

Gastroenterology Role Statement

Developed by members of the Gastroenterology Interest Group

INTRODUCTION

Accredited Practising Dietitians (APDs) are recognised professionals with the qualifications and skills to provide expert nutrition and dietary advice. APDs are qualified to advise individuals and groups on nutrition related matters.

APDs have sound university training accredited by DA, undertake ongoing professional development and comply with the DA guidelines for best practice. They are committed to the DA Code of Professional Conduct and Statement of Ethical Practice, and to providing quality service.

APD is the only national credential recognised by the Australian Government, Medicare, the Department of Veterans Affairs and most private health funds as the quality standard for nutrition and dietetics services in Australia. It is a recognised trademark protected by law.

PURPOSE OF THIS ROLE STATEMENT

The purpose of this Role Statement is:

- To define the role an APD may fulfil when working in the area of Gastroenterology
- To promote the knowledge and expertise of an APD, broadly and in the area of Gastroenterology
- To advocate for dietetic services

KNOWLEDGE AND SKILLS IN THIS AREA OF PRACTICE:

Entry level dietetic competencies ensure all APDs can conduct comprehensive assessments (assessment, diagnosis, intervention, monitoring and evaluation). Within a particular practice area, APD skills and knowledge will range from entry level to highly skilled. Within this continuum APDs can either fully manage the patient, seek support (clinical supervision, secondary consultation, mentor) to continue seeing the patient or choose to refer the patient on.

The following is a list of skills and knowledge required to work in the Gastroenterology area:

Skills:

- Recognise extremes of dietary intake and the effects of diet on GI function and symptoms
- Identification of gastrointestinal symptoms that may be due to poorly managed or undiagnosed GI disorders
- Can explain the relative strength of association between therapeutic diets used to manage or treat GI disorders and outcomes expected
- Predict nutritional inadequacies, intolerances, or complications resulting from dietary inadequacies, GI disease and/or resections

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- Estimation of nutritional requirements (energy, macronutrients, micronutrients, fibre and fluid) relevant for specific GI disorders accounting for variations that occur due to fluctuations in condition stability, medical therapy outcomes and gastrointestinal losses.
- Ability to provide evidence based, specific and tailored advice to the individual with the GI disorder, considering the changing physiological and psychosocial needs related to disease state and treatment (pharmaceutical, surgical, psychotherapy, dietary, biological therapies).

Knowledge:

- Normal capacity and function of secretion, digestion and absorption of foods.
- Knowledge of the wide range of conditions, diseases and surgical procedures that could impact on the gastrointestinal system, and options for nutritional intervention.
- Sites of digestion and of absorption of macronutrients and micronutrients
- How GI dysfunction, surgical resections, disease, and gut microbiota affect nutrition and health
- Knowledge of evidence-based pathways of care for patients with GI disorders based on disease and treatment type including recognition of appropriate time points for nutrition screening, assessment, intervention and monitoring
- Value and limitations of enteral and parenteral formulas, evidence-based therapeutic diets, probiotics, common nutraceuticals and other common adjacent therapies

Activities entry level APDs would conduct:

- Select and use screening tools appropriate for identifying patients with GI disorders who are at nutrition risk, those who need further evaluation and/or those who need intervention including referrals to Gastroenterologist/GI Surgeon
- Completing the Nutrition Care Process in collaboration with the patient, and, where appropriate, family and multidisciplinary team, with a particular focus on gastrointestinal symptoms such as nausea, vomiting, bowel habits, signs of indigestion and malabsorption and their impact on nutrition and relationship to gastrointestinal disease.
- Understand and provide education to the patient/client and carers/family about the potential benefits and consequences of dietary interventions for GI disorders

Activities APDs working at a higher level would conduct:

All of the above plus:

- Identify whether dietary practices, inadequacies or intolerances are contributing to current GI condition or GI symptoms
- Evaluate the value of specialty nutrition products for certain GI disorders
- Care coordination of patients with complex nutrition needs and/or a high level of dietetic input within a multidisciplinary team e.g. intestinal failure service

Any individual practitioner should refer to the [Scope of Practice Decision Tool](#) to determine if a task is within their scope of practice.

APPENDIX 1

Background

Most GI disorders carry notable nutritional implications and, in many situations, diet is the cornerstone of therapy in a primary sense or main support. For example:

