

Improving patient outcomes through Medical Nutrition Therapy



Accredited Practising Dietitians (APDs) are the experts in food and nutrition, and the only allied health professionals recognised by Medicare to provide medical nutrition therapy. APDs translate scientific nutrition information into personalised, practical dietary advice. They can advise your patients on the specific nutritional management of many health conditions and assess their dietary pattern against age appropriate recommendations. Nutrition intervention can considerably improve patient outcomes and should be reviewed by an APD periodically to ensure your patients' needs are met.

NOTE: A referral to an APD can be made under a Medicare Chronic Disease Management plan for patients with any chronic medical condition that has been (or is likely to be) present for 6 months or longer. To find an APD, visit dietitiansaustralia.org.au or telephone 1800 812 942.

DIAGNOSIS/CONDITION	INDICATIONS FOR REFERRAL		BENEFITS OF INVOLVING AN APD
Anaemia	<ul style="list-style-type: none"> New diagnosis Poor dietary intake Vegan or vegetarian 	<ul style="list-style-type: none"> Symptoms persisting Young female athletes 	<ul style="list-style-type: none"> Improved nutritional status Improved biochemistry Improvement in symptoms, such as reduced fatigue
Coeliac disease	<ul style="list-style-type: none"> New diagnosis or poor understanding of nutritional management Abdominal pain Diarrhoea Constipation Undesirable weight change 	<ul style="list-style-type: none"> Abnormal biochemistry (eg. iron status) or bone density Poor growth in children 	<ul style="list-style-type: none"> Increased understanding of a gluten free diet with consideration of any abnormal biochemistry Improvement of symptoms Improved nutritional status Improved biochemistry Normal or improved bowel habits Improved body weight (BMI¹) Improved growth in children
Diverticulosis or diverticulitis	<ul style="list-style-type: none"> New diagnosis Abdominal pain Constipation Diarrhoea 	<ul style="list-style-type: none"> Recurrent episodes of diverticulitis 	<ul style="list-style-type: none"> Diet prescription to help normalise or improve bowel habits Alternate plan for flare-ups Plan for gradual reintroduction of fibre containing foods. Minimised abdominal discomfort
Eating disorders	<ul style="list-style-type: none"> New diagnosis Reported poor dietary intake including food group exclusion or restrictive eating Weight greater than two percentile bands lower than height (in children <18yrs) Bingeing 	<ul style="list-style-type: none"> Purging, laxative abuse or excessive exercise Weight change or overly concerned with weight Abnormal biochemistry – potassium and other electrolytes 	<ul style="list-style-type: none"> Improved nutritional status Improved body weight (BMI¹) Improved body image and self esteem Improved eating behaviour <p>Note: Should only be implemented with psychological counselling and support.</p>
Food allergy	<ul style="list-style-type: none"> New diagnosis 	<ul style="list-style-type: none"> Poor understanding of nutritional management 	<ul style="list-style-type: none"> Understanding food labels Confidence and ability to make safe food choices
Food intolerance	<ul style="list-style-type: none"> New diagnosis or suspected intolerance Poor understanding of nutritional management 	<ul style="list-style-type: none"> Undesirable weight change Ongoing symptoms Chronic Fatigue – for investigation 	<ul style="list-style-type: none"> Individualised dietary plan for symptom management Identification of food triggers using evidenced-based elimination diets Monitoring of symptoms Improved nutritional status Trial food reintroduction
Gastro-oesophageal reflux	<ul style="list-style-type: none"> New diagnosis 	<ul style="list-style-type: none"> Ongoing symptoms 	<ul style="list-style-type: none"> Identification of trigger foods Diet prescription for symptom and weight management
Inflammatory bowel disease (Crohn's disease, ulcerative colitis)	<ul style="list-style-type: none"> New diagnosis Weight loss Poor understanding of nutritional management 	<ul style="list-style-type: none"> Ongoing symptoms Poor growth in children 	<ul style="list-style-type: none"> Trial elimination diet to manage Crohn's Disease Normal or improved bowel habits Minimised abdominal discomfort Diet for flare-ups Prescription of supplements if required Improved nutritional status Improved body weight (BMI¹) Ensure adequate growth in children
Irritable bowel syndrome	<ul style="list-style-type: none"> New diagnosis Abdominal pain Constipation Diarrhoea 	<ul style="list-style-type: none"> Nausea Bloating 	<ul style="list-style-type: none"> Identification of foods that may exacerbate symptoms Dietary pattern with balance of fibre types and sufficient fluid Normal or improved bowel habits Minimised abdominal discomfort

