultural Research Service

Home and Garden Bulletin Number 72

Table 9. Nutritive Value of the Edible Part of Food

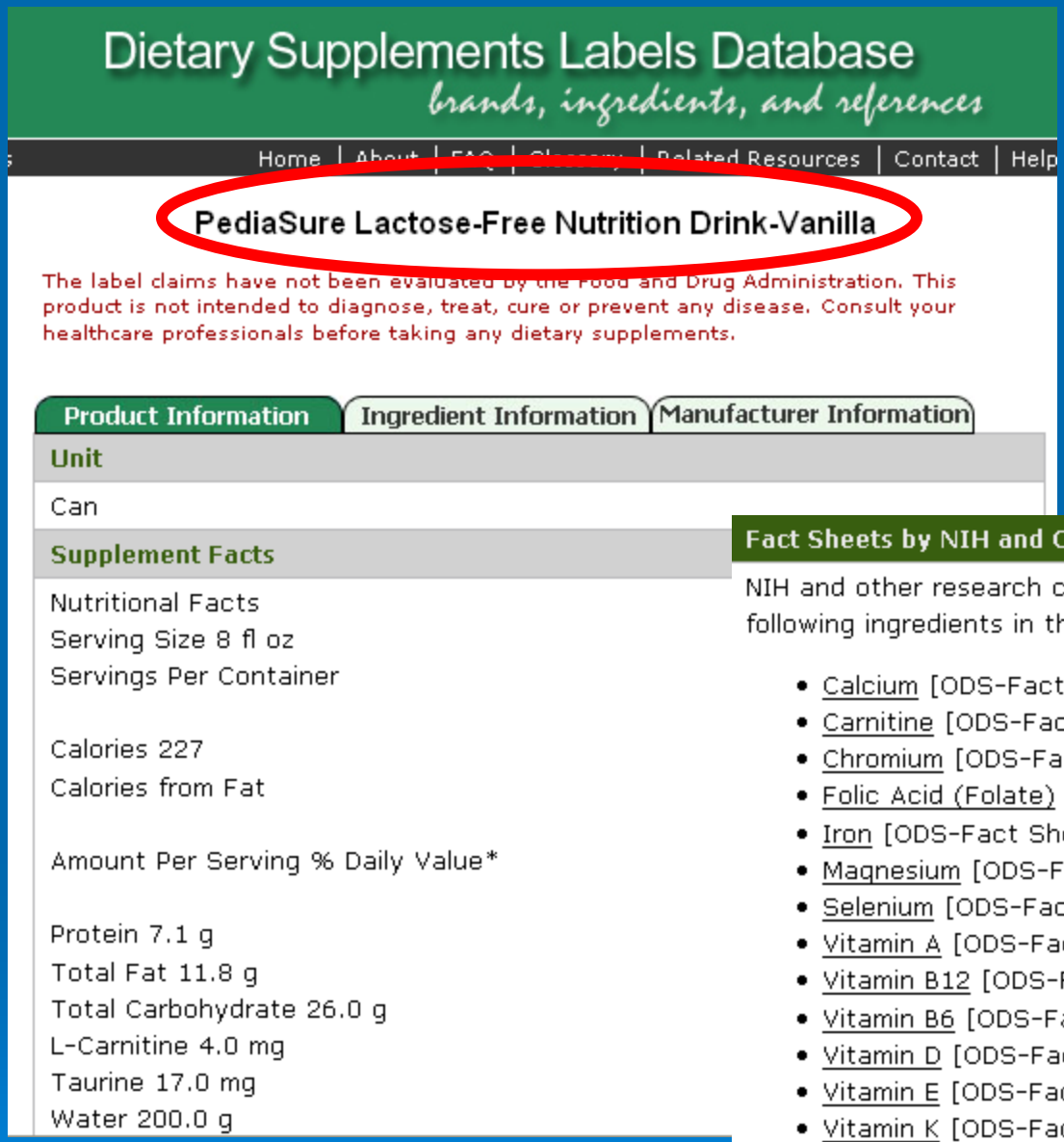
Food No.	Food Description	Measure of edible portion	Weight (g)	Water (%)	Calories (kcal)	Protein (g)	Total fat (g)	Fatty acids: Saturated (g)	Fatty acids: Monounsaturated (g)	Fatty acids: Polyunsaturated (g)
	Fruits and Fruit Juices (continued)									
	Avocados, raw, without skin and seed									
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									

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



Links to Dietary Supplements Labels Database

dietarysupplements.nlm.nih.gov



Ingredients of >4,000 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 Supplements Labels Database

brands, ingredients, and references

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 *www.nal.usda.gov/fnic*

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Browse by Audience

Information for...

Browse by Subject

- Dietary Guidance
- 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

Databases

Non-FNIC Databases

More

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

FNIC Databases

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

Search Individual Databases

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

I Want To...

- **Ask a Question**

Databases

- **Native American Nutrition Education Database**

See Also

- **AGRICOLA**
- **PubMed**

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Browse by Subject
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Nutrition.gov More

Providing easy, online access to government information on food and human nutrition for consumers.

A service of the National Agricultural Library, U.S. Department of Agriculture

In the News

More

Tips for a Healthy Life for Men
For Men's Health Week ~ June 11-17 and Father's Day, and for every day, learn more about living healthier, starting with the web page from **CDC**.

Insidious Consumption
Find out surprising factors that influence what we eat and how much in a new USDA Economic Research Service (ERS) article. You can also listen online (MP3) or download a podcast.

Outdoor Eating Food Safety Tips
Protect yourself, your family, and friends from foodborne illness. Keep in mind these tips from the FDA when preparing, storing, and cooking food for picnics and barbecues.

Weight Loss Study Focuses on Dairy Foods
The relationship between low-fat dairy foods and weight loss is being studied by USDA Agricultural Research Service (ARS) scientists - read more. Then check out milk group tips from MyPyramid.

I Want To...
See MyPyramid Food Guidance System
See the 2005 Dietary Guidelines
Look up Calories or Nutrients in a Food
Learn about Federal Nutrition Assistance Programs
See USDA Nutrition Education Materials
Get Information on Food Safety

Nutrition Info About...
Information about...

Patient Education

MedlinePlus *medlineplus.gov*

- **#1 SOURCE** for basic quality consumer/patient information
- Includes drug information
- Medical Encyclopedia – full-text with illustrations
- Spanish version
- Preformulated *PubMed* searches
- Interactive tutorials
- Current health news

MedlinePlus Content

Health topics (today):

800 English

700 Spanish

3 drug and herbal databases:

approx 1700 monographs

ADAM.com encyclopedia:

approx 4000 monographs

Health news:

Approx 15-20 new stories added per day

Interactive tutorials:

165 total

ClinicalTrials links on display:

640 (today)

NIH-Seniorhealth

43 topics

OR-Live surgery videos:

73

Directories:

Over 100 directories covering doctors, hospitals, clinics and libraries.