- Coeliac Disease
 - [Guidelines on the diagnosis and management of adult coeliac disease](#)
 - [2015 NICE Guidelines: Coeliac disease: recognition, assessment and management](#)
- Eosinophilic esophagitis
 - [Guidelines on eosinophilic esophagitis: evidence-based statements and recommendations for diagnosis and management in children and adults](#)
- Gastrointestinal Surgery
 - Carey S, Ferrie S, Young J, Allman-Farinelli M. Long-term nutrition support in gastrointestinal disease--a systematic review of the evidence. *Nutrition* 2012; 28(1): 4. doi:10.1016/j.nut.2011.07.004
 - Gustafsson UO, Ljungqvist O. Perioperative nutritional management in digestive tract surgery. *Current Opinion in Clinical Nutrition and Metabolic Care* 2011; 14(5): 504–509.
 - [ESPEN guideline: Clinical nutrition in surgery](#)
- Gastroparesis
 - Michael C, Henry PP, Mehnaz AS, Thomas LA, Lauren G. Clinical Guideline: Management of Gastroparesis. *The American Journal of Gastroenterology* 2012; 108(1): 18. doi:10.1038/ajg.2012.373
- Gut microbiota
 - Donovan SM. Introduction to the special focus issue on the impact of diet on gut microbiota composition and function and future opportunities for nutritional modulation of the gut microbiome to improve human health. *Gut Microbes*, 2017; 8(2): 75
 - Harvie R, Walmsley R, Schultz M, & on behalf of the New Zealand Society of Gastroenterology. “We are what our bacteria eat”: The role of bacteria in personalizing nutrition therapy in gastrointestinal conditions. *Journal of Gastroenterology and Hepatology* 2017; 32(2), 352–357. doi:10.1111/jgh.13462
 - Staudacher HM, Whelan K. Altered gastrointestinal microbiota in irritable bowel syndrome and its modification by diet: probiotics, prebiotics and the low FODMAP diet. *Proc Nutr Soc* 2016; 75(3), 306–318. doi:10.1017/S0029665116000021
- Intestinal Failure
 - [Management of acute intestinal failure: A position paper from the European Society for Clinical Nutrition and Metabolism \(ESPEN\) Special Interest Group](#)
 - [ESPEN guidelines on chronic intestinal failure in adults](#)
- Inflammatory Bowel Disease

- [Australian IBD Standards: Standards of healthcare for people with inflammatory bowel disease in Australia](#)
- [ESPEN guideline: Clinical nutrition in inflammatory bowel disease](#)
- Irritable Bowel Syndrome
 - Staudacher HM, Whelan K. The low FODMAP diet: recent advances in understanding its mechanisms and efficacy in IBS. *Gut* 2017; 66(8), 1517.
 - McKenzie YA, Alder A, Anderson W, *et al.* British Dietetic Association evidence-based guidelines for the dietary management of irritable bowel syndrome in adults. *Journal of Human Nutrition and Dietetics* 2012; 25(3), 260–274. doi:10.1111/j.1365–277X.2012.01242.x
- Liver Disease
 - Johnson TM, Overgard EB, Cohen AE, DiBaise JK. Nutrition Assessment and Management in Advanced Liver Disease. *Nutrition in Clinical Practice* 2013; 28(1), 15–29. doi:10.1177/0884533612469027
 - Hannah WN, Harrison SA. Lifestyle and Dietary Interventions in the Management of Nonalcoholic Fatty Liver Disease. *Digestive Diseases and Sciences* 2016; 61(5), 1365–1374. doi:10.1007/s10620–016–4153-y
 - EASL–EASD–EASO Clinical Practice Guidelines for the management of non-alcoholic fatty liver disease. *Journal of Hepatology* 2016; 64(6), 1388–1402. doi:https://doi.org/10.1016/j.jhep.2015.11.004
 - [ESPEN Guidelines of Enteral Nutrition: Liver disease 2006](#)
 - Vilstrup H, Amodio P, Bajaj J, *et al.* Hepatic Encephalopathy in Chronic Liver Disease: 2014 Practice Guideline by the European Association for the Study of the Liver and the American Association for the Study of Liver Diseases. *Journal of Hepatology* 2014; 61(3), 642–659. doi:10.1016/j.jhep.2014.05.042
- Pancreatitis
 - [Nutrition in chronic pancreatitis](#)
 - [ESPEN guidelines on nutrition in acute pancreatitis](#)
 - Mirtallo JM, Forbes A, McClave SA, Jensen GL, Waitzberg DL, Davies AR. International Consensus Guidelines for Nutrition Therapy in Pancreatitis. *Journal of Parenteral and Enteral Nutrition* 2012; 36(3), 284–291. doi:10.1177/0148607112440823
- Other
 - Staudacher HM, Kurien M, Whelan K. Nutritional implications of the dietary interventions for managing gastrointestinal disorders. *Curr Opin Gastroenterol* 2018; 34(2):1–5–111. doi: 10.1097/MOG.0000000000000421.

During the evaluation of patients' GI problems, an APD can help identify whether unusual dietary practices, inadequacies, or intolerances are clouding the diagnosis of a medical or surgical problem. Functional GI symptoms need to be distinguished from those associated with inflammatory GI disease/dysfunction. A detailed dietary history is highly relevant in the treatment of many GI disorders. A dietitian who has, in addition to core knowledge and skills, a good understanding of normal GI function and who understands consequences of dietary practices or specific foods in GI disorders is a natural in working with caretakers and patients with GI disorders.

[Link to entry level competencies](#)