DIAGNOSIS/CONDITION	INDICATIONS FOR REFERRAL		BENEFITS OF INVOLVING AN APD
Liver disease	<ul style="list-style-type: none"> Poor appetite Ascites Encephalopathy 	<ul style="list-style-type: none"> Undesirable weight change Abnormal biochemistry Non-alcoholic fatty liver 	<ul style="list-style-type: none"> Diet prescription to match disease stage Improved nutritional status Manage body weight (BMI*)
Congestive cardiac failure	<ul style="list-style-type: none"> Poor appetite Fluid retention 	<ul style="list-style-type: none"> BMI* <20 or >25 	<ul style="list-style-type: none"> Diet prescription considering sodium and fluid restriction Improved cardiac function Improved body weight (BMI*)
Diabetes mellitus Impaired glucose tolerance Gestational diabetes Polycystic ovarian syndrome	<ul style="list-style-type: none"> New diagnosis – type 1, type 2, gestational Unstable BGLs Elevated HbA1c Frequent hypoglycaemia Poor understanding of nutritional management 	<ul style="list-style-type: none"> Changes to medication prescribed, including commencing insulin or insulin pump Undesirable weight change Emerging renal disease (Stage 3 or 4) 	<ul style="list-style-type: none"> Dietary prescription tailored to individual needs, lifestyle, medications and other disease management Improved BGL control Improved HbA1c levels Reduced risk of complications Improved body weight (BMI*) Diet management with insulin therapy
Disability - physical or mental	<ul style="list-style-type: none"> BMI* <20 or >25 Poor dietary intake Difficulty chewing, swallowing or feeding self Undesirable weight change 	<ul style="list-style-type: none"> Increased energy needs Malnutrition 	<ul style="list-style-type: none"> Diet prescription considering weight status and lifestyle Texture modification of diet if required Collaboration with other health professionals Improved nutritional status Improved body weight (BMI*)
Gout	<ul style="list-style-type: none"> New diagnosis 	<ul style="list-style-type: none"> Ongoing symptoms 	<ul style="list-style-type: none"> Dietary prescription to manage uric acid levels Improved symptoms and biochemistry
Hyperlipidaemia or dyslipidaemia	<ul style="list-style-type: none"> Prior to or in combination with statin therapy Elevated TC, LDL-C, TG Low HDL-C 	<ul style="list-style-type: none"> Poor understanding of nutritional management Annual nutrition review as per PBS requirements HIV positive 	<ul style="list-style-type: none"> Dietary prescription tailored to individual needs and lifestyle for lipid management Improved serum lipid levels Improved body weight (BMI*)
Hypertension	<ul style="list-style-type: none"> Elevated systolic and/or diastolic blood pressure 	<ul style="list-style-type: none"> BMI*>25 	<ul style="list-style-type: none"> Better understanding of sodium intake and hypertension Normal or improved blood pressure Improved body weight (BMI*)
Lifecycle nutrition specific to an age group	<ul style="list-style-type: none"> New diagnosis requiring dietary modification Poor growth Undesirable weight change Nutritional deficiency 	<ul style="list-style-type: none"> Requires periodic dietary review Pregnancy Vegan or vegetarian diet 	<ul style="list-style-type: none"> Better understanding of dietary management Improved dietary intake and nutritional status Improved growth Improved weight status Weight management in pregnancy
Mental illness – such as depression, schizophrenia, schizoaffective disorder, bipolar affective disorder	<ul style="list-style-type: none"> Undesirable weight change Prescription of psychotropic medications (including, but not exclusively, clozapine or olanzapine) Poor or increased appetite Binge eating Emotional eating 	<ul style="list-style-type: none"> Food insecurity Elevated BGLs, insulin or lipid levels Poor nutritional intake or difficulties obtaining adequate nutrition Gastrointestinal symptoms (GORD, constipation) 	<ul style="list-style-type: none"> Improved appetite and satiety Manage body weight (BMI*) Improved BGLs, insulin and lipid levels Reduced risk of heart disease and diabetes Improved nutritional status Reduced gastrointestinal symptoms Meal plan designed to meet budget requirements
Nutrition Support regarding cancer (general), malnutrition, HIV-positive	<ul style="list-style-type: none"> Unintentional weight loss of ≥5% Loss of appetite Poor dietary intake Taste changes associated with treatment 	<ul style="list-style-type: none"> Nausea, vomiting Dysphagia, swallowing difficulties 	<ul style="list-style-type: none"> Oral nutritional supplementation if required to meet needs Improved nutritional status Improved body weight (BMI*) Improved physical function Improved wound healing Individualised dietary plan for symptom management
Osteoporosis and osteopenia	<ul style="list-style-type: none"> New diagnosis 	<ul style="list-style-type: none"> Prevention of osteoporosis 	<ul style="list-style-type: none"> Reduce disease progression Ensure adequate calcium and vitamin D intake
Renal disease	<ul style="list-style-type: none"> Chronic kidney disease with eGFR <60mL/min Newly commenced dialysis therapy 	<ul style="list-style-type: none"> Elevated potassium or phosphate levels Fluid retention Undesirable weight change 	<ul style="list-style-type: none"> Diet prescription individualised to match stage of renal disease and biochemistry Normal or improved biochemistry Improved nutritional status Improved body weight (BMI*)
Weight management and/or bariatric surgery	<ul style="list-style-type: none"> BMI*>30 Child or adolescent >85th percentile BMI* for age 	<ul style="list-style-type: none"> All bariatric surgery patients – pre and post-surgical dietary counselling 	<ul style="list-style-type: none"> Adequate dietary intake to meet nutritional requirements Tailored support with motivation to make dietary changes Improved body composition and health outcomes Sustained weight loss

*Body Mass Index (BMI) = weight(kg)/height(m)²