Announcement listservs:

11 daily & weekly

Cystic Fibrosis

MedlinePlus medlineplus.gov

Also called: CF

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, people with CF live, on average, to be more than 35 years old.

National Heart, Lung, and Blood Institute

Start Here

- Cystic Fibrosis ***NIH*** (National Heart, Lung, and Blood Institute)
- Cystic Fibrosis ***Interactive Tutorial*** (Patient Education Institute) - Requires Flash Player
  Also available in Spanish
- Genetics Home Reference: Cystic fibrosis ***NIH*** (National Library of Medicine)

Basics

- Overviews
- Latest News
- Diagnosis/Symptoms
- Treatment
- Prevention/Screening

Learn More

- Nutrition
- Disease Management
- Related Issues

Multimedia & Cool Tools

- Tutorials

Research

- Financial Issues
- Clinical Trials
- Genetics
- Research
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Reference Shelf

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For You

- Children
- Teenagers

Overviews

- Cystic Fibrosis (March of Dimes Birth Defects Foundation)

MedlinePlus
Trusted Health Information for You

A servic

Overviews

- Cystic Fibrosis (Mayo Foundation for Medical Education and Research)
- Cystic Fibrosis: Frequently Asked Questions (Cystic Fibrosis Foundation)
- JAMA Patient Page: Cystic Fibrosis (American Medical Association) - PDF

Latest News

- Azithromycin Doesn't Always Help Lungs in Cystic Fibrosis Patients (05/04/2010, HealthDay)
- Pigs Yield Clues to Cystic Fibrosis-Related Lung Disease (04/28/2010, HealthDay)
- FDA Approves Pancreatic Enzyme Product, Pancreaze (04/12/2010, Food and Drug Administration)

Diagnosis/Symptoms

- CF Gene Mutation Testing (American Association for Clinical Chemistry)
- Cystic Fibrosis (CF) Respiratory Screen: Sputum (Nemours Foundation)
- Sweat Test (American Association for Clinical Chemistry)
- Trypsin and Chymotrypsin Test (American Association for Clinical Chemistry)
- Trypsinogen Test (American Association for Clinical Chemistry)

Treatment

- Building Strength: Therapies for CF (Cystic Fibrosis Foundation)

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Prevention/Screening

- Cystic Fibrosis: Prenatal Screening and Diagnosis (American College of Obstetricians and Gynecologists)
- Newborn Screening for Cystic Fibrosis (Cystic Fibrosis Foundation)

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Nutrition

- FDA Review of Pancreatic Enzyme Products (Cystic Fibrosis Foundation)
- Nutrition and Cystic Fibrosis: Changes through Life (Cystic Fibrosis Foundation) - PDF
- 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
- Nutrition for Your Toddler with Cystic Fibrosis (One to Three Years) (Cystic Fibrosis Foundation) - PDF
- Nutrition: School, Enzymes, and Sports for the Child with Cystic Fibrosis (Cystic Fibrosis Foundation) - PDF
- Pancreatic Enzyme Replacement in People with Cystic Fibrosis (Cystic Fibrosis Foundation) - PDF
- Supporting Nutrition: Understanding Tubefeeding (Cystic Fibrosis Foundation) - PDF

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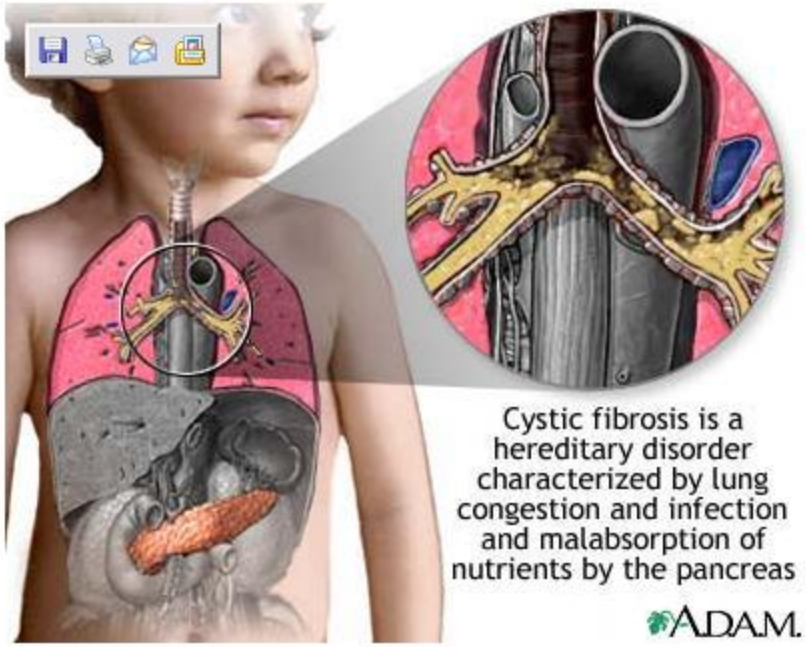
Disease Management

- Airway Clearance Techniques (Cystic Fibrosis Foundation)

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 heredit the US.

Update Date: 3/23/2001

Updated by: A.D.A.M. Medical Illustration Team

Montelukast (Systemic)

Contents of this page:

Side Effects of This Medicine

Along with its needed effects, a medicine may cause some unwanted effects. Although not all of these side effects may occur, if they do occur they may need medical attention.

Check with your doctor as soon as possible if the following side effect occurs:

Rare

Pus in the urine

Other side effects may occur that usually do not need medical attention. These side effects may go away during treatment as your body adjusts to the medicine. However, check with your doctor if any of the following side effects continue or are bothersome:

More common

Headache

Less common

Abdominal or stomach pain; cough; dental pain; dizziness; fever; heartburn; skin rash; stuffy nose; weakness or

MedlinePlus: Drugs, Supplements & Herbal Information

www.nlm.nih.gov/medlineplus/druginformation.html

105 Herbs and Supplements Monographs in English & Spanish
adapted from *Natural Standard*

Peppermint oil

Peppermint oil (Mentha x piperita L.)

While some complementary and alternative techniques have been studied scientifically, high-quality data regarding safety, effectiveness, and mechanism of action are limited or controversial for most therapies. Whenever possible, it is recommended that practitioners be licensed by a recognized professional organization that adheres to clearly published standards. In addition, before starting a new technique or engaging a practitioner, it is recommended that patients speak with their primary healthcare provider(s). Potential benefits, risks (including financial costs), and alternatives should be carefully considered. The below monograph is designed to provide historical background and an overview of clinically-oriented research, and neither advocates for or against the use of a particular therapy.

