

When to Consider a Dietetic Referral and Why

Unintentional weight loss of more than 5kg

- May be due to injury, illness, or generalised low appetite

Loss of appetite

- May limit nutrition intake, which may promote illness, injury, or malnutrition

Current low body weight

- Higher risk of falls, osteoporosis, infection, fatigue, dizziness, headaches, poor concentration, low libido, and infertility

Current high body weight

- Mobility may be affected, medical team may be recommending weight loss, or weight loss may reduce risk of associated co-morbidities

Limited mobility due to injury, overweight, or arthritis

- A meal-delivery service may be organised if shopping and cooking ability is compromised due to injury
- Weight loss via dietary change may improve mobility
- Emphasis on anti-inflammatory foods may help with arthritis management

Recent fall

- May indicate malnutrition or overnutrition

Recent hospital admission

- Nutrition may have been compromised or requirements may be higher

Change in bowel function

- Dietary changes may help to manage constipation and diarrhoea

Polypharmacy

- Drug-nutrient interactions may delay, decrease, or enhance drug absorption

Anaemia and other nutritional deficiencies

- May be a result of dietary shortfalls

A wound that may not be healing

- May indicate underlying malnutrition or hyperglycaemia

Obvious signs of muscle wastage

- Calorie intake may not be sufficient for ageing and/ or activity levels

Dementia and Alzheimer's disease

- May be forgetting if, when, and how to eat

Autoimmune disorders (multiple sclerosis, coeliac disease, rheumatoid arthritis, Crohn's disease, ulcerative colitis)

- Dietary modifications may be required to manage condition (e.g., strict gluten exclusion for coeliac disease)

Cardiovascular disease (coronary artery disease, high blood pressure, high cholesterol, stroke)

- Food quality affects the progression of coronary artery disease, high blood pressure, and high cholesterol
- Higher risk of malnutrition after stroke

Osteopenia or osteoporosis

- Potentially an increased need for dietary nutrients such as calcium, protein, and Vitamin D

Developmental conditions (autism spectrum disorder, Prader-Willi syndrome, attention deficit hyperactivity disorder, Down's syndrome)

- May have nutritional imbalances due to highly-selective eating or uncontrolled eating

Pre-diabetes, Type 2 diabetes, Type 1 diabetes, and gestational diabetes

- Dietary changes may prevent the progression of pre-diabetes to Type 2 diabetes or help to manage blood-sugar levels

Dysphagia

- May affect food and fluid intake so may require a texture-modified diet

Food allergies, food sensitivities, and food intolerances

- May be nutrient deficient due to avoidance of foods
- A nutritionally adequate exclusion diet may be designed

Gastrointestinal disorders (gastroesophageal reflux disorder, gastroparesis, diverticular conditions, colostomy, ileostomy, small bowel syndrome, irritable bowel syndrome, inflammatory bowel disease, gastric surgery)

- Dietary changes may provide symptom relief, prevent symptom recurrence, or ensure nutritional adequacy

Liver, gallbladder, or pancreatic conditions (cirrhosis, hepatitis, fatty liver disease, gallstones, pancreatitis, or Whipple's disease)

- May require dietary changes to prevent disease progression (e.g., fat quality and quantity, alcohol quantity)

Oncology

- May require a high-energy high-protein diet and/or dietary management of symptoms (e.g., nausea, vomiting)

HIV/ AIDs

- Nutritional status may be affected by the impact of the virus on the body (e.g., decreased absorption of nutrients)

Inborn errors of metabolism (e.g., phenylketonuria [PKU])

- Phenylalanine and aspartame in the diet need to be limited

Pulmonary disorders (chronic obstructive pulmonary disorder, cystic fibrosis)

- May have higher energy requirements to maintain weight
- Specific nutrients can affect symptom management

Renal disease

- Special diets may be required depending on the stage of the disease and use of dialysis

Mental-health disorders (anxiety, depression, bipolar disorder, schizophrenia, personality disorders, post-traumatic stress disorder)

- May have developed a negative approach to food, leading to nutrient deficiencies
- Many foods may affect mental-health status positively or negatively
- A meal-delivery service or home-cook service may be required if activities of daily living are compromised

Eating disorders

- Risk of malnutrition
- Their approach to food can be explored for restoring healthy-eating behaviours

Loss of partner or spouse

- May disengage from cooking or eating and/or lack necessary cooking skills

Neurological disorders (Parkinson's disease, Huntington's disease, motor neurone disease, epilepsy, Alzheimer's disease, dementia)

- The capacity to eat normally may become significantly compromised, depending on the nature of the neurological disorder. Oral nutritional supplements may be required, for example.
- Parkinson's medication (Levodopa) will need to be timed in relation to protein-rich meals

Enteral feeding (nasogastric tube, PEG tube)

- A specific feeding regime involving nutritional formulas and/or blended foods will need to be designed and/or monitored