

## NUTRITION NOTES

July 2020

**Oral Allergy Syndrome (OAS):** Although often described as a food allergy, OAS is not a true food allergy. It is a contact allergy that occurs due to a protein found in fresh fruits and vegetables that is structurally similar to a protein found in pollen. People with pollen allergies have an increased likelihood to have OAS to one or several fresh fruits and vegetables within the same botanical family. OAS symptoms are usually concentrated around the mouth - itching, tingling or swelling of mouth, tongue, lips and throat; nasal congestion and sneezing; lightheadedness. Unlike true food allergies, modifications to fresh fruits and vegetables can allow a person with OAS to safely consume the food: Cooking, removal of the skin and even canned sources should be tolerated.

**Omega 3s and Sports performance:** Omega 3 fatty acids have the potential to play an important role in improving training adaptation, recovery, injury prevention and performance. The International Olympic Committee recommends a dose of about 2 grams per day from supplementation or food sources. Fatty fish sources offer additional benefits of protein, vitamins and minerals over supplementation. Current recommendations are to consume fish 2 times per week. Additional low dose supplementation may be recommended after evaluation of the athlete's dietary intake.

**Telehealth and A1c Levels:** Researchers of the Advanced Comprehensive Diabetes Care (ACDC) found that after 6 months of telehealth interventions in rural areas, there was a 1.36% reduction of A1c levels. Additionally, overall improvements in blood pressure and diabetes self-care were shown. People in rural areas tend to have limited access to dietitians. Using telehealth offers opportunities for people in rural areas to better manage their diabetes.

**Case Study:** KL was a 3 y.o. referred to BN in 4/2020 for problem feeding and abnormal weight loss. Patient's mom reported limited acceptance of only 2 foods. Patient had lost 13% of UBW within 6 weeks, was showing s/s of dehydration plus protein deficits, and underlying GI conditions had been ruled out. Treatment protocol included one-on-one hour-long sessions weekly with mom providing guidance on fortification of milk, structured meal and snack times, giving repeated exposure to familiar and unfamiliar foods, as well as encouraging age-appropriate meal-related activities. Patient outcomes: After four weeks, the number of accepted foods had increased to ten different solids in addition to fortified milk. Weight and growth velocity were stabilized as well. After seven weeks, the number of accepted foods exceeded twenty, labs improved, weight was fully restored, and growth curve trends showed successful catch-up growth. Mom continues with monthly sessions to work on establishing long-term healthy habits.

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