Related Terms:

- Balm mint, black peppermint, brandy mint, curled mint, Feullis de menthe, Japanese peppermint, Katzenkraut (German), lamb mint, Mentha arvensis L. var piperascens, menta prima (Italian), Menthae piperitae aetheroleum (peppermint oil), Menthae piperita var officinalis, Menthae piperitae folium (peppermint leaf), Menthe anglaise, Menthe poivre, Menthe poivree, Mentha piperita var vulgaris, Our Lady's mint, pebermynte (Danish), Pfefferminz (German), Porminzen, Schmecker, spearmint (Mentha spicata L.), water mint (Mentha aquatica), white peppermint, WS(R) 1340.
- **Essential oil constituents**: Cineol, isomenthone, liminene, menthofuran, menthol, menthone, menthyl acetate, terpenoids.
- **Leaf constituents**: Caffeic acid, chlorogenic acid, luteolin, hesperidin, rutin, "volatile" oil.
- **Selected brand names**: Ben-Gay®, Colpermin®, China Maze, Cholaktol, Citaethol, Enteroplant® (contains peppermint and caraway oil), Kiminto, Mentacur, Mentholatum, Mintec, Rhuli Gel®, Robitussin® cough drops, SX Mentha®, Vicks VapoRub®.
- **Combination products**: Absorbine Jr.®, Iberogast®, Listerine®.

Aceite de menta (menta piperita)

No obstante se han estudiado de forma científica ciertas técnicas complementarias y alternas, para la mayoría de las terapias hay limitación o controversia sobre los datos de alta calidad respecto a la seguridad, eficacia y mecanismo de acción. Se recomienda, al máximo posible, que los practicantes cuenten con licencias expedidas por una organización profesional reconocida que se adhiera a normas claramente publicadas. Además, antes de iniciar una nueva técnica o contratar a un practicante, se recomienda que los pacientes consulten con su(s) proveedor(es) médico(s) principal(es). Se deben considerar atentamente los beneficios y riesgos potenciales (incluye los costos financieros) así como las alternativas. La siguiente monografía está diseñada para ofrecer una historia y un resumen de la investigación con orientación clínica, y la misma ni defiende ni se opone al uso de una terapia en particular.

Términos relacionados:

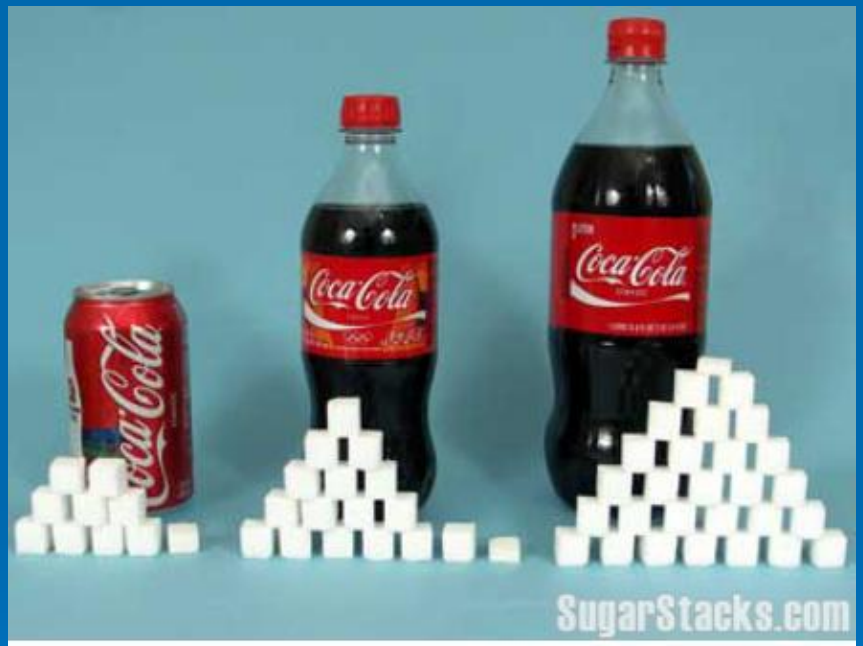
- Bálsamo de menta, menta negra, menta de brandy, menta crespa, Feullis de menthe, menta japonesa, Katzenkraut (alemán), menta de cordero, menta arvenis, L. var piperascens, menta prima (italiano), Menthae piperitae aetheroleum (aceite de menta) Menthae piperita var officinalis, Menthae piperitae folium (hoja de menta), Menthe anglaise, , Menthe poivree, Mentha piperita var vulgaris, Our Lady's mint, pebermynte (danés), Pfefferminz (alemán), Porminzen,Schmecker, hierbabuena (Menta spicata), menta acuática (Mentha aquatica), menta blanca, WS (R) 1340.
- **Elementos constituyentes esenciales del aceite** : Cineol, isomentona, limoneno, mentofurano, mentol, mentona, acetato de mentilo, terpenoides.
- **Elementos constituyentes de la hoja** : Ácido cafeíco, ácido clorogénico, luteolina, hesperidina, rutín, aceite "volátil".
- **Selección de marcas registradas** : BenGay®, Colpermin®, China Maze, Cholaktol, Citaethol, Enteroplant® (contiene aceite de menta y alcaravea), Kiminto, Mentacur, Mentholatum, Mintec, Rhuli Gel®, Robitussin® cough drops (pastillas para la tos), SX Mentha®, Vicks VapoRub®.

Evidence Return to top

These uses have been tested in humans or animals. Safety and effectiveness have not always been proven. Some of these c should be evaluated by a qualified healthcare provider.

