Parliamentary Friends of Nutrition 2025: Nutrition First in GLP-1 Care

Dietitians Australia is proud to support the 2025 Parliamentary Friends of Nutrition. This year, our priority is ensuring Accredited Practising Dietitians are recognised as a core part of the care team for patients using GLP-1 RA medicines. We are calling for mandatory referral pathways and expanded Medicare items to improve access to expert nutrition support, helping Australians achieve better health outcomes through safe, effective and coordinated care.

We're calling on the Australian Government to:

1. Require referral to an Accredited Practising Dietitian on prescription of GLP-1 RA medicines for any therapeutic purpose.
2. Invest in comprehensive consumer access to holistic, wrap-around care that includes Accredited Practising Dietitians before, during and after using GLP-1RA medicines.

Why the Call to Action?

- Requiring referral to an Accredited Practising Dietitian on prescription of GLP-1 RA medicines for any therapeutic purpose would ensure consistent, nationally coordinated care standards that support long-term health and wellbeing.
- Expanded Medicare items are required to improve patient access to vital nutrition support services through primary care.
- We cannot afford to overlook the importance of nutrition in the effective use of these medications.

- Accredited Practising Dietitians are recognised professionals with qualifications and skills to provide expert nutrition and dietary advice.

- Accredited Practising Dietitians design and deliver personalised medical nutrition therapy, that forms an integral and effective part of improving nutritional intake, addressing weight related concerns and managing chronic and complex conditions.[8]

- Medical nutrition therapy includes a detailed individualised nutrition assessment, setting individual goals and priorities, practical dietary advice and counselling with follow-up for the purpose of disease prevention or management and to improve quality of life.

- Accredited Practising Dietitians facilitate long term behaviour change by encouraging the self-management of health through nutrition, diet and other lifestyle modifications, with a view to preventing and treating disease.

- The advice and counselling provided considers the person's readiness to change, knowledge, skills and access to resources.

Challenges

- Despite the ability of the breakthrough Glucagon-like peptide-1receptor agonists (GLP-1RA) medicines to produce significant weight reduction and related health benefits [1] ; challenges such as gastrointestinal side effects, risk of malnutrition, loss of muscle and bone mass, high costs, frequent discontinuation, and weight regain create challenges for the long term success of these medicines in individuals and populations. [2,3]

- A 2025 study found over 20% of consumers using GLP 1RAs for diabetes and obesity developed nutrient deficiencies within a year. This finding underscores the need for carefully managed nutritional support to prevent deficiencies and ensure safe, effective nutritional outcomes. [4]

- Consumers prescribed GLP-1RA medicines should be supported through multidisciplinary care plans that include thorough nutritional and lifestyle counselling before, during, and after the commencement and cessation of the medication. [5,6]

- Such comprehensive care will support treatment benefits beyond body weight alone and ensure effective use of GLP-1RA medicines and, ultimately, maintain and improve patients' overall health. [7]

- Medicare access for patients is severely inadequate for people who would benefit from receiving nutrition support from an Accredited Practising Dietitian before, during and after the

use of GLP-1RA medicines. This is exacerbated among people living in low socioeconomic areas and rural and remote regions where overweight, obesity and chronic conditions are more common.

Savings for Government

- Overweight and obesity are now Australia's leading health risk, surpassing smoking. [9]
- The proportion of Australians living with overweight or obesity is greater in regional and remote areas (rates of around 70%) than in major cities (rates of 64%). [10]
- Illnesses related to obesity costed Australian tax payers A$11.8 billion in 2018. These costs are projected to increase 7-fold to A$87.7billion by 2032 if no action is taken. [11]
- Furthermore, the burden of chronic disease is estimated to cost the Australian healthcare system $82 billion annually. [12]
- In comparison, the cost of providing Medicare patient rebates for 12 sessions/year to see an Accredited Practising Dietitian would only total approximately $0.3 billion (or $310 million) annually.

Get in touch

If you have questions about our advocacy and policy work, contact us at policy@dietitiansaustralia.org.au

References

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[10] https://www.obesityevidencehub.org.au/collections/trends/adults-australia#cite5956

[11]https://www.health.gov.au/sites/default/files/documents/2022/03/national-obesity-strategy-2022-2032-at-a-glance-summary-with-a-logic-framework_0.pdf

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