18th Annual Conference of the **National HIV Nurses Association (NHIVNA)**



Speaker Name	Statement
Zoe Rice	None
Date :24.06.16	June 2016

Nutrition & Food

Zoe Rice – Registered Dietitian



HIV Care the food chain

Overview

Ageing population

Principles of a healthy diet

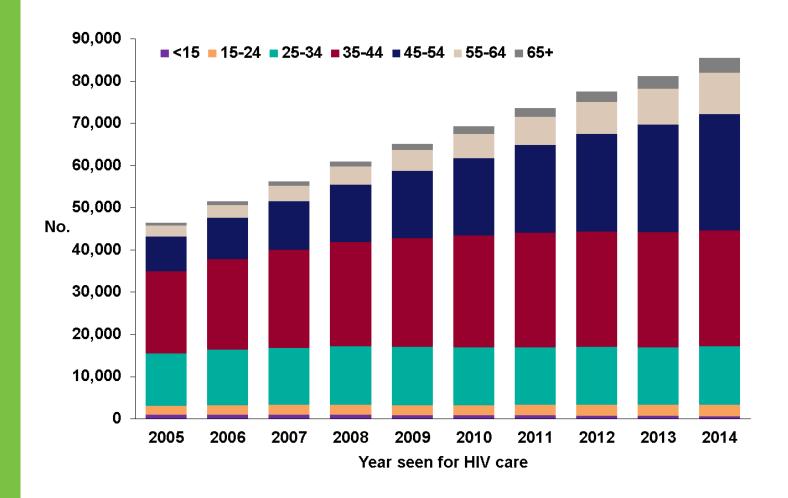
• Weight loss & underweight

Food first

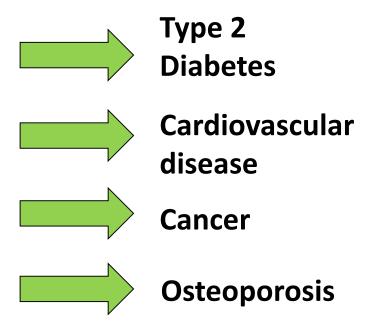
Ageing Population



Number of people seen for HIV care by age group: United Kingdom, 2005 - 2014



Co-Morbidities& conditionsassociated withageing



Nutrition challenges







#Healthy Diet?





Moderate fat – Replace saturated fat with unsaturated

Dairy & fortified alternatives

Protein – Lean sources

- -Oily fish
- -Plant based proteins beans, pulses, lentils

#Healthy Diet?

Sauces



Ready meals

Cereals

Brown sugar



Fruit juice

Molasses

Cured Salted



Smoked

6/10 people living with HIV are overweight or obese

But!

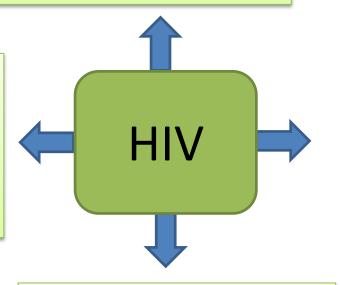
Still frequent referrals for

-Weight loss

-Underweight BMI 18.5kg/m2

Poor Nutrition (Weight loss, muscle wasting, weakness, micronutrient deficiency)

Increased Nutritional Needs (Due to malabsorption and decreased food intake; and in order for the body to address infections and viral replication)



Impaired Immune
System
(Poor ability to fight
HIV and other
infections)

Increased Vulnerability to infections (Enteric infections, TB, flu etc)

Weight loss? Wasting? –Various definitions

ESPEN 2006: >10% Weight loss, with fever and/or diarrhoea of unknown origin, although some wasting may occur in the absence of these symptoms.

ESPEN 2006: Nutritional therapy is indicated when significant weight loss (>5% in 3 months) or a significant loss of body cell mass (BCM) (>5% in 3 months) has occurred.

Nutritional therapy should be considered when the BMI is <18.5 kg/m²

Aetiology of weight loss



Reduced Energy Intake - Multifactorial

Oral symptoms – taste changes, ulcers, candida Mental health problems, isolation, depression Access to food – physical, financial Ability to prepare food, memory problems

increased Energy Requirements

Opportunistic infection

Metabolic disturbance

Testosterone deficiency





Nutrition Intervention

Nutrition intervention:

- Nutritional counselling
- Oral nutritional supplements
- Tube feeding
- Parenteral nutrition

Nutrition Intervention



Nutritional counselling

Food first - basic principles

Small frequent meals and snacks, aim to eat every 2-3 hours

Fortifying the diet to make a small amount of food or drink more nourishing

Aim for 6-8 cups/glasses of fluid a day and make these as nourishing as possible

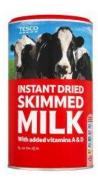


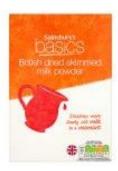


X4 tablespoons skimmed milk powder

365kcal + 200kcal = 565 kcal

18g protein + 20g protein = 38g protein







Fat is a concentrated energy source

Mono-unsaturated fats



Large avocado 350kcal





125kcals







Small handful (25g) 150kcal

Expensive?



1 tablespoon = 125kcals

Nourishing Snack ideas





95kcal 8g protein (one boiled egg)



200kcal 13g protein (200ml - fortified)



210kcal
7g protein
(1/2 banana, peanut butter on toast)



315kcal 22g protein (One tin of sardines in olive oil)

200kcal 5g protein (30g portion)



240kcal 4.2g protein (1/2 avocado on toast)



240kcal 14.3g protein



(1/2 can bean soup + 1/2 can butter beans)

Nutrition Intervention







Refer to a dietitian

Individualised nutritional support

Long term lifestyle change support

Identifying and treating possible nutritional deficiencies

Summary



Ageing population

Healthy eating applies – lifestyle changes not fads



Weight loss/ Underweight

Food first approach where appropriate



Refer to a dietitian

Any Questions?