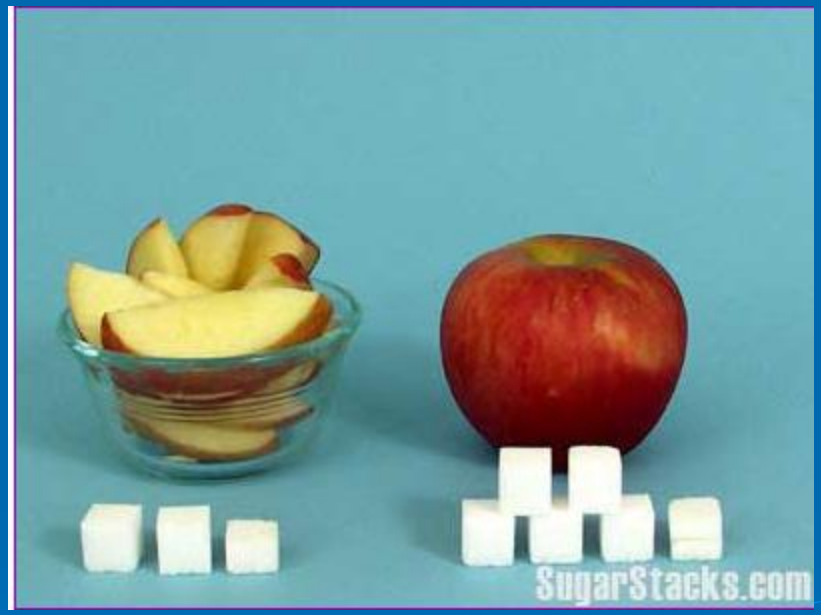
Uses based on scientific evidence	Grade*
Indigestion (non-ulcer dyspepsia) There is preliminary evidence from a small number of controlled trials that a combination of peppermint oil and caraway oil may be beneficial for dyspepsia (heartburn) symptoms. However, most studies have been poorly designed (methodologically weak with small sample sizes, inadequate use of control or placebo groups, unclear descriptions of blinding and randomization, and lack of use of standardized scales for identifying subjects or assessing endpoints). It is not clear which constituent(s) may be beneficial. Nonetheless, the existing evidence does suggest efficacy of this combination. It should be noted that heartburn can actually be a side effect of taking oral peppermint oil, which has been reported by patients in several controlled trials of peppermint oil. Patients with chronic heartburn should be evaluated by a qualified healthcare provider and may be advised to undergo a diagnostic endoscopy prior to initiating any treatment for heartburn.	B
Irritable bowel syndrome (IBS) Multiple randomized controlled trials of peppermint suggest significant improvements in irritable bowl syndrome (IBS) symptoms. Although the mechanism of action is not clear, pre-clinical studies suggest smooth muscle relaxing properties of peppermint (calcium antagonism may play a role). Enteric-coated peppermint preparations are generally recommended. Overall, studies have been brief with small sample sizes and methodological weaknesses (unclear diagnostic criteria, lack of validated measurement scales, unclear blinding and randomization procedures). Well-designed large trials are necessary before a strong recommendation can be made. Future studies should use standardized symptom scales and established diagnostic criteria to classify patients proir to enrollment (such as Rome II Diagnostic Criteria), uniform dosing and standardization, and longer duration.	B
Antispasmodic (gastric spasm) One study reports that peppermint oil solution administered intraluminally can be used as an antispasmodic agent with superior efficacy and fewer side effects than hyoscine-N-butylbromide administered by intramuscular injection during upper endoscopy.	C
Tension headache Application of diluted peppermint oil to the forehead and temples has been tested in people with headache. Studies have not been well conducted, and it is not clear if this is an effective treatment.	C

Sugar Stacks



39g 65g 108g

Yikes! That's a lot of sugar!



www.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

  Tipsheets for increasing awareness about preferences from diverse cultures

- SPIRAL *spiral.tufts.edu* Patien

  information resources in Asian languages

- Health Information in Multiple Languages

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

- Consumer Health Information in Many Languages

  nnlm.gov/outreach/consumer/multi.html

EthnoMED
Integrating cultural information into clinical practice



Feature: May/June 2010

Cultural and Socioeconomic Factors Affecting Cancer Screening, Early Detection and Care in the Latino Population

Author: Rhoda Baer, Photographer; Source: National Cancer Institute (NCI)

Racial and ethnic minorities and medically underserved groups are more likely to develop cancer and die from it than the general U.S. population (American Cancer Society, 2009). Statistics indicate that this is true for Latinos in the U.S. Latinos are an extremely diverse group with ancestry originating in the countries of Central America, South America and the Caribbean. In the U.S. the major Latino subgroups have origins in Mexico, Cuba, Puerto Rico, and Central America (Chong, 2002). In Washington State people of Mexican descent are the largest subgroup, making up 33.7% of the state's Latino population in 2000 (Kirschner, 2006). It is important to remember that even within these sub-groups, Latinos vary greatly in their ancestry. They may trace their origins back to indigenous groups, settlers from outside Latin America, or a combination of the two.

It is important not to simply generalize. Be aware of some of the overall cultural values of the community and then explore the pertinent themes as they relate to providing health care for individual Latino patients. There is great diversity within this community. Read entire article...

Recent Features:

Nepali-speaking Bhutanese (Lhotsampa) Cultural Profile

As of February 2010, an estimated 850,000 Nepali-speaking

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.

What's New On EthnoMed

Chin Cultural Profile

Pharmacy Video Script – Medication Safety

Muslim Religious Observances and Diabetes

Haiti Resources

In response to the devastating earthquake which struck Haiti on January 12th, the **National Resource Center** has highlighted a number of resources that may be useful to international disaster relief workers.

Local / Harborview

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 leaders in families, had t strongest influence in decision making, and were respected and sought after for advice. Younger family members were to be obedient ar respectful. Also, elders held property rights of the family, and could retire once their children could support the family.

When these elders were transported to the US, they lost their property and much of their material goods. Many elders who want to wor outside the home are unable to because of their lack of training for available work, their age, and lack of English skills. They can become very socially and culturally isolated while their younger family members become more Americanized. This can create a fundamental rol 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

REPORT ON SOMALI DIET

COMMON DIETARY BELIEFS AND PRACTICES OF SOMALI PARTICIPANTS IN WIC NUTRITION EDUCATION GROUPS

Somali Health and Illness: Nutrition

Content by Aliya S. Haq, MS, RD, CD, WIC and Pediatric Dietitian at Harborview Medical Center, Seattle
Edited by Christine Wilson Owens, B.A. Anthropology
Reviewed by Carey Jackson, MD
Community Reviewer: Salma Musa, Caseworker Cultural Mediator, Harborview
Date August, 2003

Contents of Article:

Methods

The following information was collected during more than 70 nutrition education groups for Somali patients taught by dietitian

Preventing Rickets in Breastfed Babies
Cambodian version

ការប្រុងប្រយ័ត្នចំពោះម្តាយដែលបំបៅដោះកូន
ពិធីការពាររោគក្រិសក្នុងការបំបៅដោះកូនរបស់អ្នក

អ្វីទៅដែលហៅថារោគក្រិស?

វាគឺជាជម្ងឺម្យ៉ាងដែលឆ្អឹងគ្មានភាពមាំមួនបណ្តាលមកពីការខ្វះខាតជាតិវីតាមីនឌីនៅក្នុងខ្លួន។ នៅក្នុងភូមិភាគខាងជើងឆៀងខាងលិចតាមធម្មតារោគក្រិសនេះកើតមកពីទារកបានទទួលពន្លឺ ថ្ងៃតិចពេក។

តើទារកណានឹងទទួលរោគក្រិស?

