

# HOW TO IMPROVE THE COLLABORATION WITH DIETITIANS?

- ▶ Chronic diseases related to nutrition such as obesity, cardiovascular diseases and type 2 diabetes place an increasingly significant burden on population health and health care systems<sup>1</sup>.
- ▶ Dietary behavior change is recognized as a first-line approach to optimal prevention and/or management of chronic diseases given its ability to improve outcomes of chronic disease<sup>2</sup>.
- ▶ Referral to 'nutrition professionals' can be recommended, in particular Registered Dietitians (RDs), as they are members of the health workforce specifically trained in facilitating dietary behavior change by providing nutrition care<sup>2</sup>.
- ▶ The counselling done by a family doctors (FDs)/general practitioners (GPs) or pediatrician with the collaboration of a RD is the most effective policy intervention. The implementation of this intervention in Europe would produce a gain of one year of life in good health in one person out of every ten. The intervention would become cost-effective in about 10 years after its implementation<sup>3</sup>.
- ▶ Dietetic referral practices are a component of interprofessional collaboration and allow for coordinated care and communication regarding patients' plan of care. Interprofessional collaboration is enforced when health professionals understand the roles and expertise of allied health professionals<sup>4</sup>.

## Why RDs and FDs/GPs/pediatricians need to collaborate?

### 1. Two complementary areas of expertise

First, they need to collaborate in order to provide patient follow-up and advice adapted in terms of nutrition, as they have specific and complementary areas of expertise (Figure 1).

### 2. Better health outcomes

Collaboration among doctors and RDs provides the landscape for making the best improvements to the diet and lifestyle for optimal health for patients. **Studies support beneficial patient health outcomes** from access to dietetic services in primary care:

- Patients treated by dietitians in primary health care had significantly improved obesity and diabetes health outcomes compared to patients receiving usual care.

- Dietetic interventions in patients with high risk of progression to type 2 diabetes also demonstrated the efficacy of lifestyle modification interventions.

This indicates that, when dietitians are part of the multidisciplinary team, there are more improved health outcomes in patients with obesity, and diabetes, or at risk of diabetes<sup>13</sup>.

FIGURE 1 : THE COMPLEMENTARY BETWEEN RD AND FD/GP/PEDIATRICIANS



#### GP/FD/PEDIATRICIANS

##### PLUS-VALUE

- They have a privileged relationship and confidence with the patient because they are the first contact of the patient and follow them on a long-term.
- They are considered by the patient as the most reliable source of nutritional information<sup>5, 6, 7</sup>.
- One of their missions consists in promoting health associated with primary prevention<sup>7</sup>.
- They are responsible for diagnosing health conditions<sup>7</sup>.

Yet, they face some barriers to give nutritional advice:

- Lack of time and knowledge / skills and training;
- Lack of visible effectiveness in the short term;
- Non-facilitating environment (Family, advertising)<sup>10, 11, 12</sup>.

THAT IS WHY THE COLLABORATION WITH A RD CAN BE NEEDED



#### RD

##### PLUS-VALUE

- They have a scientific knowledge in food and nutrition together with understanding the psychosocial dimension of human health<sup>8</sup>.
- They are available and have time to give detailed nutritional and dietetic advices<sup>7</sup>.
- They make individualized dietetic counseling taking into account personal and cultural beliefs, preferences, lifestyle and the willingness and ability of the person to change with concrete examples such as menu planning, example of recipes, etc.<sup>9</sup>.

Yet, patient referral to RD is underutilized because of these barriers:

- High costs and lack of reimbursement of dietitian consultations\*;
- GPs/FDs and pediatricians are not always familiar with the profession of dietitian;
- Geographical distribution is very unequal on the territory. Even if they are available, FDs/GPs/pediatricians do not necessarily know them or how to contact them<sup>4, 14, 15</sup>.

See below practical advices to face these barriers.

\*Some European countries have a reimbursement system by health insurance such as Netherlands (3 hours/year) and Switzerland (only private Health Insurance). In France, some health insurances can reimburse a certain number of consultations.

## Current situation about the collaboration between RDs and FDs/GPs/pediatricians

Currently, the collaboration between RDs and FDs/GPs/pediatricians is not sufficient. However, they usually consider RDs as a suitable health care provider for the dietary treatment of patients who need nutritional support as part of the therapy and refer patients when regular contact with a RD is needed<sup>4, 14, 15</sup>.

### BOX 1 : HOW TO ENHANCE THE COLLABORATION WITH DIETITIANS TO IMPROVE PREVENTION RESULTS?

**1.** As one of the barrier of this collaboration is not knowing how to find a RD<sup>15</sup>, **a practical tip could be to go check lists of RDs by city available online:**

- For France : [www.afdn.org/recherche-dieteticien-liberaux.html](http://www.afdn.org/recherche-dieteticien-liberaux.html)
- For other European countries: [www.efad.org/en-us/about-efad/membership/full-members/](http://www.efad.org/en-us/about-efad/membership/full-members/)

**2.** The collaboration should be based on communication and mutual respect and trust to be effective<sup>7</sup>. It is also important to be aware of the **objectives of this collaboration:**

- Ensures consistency of the messages transmitted to the patient, thereby resulting in **better patient compliance**
- Information given by the RD on the evolution of the patient will allow you to target his motivational interviews and advice
- Allows to **exploit and promote the skills of each** in order to share situations, sometimes complex, while avoiding the exhaustion of one or the other<sup>7</sup>.

**3.** As part of a multidisciplinary team, you can provide **the essential diagnosis, initial advice and recommendations and coordinate overall treatment plans**, while avoiding some of the challenges that come with the provision of specialist nutrition-related advice, such as the need for time and specialist knowledge. In this case, a referral to a dietitian is needed<sup>16</sup>.

**4.** Practical tips that may be helpful to enhance this collaboration:

- Writing a **medical prescription** for precise dietary consultations and explicit about medical goals.
- Asking the RD to **provide a written report** of each treatment, with the objectives determined with the patient, the methods used and conclusion<sup>7,17</sup>.
- **A first contact (e-mail, telephone)** should be made to ensure the common guideline.
- **A mutual information on the evolution of the patient** is essential, in particular if there are change of objectives or difficulties encountered in the dietary management.
- The creation of an **interdisciplinary meeting** is encouraged.
- **Sharing everyone's knowledge** is highly recommended through discussions, educational documents and recommendations relating to nutrition-related issues<sup>7</sup>.

