

EXAMINATION QUESTION PAPER: Reassessment, 2014

Module code:	PD2011N Summer
Module title:	Practice of Diet Therapy 2
Module leader:	Dr Sandra Ellis

Date:	July/August 2014
Duration:	3 hrs

Exam type:	Seen, Closed book
Materials supplied:	Weight, Height, Body Mass Index Charts, Henry Equation and standard adjustments
Materials permitted:	Writing materials, calculator
Warning:	Candidates are warned that possession of unauthorised materials in an examination is a serious assessment offence.

Instructions to candidates:	Before starting the paper candidates will be required to read all of the questions carefully Answer ALL THREE QUESTIONS. Make sure that you address all sections in the questions you answer Answer each question in a separate booklet DO NOT TURN PAGE OVER UNTIL INSTRUCTED
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QUESTION 1

Mr Edwards is a 48-year-old mechanic who has been under the care of the gastroenterologist for 2 years due to his progressive alcoholic liver disease. Mr Edwards has now been admitted to hospital with bleeding oesophageal varices that were injected and stabilised immediately. He remains jaundiced, has moderate ascites and mild encephalopathy.

Mr Edwards is 1.88 m tall and weighs 93 kg including the ascites. He is mobile on the ward and is tending to wander. He is afebrile.

His most recent biochemistry results are:

Sodium	126 mmol/l
Potassium	3.1 mmol/l
Urea	4.2 mmol/l
Creatinine	45 μ mol/l
Magnesium	0.84 mmol/l
Phosphate	0.9 mmol/l
Glucose	6.3 mmol/l
Albumin	21 mg/l
Alanine Transaminase	432 i.u./l
Aspartate Transaminase	73 i.u./l
Bilirubin	74 μ mol/l
Gamma Glutamyl Transferase	83 i.u./l

Medications include diazepam, spironolactone, lactulose. Mr Edwards is drinking about 1 litre of fluid daily but eating very little. He has been referred to you for nutrition support.

- a) **Appraise the options for providing nutritional support to Mr Edwards, describing the strengths and weaknesses of each. (25%)**
- b) **Assess Mr Edwards' nutritional requirements. (20%)**
- c) **Devise a nutritional care plan for Mr Edwards, justifying your decisions. Include a detailed plan for one day. For full marks provide a plan for one day, indicating the calories and protein provided by each part of the plan. (35%)**
- d) **Mr Edwards makes good progress over the next week and is soon ready for discharge. What dietary advice would you give him before he goes? (20%)**

QUESTION 2

Mr Thompson is a 35 year old librarian who was diagnosed as HIV+ two years ago. He lives alone and likes to cook. His combination therapy is abacavir (NRTI), lamivudine (NRTI) and efavienz (NNRTI).

Recent biochemistry:

Glucose	5.2 mmol/l (fasting)
Total cholesterol	6.4 mmol/l (fasting)
LDL cholesterol	5.5 mmol/l (fasting)
Triglycerides	4.2 mmol/l (fasting)
HDL	1.4 mmol/l
CD4	580 mm ³
VL	< 50 mil

Mr Thompson takes his dog for a 10 minute walk around the park every evening. He drinks ½ bottle of wine each evening with dinner. His weight is 120 kg and height is 1.84 m. His weight has been stable for the past year. His waist circumference is 98 cm. He has been referred to the dietitian as he has developed dyslipidemia.

A 24 hour recall reveals the following:

Breakfast:	Sausage and egg roll or 2 croissants + butter + jam 2 cups of tea + whole milk + 2 teaspoons of sugars
Mid-morning:	3 chocolate digestive biscuits + 1 cups of tea (as above).
Lunch:	1 large baguette + butter with brie + pickle or bacon + tomato or pate + tomato 1 banana + 1 can cola
Mid Afternoon:	1 bar chocolate + 2 cup of tea as above.
Dinner:	Chicken Kiev or lamb chops + ready-made mash or chips + peas or broccoli Tinned fruit and cream or ice cream

- Outline the multiple factors in the aetiology of dyslipidemia in HIV-infected patients. (15%)**
- Undertake a nutritional assessment using the information provided, including a qualitative dietary assessment of relevant nutrients from the 24-hour recall provided. You are not required to calculate nutritional requirements. (25%)**
- Outline your aims of dietary treatment of this patient. (10%)**
- Discuss the general advice you would give to Mr Thompson providing your rationale for the recommendations. Include a detailed dietary plan for one day. (50%)**

QUESTION 3

Mr Philips is a 39 year old advertising executive who has recently been diagnosed with irritable bowel syndrome (IBS). He has been referred to you by his GP for dietary advice. He suffers from frequent bouts of constipation and feels bloated a lot of the time. These symptoms are causing him distress and anxiety. Mr Philips is very busy in his job, often working long hours. As a result he frequently missed breakfast and eats his lunch quickly at his desk and does not have supper until 10 pm. He also regularly finds it difficult to sleep at night. He occasionally goes to the gym but is considering cancelling his membership as he reports that he is not able to fit regular physical activity into his hectic daily schedule. His GP prescribed him Fybogel 3 months ago which he takes when required.

His weight is 68 kg and height is 1.78m. His weight has been stable for the past 3 years.

A 24 hour recall reveals the following:

Breakfast: 1 croissant or 2 slices of white toast + olive oil spread + jam 4/7+ 2 mug of black coffee, skips breakfast 4/7

Mid Morning: 1 mug black coffee + 2 chocolate biscuits 2/7 or banana 3/7 or coffee alone 2/7

Lunchtime: Baguette with cheddar cheese + tomato or tuna + mayonnaise 2/7, soup (chicken or tomato) + roll with olive oil spread 3/7 skips lunch 2/7
1 low fat yoghurt

Afternoon: Packet of crisps + diet coke

Supper: Ready-made chicken lasagne + oven chips + peas or ready-made spaghetti bolognese + small green salad, or sausages + mash + broccoli. Eats out 2/7 e.g. Lime and coriander cous cous, pan fried chicken breast in a restaurant.

½ bottle of wine 5/7

- a) **Undertake a nutritional assessment using the information provided, including qualitative dietary assessment of relevant nutrients from the 24-hour recall provided. You are not required to calculate nutritional requirements. (20%)**
- b) **What is the first-line lifestyle and dietary advice that you would give to Mr Philips at his initial appointment? (35%)**
- c) **What further advice could you give Mr Philips at his next appointment should his constipation and bloating persist? (10%)**

At his third appointment Mr Philips reports that a friend had read online that a low FODMAP diet could help with IBS and enquired what it was.

- d) **Describe what FODMAPS are and why a low FODMAP diet is indicated for the management of IBS. Support your answer with reference to the literature. (35%)**