គឺទារកទាំងឡាយណាដែលទទួលទានទឹកដោះម្តាយពីរយៈពេលប្រាំមួយខែ ឬច្រើនជាង ទារកគ្រប់សញ្ជាតិ ដែលទទួលទានទឹកដោះម្តាយ ទារកដែលកើតមិនគ្រប់ខែ និងទារកដែលត្រូវបានផ្តាច់ដោះដើម្បីទទួលទានម្ហូប អាហារដែលមិនមានជាតិសាច់, ទឹកដោះគោ, ពងមាន់, ពងទា ។

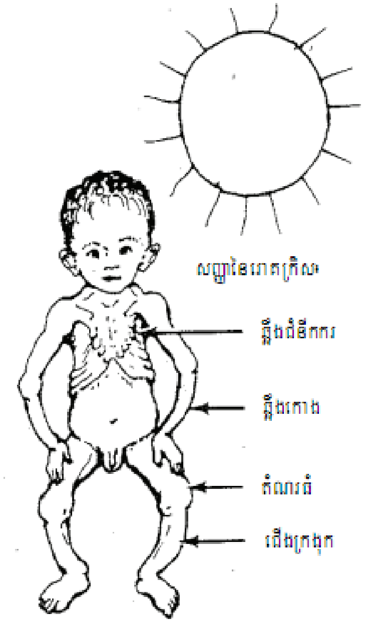
តើអ្វីទៅជាសញ្ញានៃរោគក្រិស?

ក្បាលមានភាពទន់ខ្សោយ,
មិនអាចដើរលឿន ឬដើរបាន,
មានការលូតលាស់យឺត,
មានជំងឺប្រកាច់,
រោគលើស្បែក។

តើអ្នកមានការការពារយ៉ាងណា ឲ្យកូនអ្នកជៀសវាងពីរោគក្រិស?
ដោយពន្លឺថ្ងៃមានមិនគ្រប់គ្រាន់នៅភូមិភាគខាងជើងឆៀងខាងលិច ទារកគួរទទួលនូវជាតិវីតាមីនឌីមួយថ្ងៃម្តង រហូតដល់រាបណាអ្នករស់នៅភូមិភាគខាងជើងឆៀងខាងលិចនៃសហរដ្ឋអាមេរិក។

តើអ្នករកវីតាមីនឌីដូចម្តេច?

វីតាមីនឌីរកបាននៅតាមកន្លែងលក់ថ្នាំដោយមិនចាំបាច់មានសំបុត្រពីគ្រូពេទ្យ។ នៅក្នុងថ្នាំវីតាមីនឌីវាមានផ្សំមកជាមួយនូវជាតិវីតាមីនផ្សេងៗដូចជា វីតាមីនអេ និងស៊ី ហៅថាទ្រីវីសុល (Tri-Vi-Sol)។
បើ សិនជាអ្នកប្រើប័ណ្ណពេទ្យ អ្នកអាចសុំឲ្យគ្រូពេទ្យ ឬអ្នកធ្វើការនៅការិយាល័យវិចចេញសំបុត្រទិញថ្នាំវីតាមីនឌី ដោយឲ្យគ្រូពេទ្យបញ្ជាក់ថាវីតាមីនឌីមានសារៈសំខាន់សំរាប់រោគក្រិសចំពោះទារកដែលបៅដោះម្តាយទាំងស្រុង។



សម្ភារៈអប់រំអ្នកជំងឺនេះគឺត្រូវបានផ្តល់ដោយគម្រោង Community House Calls, គ្លីនិកវេជ្ជសាស្ត្រអន្តរជាតិ និង គ្លីនិកកុមារ, មន្ទីរពេទ្យហាបឺវីយូ Harborview Medical Center, សកលវិទ្យាល័យ វ៉ាស៊ីនតោន Seattle, WA។

Culture Clues

depts.washington.edu/pfes/CultureClues.htm

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

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- If you make any adaptations, please include the text: "Adapted from *Culture Clues™*, University of Washington Medical Center (UWMC publication date)."
- Write a letter on your organization's letterhead indicating your agreement to these copyright conditions and your intended use of the *Culture Clues™*.

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

MedlinePlus
Trusted Health Information for You

MedlinePlus Health Information in Multiple Languages

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

A B C D E F G H I J K L M N O P Q R S T U V W XYZ Li

Infant and Toddler Nutrition – Multiple Languages

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

So, you want to use Google?

CINAHL results

- 150 articles
- Top result:

  Schatz M, Dombrowski MP. Clinical practice: asthma in pregnancy. *NEJM* 2009 Apr 30; 360(18):1862-9

Google results

- 2, 530,00 hits
- Top result:

  Asthma in pregnancy. *eMedicine Health*. Last editorial review 10/24/2005

Search June 2009: asthma and pregnancy
by Dolores Judkins, OHSU Library, Portland, OR

Navigate the Web Beyond Basic Google To Find Evidence?

