

WHEN AND HOW NUTRITION COUNSELING SHOULD BE ADMINISTERED FOR DISEASE PREVENTION?

PREVENTION:

- ▶ is specific, **population-based and individual-based interventions for primary and secondary (early detection) prevention**, aiming to minimize the burden of diseases and associated risk factors¹;
- ▶ includes diet or nutrition, exercise and weight loss counseling^{1,2};
- ▶ has **long-term effects** and its results are not immediately visible³.
- ▶ Even though patients do not consult their doctor for prevention, **doctors should consider it as a medical act and approach nutrition advice** when patients come for a routine consultation³.



When nutrition counseling should be administered?

The doctor should take the opportunity of every occasion to talk about healthy diet and lifestyle with the patient. Below seven occasions when nutrition counseling can be provided.

1. Your patient consults for vaccination, prescription renewal, certificate, administrative paper, etc.

- This routine consultation is an opportunity to check his weight, his blood pressure and to start talking about his lifestyle and/or diet.

2. Your patient asks spontaneously about diet and weight

- If you have time and you know the answer, you may answer his queries. → *See sheet 7 "The place of F&V in overweight and obesity prevention in adults" and sheet 9 "How to transform food environment from obesogenic to healthy?"*
- If not, you could suggest a later consultation to answer these questions and/or ask the patient to consult a dietitian. → *See sheet 10 "How to improve the collaboration with dietitians?"*

3. Your patient consults for an acute disease (ex. gastro-enteritis, influenza, urinary or pulmonary infection, etc.)

- You could take this opportunity to remind your patient of the importance of a healthy diet and lifestyle in order to avoid recurrence, particularly the role of hydration and of fruit and vegetables. These contain vitamins such as vitamin A, B9 and C that contribute to maintenance of the normal function of the immune system⁴⁻⁹.

4. Your patient consults because he has, or is at risk of developing chronic diseases such as:

- Cardiovascular diseases → *See sheet 3 "How and why F&V prevent cardiovascular diseases?"*
- Cancers → *See sheet 4 "How and why F&V prevent cancers?"*
- Type 2 diabetes → *See sheet 5 "How and why F&V prevent type 2 diabetes?"*

5. Your patient is pregnant

→ *See sheet 2 "F&V consumption during pregnancy"*

6. Your patient is newborn with his parents

- The doctor should explain to the parents the key role of fruit and vegetables in complementary feeding. → *see sheet 6 "How and why F&V must be in complementary feeding?"*

7. Your patient has queries about the diet of his children and/or adolescents

→ *The sheet 8 "The place of F&V in childhood obesity prevention" and the sheet 9 "How to transform food environment from obesogenic to healthy?" give you keys to answer this type of question.*



BOX 1: 5 TIPS FOR GIVING NUTRITIONAL ADVICES DURING A ROUTINE CONSULTATION³

1. Invite your patient to talk about their daily diet by letting him express what he likes, what he eats at the company restaurant, what he would like to change and, conversely, about what he especially does not want to change.



2. Listen first to let him speak openly about his eating habits and be able to identify his motivations and barriers.

3. Keep in mind to take into account his personal concerns and his individual context: socio-economic status, family habits, personal constraints, culture, emotions, expectations...

4. Give him advice only if you feel him open to discussion and consider making recommendations very gradually, avoiding injunctions. Too categorical judgment could close quite irreparably the exchange.

5. Nutritional questions often require time: do not hesitate to **offer a specific consultation** or to refer your patients to a dietitian (cf. sheet 10 «How to improve the collaboration with dietitians»)

BOX 2: HOW TO ENGAGE THE CONVERSATION? QUESTIONS TO ASK TO THE PATIENT¹⁰

What kinds of foods and beverages do you eat and drink on a typical day?

This will **give you an idea about the patient's eating habits**, to then suggest to adapt his/her favorite dishes and making them healthier, mostly by increasing fruit and vegetables intake.

Who does the grocery shopping and who cooks in home?

This will let you **to know what the patient is buying and the quantity eaten** to suggest lately new foods to try or cooking more often at home.

Does eating healthy seem hard or unrealistic?

According to the barrier reported by the patient, you have to suggest some workaround (cf. Box 3).



BOX 3: HOW TO OVERCOME COMMON BARRIERS THAT MAKE IT DIFFICULT FOR PATIENTS TO EAT HEALTHILY?



BARRIERS REPORTED BY PATIENTS



SUGGESTIONS THAT YOU CAN PROVIDE

*"I can't afford healthy foods."*¹⁰



Highlight that **fruit and vegetables are less expensive** than industrial ready-to-eat meal when comparing the price for kilograms, and in terms of volume in the plate, of taste and of benefits for health.

*"I don't have the time to cook healthy meals."*¹⁰



Propose to **cook meals in batches on the weekend**, and to heat up dinners during the week. **It is also important to plan the week menus before grocery shopping**¹⁰. Propose 2 or 3 quick and easy recipes.

*"My kids won't eat anything healthy."*¹⁰



Suggest to let kids participate in the grocery shopping to select healthy options and pitch in when cooking.¹⁰

*"I don't listen to the experts—they keep changing their minds about which foods are healthy and which aren't."*¹⁰



Emphasize that fruit and vegetables are a crucial component of a healthy diet and their daily consumption is recommended across all dietary guidelines. The best would be to follow National guidelines for each country and the WHO recommendations for a healthy diet¹¹. → cf. sheet 1 "F&V-key component of a healthy diet".

*"I limit my fruit and vegetables consumption because they may contain pesticides."*¹⁰



Explain that **fruit and vegetables consumption have a lot more benefits on health** than eventual risks due to pesticides¹². Besides, low consumption of fruit and vegetables is a risk factor for non-communicable diseases: An estimated **3.9 million deaths worldwide were attributable to inadequate fruit and vegetables consumption** in 2017¹³.