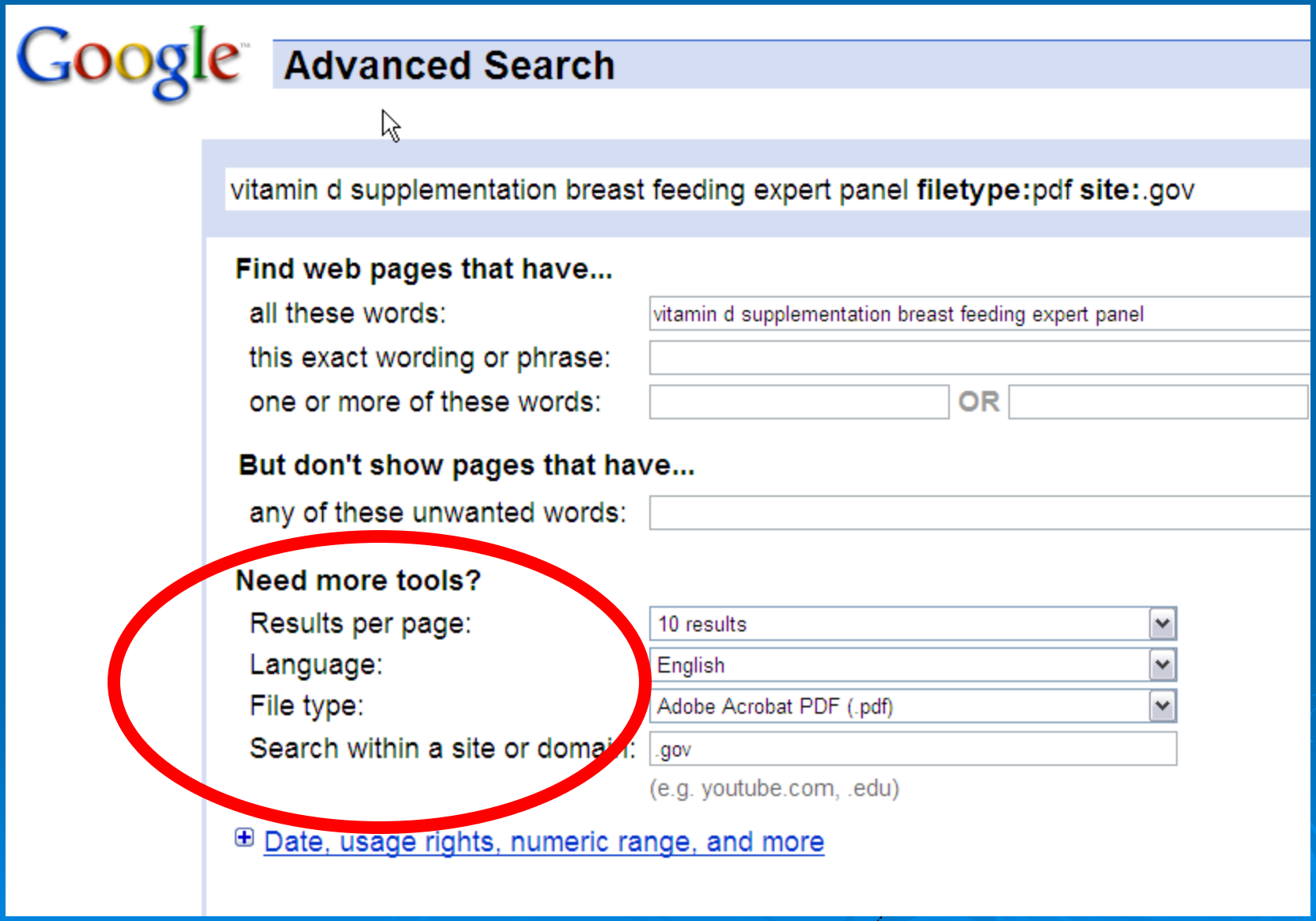
Navigation Difficulties:

- Size of the Web
- Lack of control or review
- Lack of quality standards

Navigating the Web Beyond Basic Google

- Google *google.com*
  - Largest search engine: over *25 billion* pages
  - *Relevance ranking* based on link analysis
- Google Advanced Search

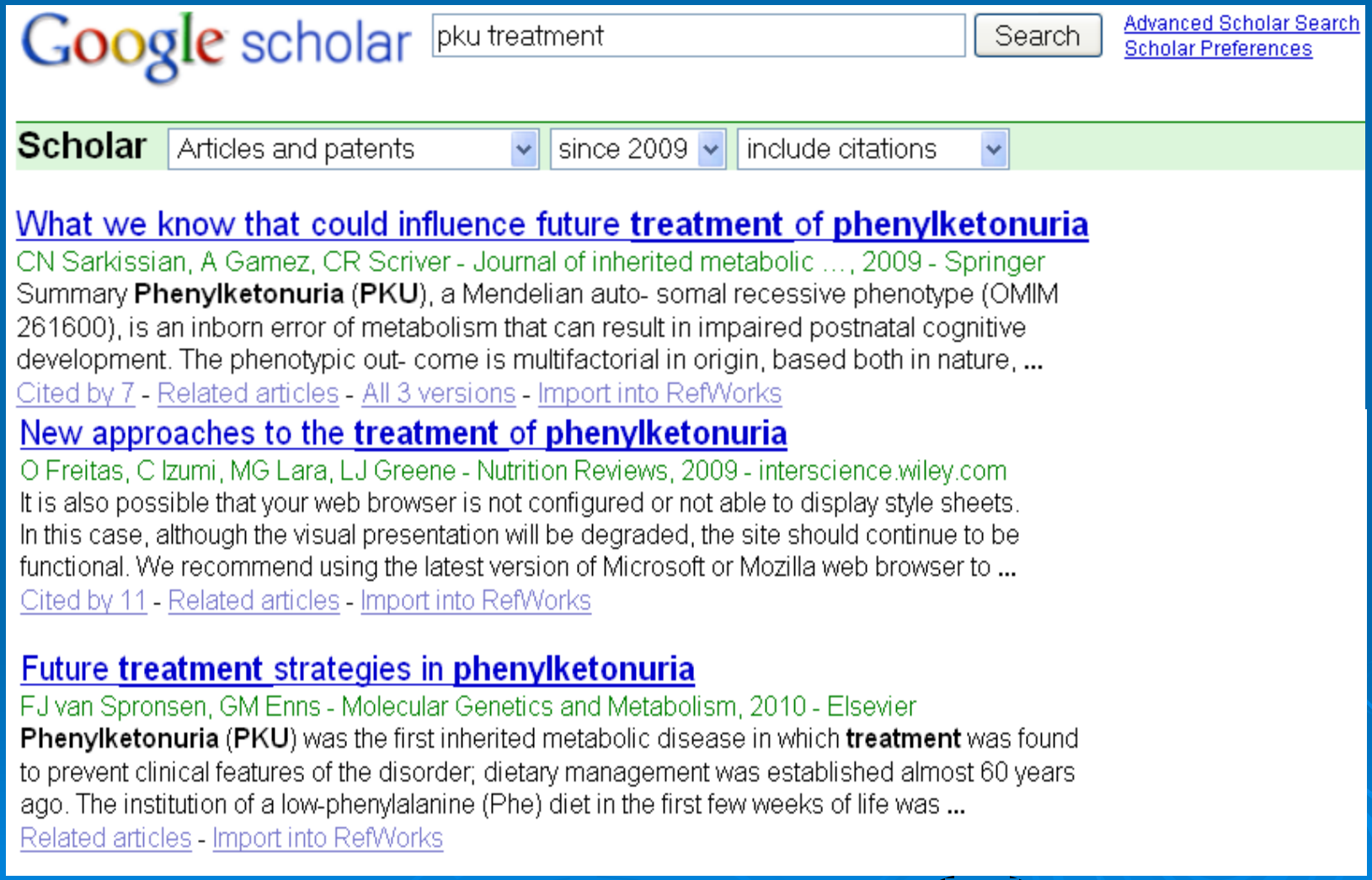
  www.google.com/advanced_search?hl=en
- Google Scholar *scholar.google.com*


Google
Advanced Search
vitamin d supplementation breast feeding expert panel filetype:pdf site:.gov
Find web pages that have...
all these words:
vitamin d supplementation breast feeding expert panel
this exact wording or phrase:
one or more of these words:
OR
But don't show pages that have...
any of these unwanted words:
Need more tools?
Results per page:
10 results
Language:
English
File type:
Adobe Acrobat PDF (.pdf)
Search within a site or domain:
.gov
(e.g. youtube.com, .edu)
Date, usage rights, numeric range, and more

Google Scholar
scholar.google.com

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

Google Scholar



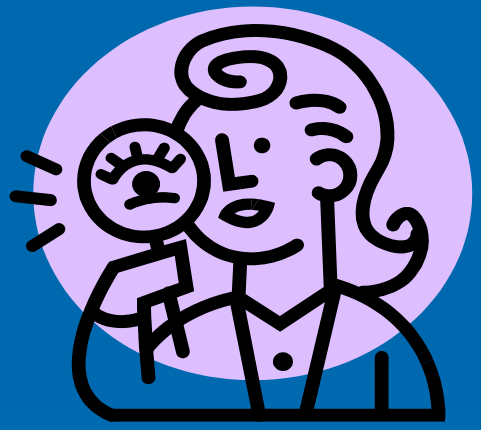
Must Evaluate Web Resources: Evaluation Strategies

- Evaluate using **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
  www.mlanet.org/resources/userguide.html

Criteria for Evaluating Web Sites

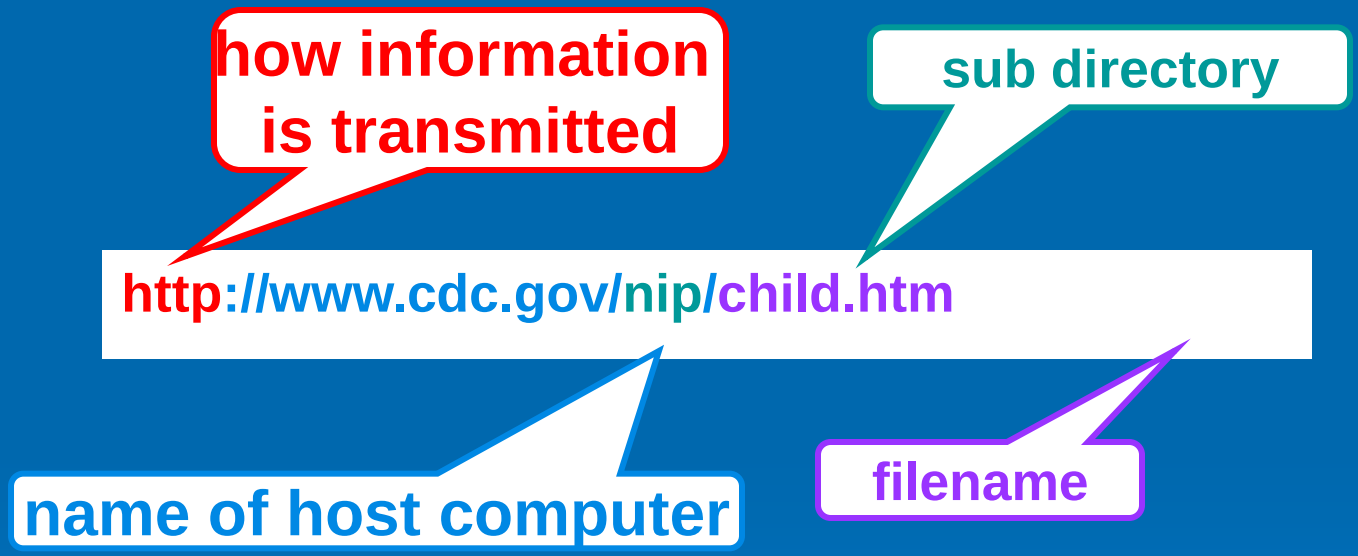
healthlinks.washington.edu/howto/navigating/criteria.pdf

- Authority
- Accuracy
- Objectivity
- Currency
- Coverage
- Design



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.

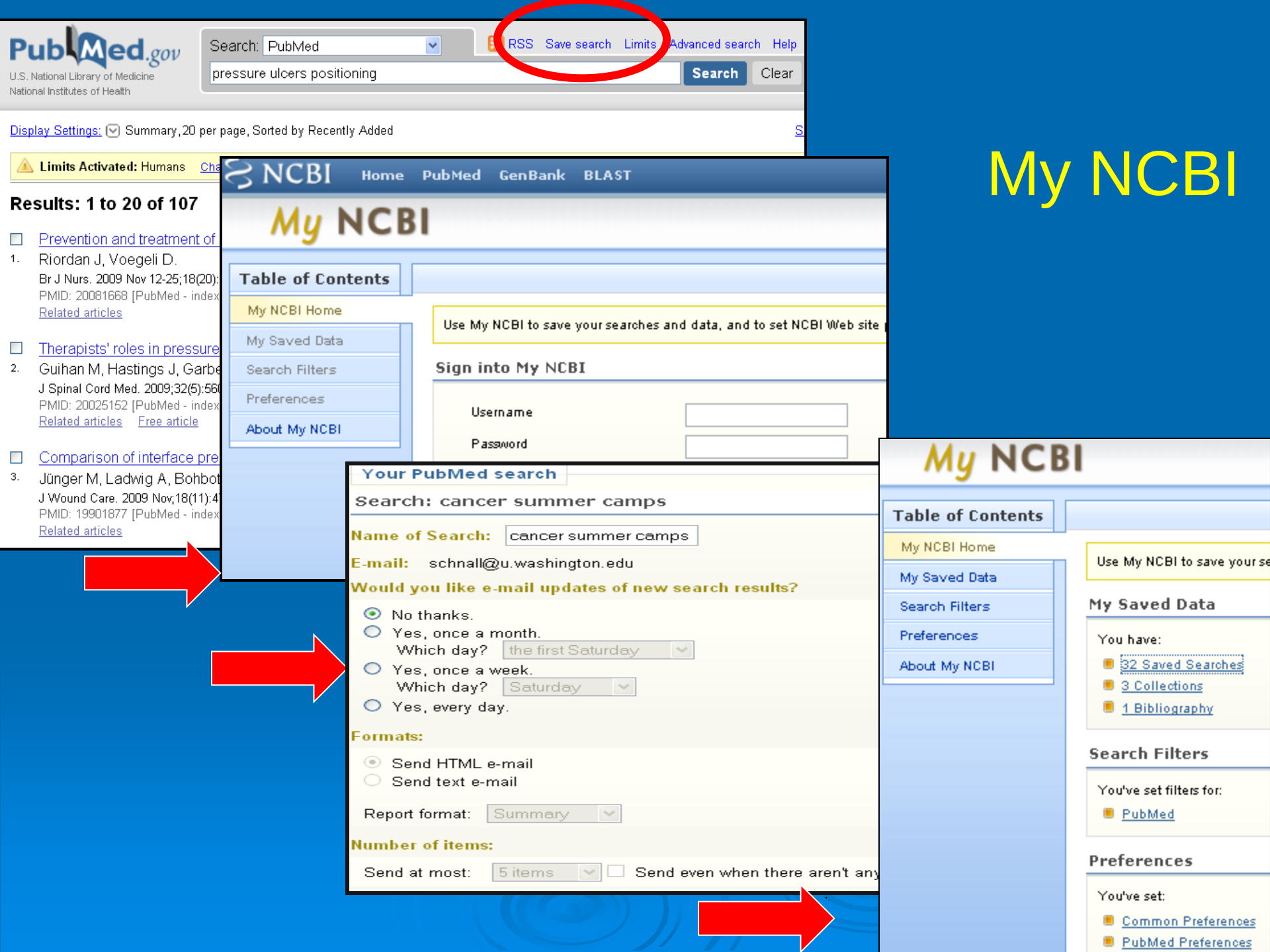
Lundberg GD. Perspective from the editor of JAMA, The Journal of the American Medical Association. *Bull Med Libr Assoc.* 1992 Apr;80(2):110-4.

What are Email Alert Services?

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

PubMed: My NCBI

- Your personal space on the NLM computer system for:
  - storing search strategies used to generate updates
  - storing references
  - creating email alerts (recent PubMed citations sent automatically to your email
- Free registration
- *PubMed My NCBI* help page: *healthlinks.washington.edu/howto/myncbi.html*

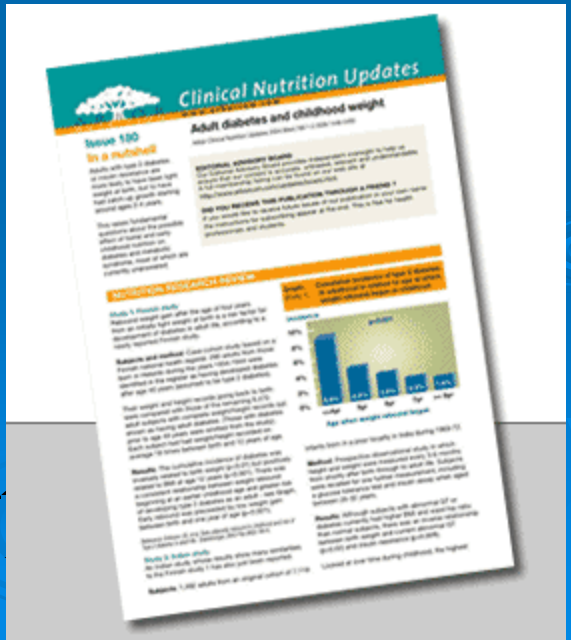

PubMed.gov
U.S. National Library of Medicine
National Institutes of Health
Search: PubMed
RSS Save search Limits Advanced search Help
pressure ulcers positioning
Search Clear
Display Settings: Summary, 20 per page, Sorted by Recently Added
Limits Activated: Humans
Results: 1 to 20 of 107
Prevention and treatment of
1. Riordan J, Voegeli D.
Br J Nurs. 2009 Nov 12-25;18(20):
PMID: 20081668 [PubMed - index
Related articles
Therapists' roles in pressure
2. Guihan M, Hastings J, Garbe
J Spinal Cord Med. 2009;32(5):56
PMID: 20025152 [PubMed - index
Related articles Free article
Comparison of interface pre
3. Jünger M, Ladwig A, Bohbot
J Wound Care. 2009 Nov;18(11):4
PMID: 19901877 [PubMed - index
Related articles
NCBI Home PubMed GenBank BLAST
My NCBI
Table of Contents
My NCBI Home
My Saved Data
Search Filters
Preferences
About My NCBI
Use My NCBI to save your searches and data, and to set NCBI Web site
Sign into My NCBI
Username
Password
Your PubMed search
Search: cancer summer camps
Name of Search: cancer summer camps
E-mail: schnall@u.washington.edu
Would you like e-mail updates of new search results?
No thanks.
Yes, once a month.
Which day? the first Saturday
Yes, once a week.
Which day? Saturday
Yes, every day.
Formats:
Send HTML e-mail
Send text e-mail
Report format: Summary
Number of items:
Send at most: 5 items
Send even when there aren't any
My NCBI
Table of Contents
My NCBI Home
My Saved Data
Search Filters
Preferences
About My NCBI
Use My NCBI to save your se
My Saved Data
You have:
32 Saved Searches
3 Collections
1 Bibliography
Search Filters
You've set filters for:
PubMed
Preferences
You've set:
Common Preferences
PubMed Preferences

My NCBI

Arbor Clinical Nutrition Updates

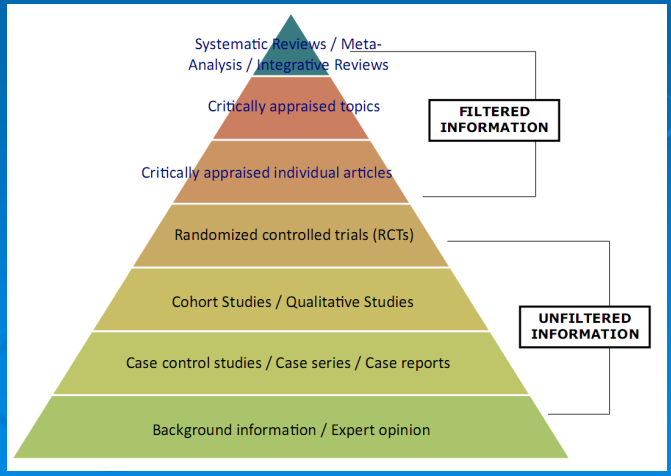
www.nutritionupdates.org

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



Final Thoughts

- Use the *Finding 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 ADA Evidence Analysis Library, *PubMed, MedlinePlus*, *EthnoMed*, and nutrition sites.
- Ask a colleague or a librarian, your ultimate search engine!



Health Sciences Libraries
UNIVERSITY OF WASHINGTON

Finding Evidence-Based Pediatric Nutrition Resources on the Web

PowerPoint presentation:

healthlinks.washington.edu/hsl/liaisons/schnall/pednutrition2010.ppt

Handout:

healthlinks.washington.edu/hsl/liaisons/schnall/pednutrition2010.doc

Reference:

Schnall JG. Clicking Your Way to Nutrition Resources on the Web.
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