

MARCH

Nutrition Notes

- **Personalized Nutrition/3D Food Printing:** The evolution of technologies and interest in food is bringing personalized nutrition to the spotlight. Programs to analyze your gut microbiome to provide personalized nutrition recommendations, nutrition advice based on your DNA with a meal delivery system or drone delivery of meals may all be in our future. If you can only imagine the day you sit down at your computer type in the specific nutrition profile of your dinner meal and then print the food out on your computer ---- yes this is already being done at MIT, Cornell and NASA. 3D printing relies on an ink-like, flowable liquid or powdered material that can be quickly transformed into a rigid solid. 3D printed pasta that remains flat has been developed that reacts with hot water to form pasta shapes. Consumers of the future would likely own a 3D food printer as a household appliance that would allow them a high degree of customization during meal preparation. Pre-packaged food cartridge “inks” could be ordered on-line.
- **Oncology:** The new landmark report from the AICR and WCRF has reinforced the dietitian’s role in cancer treatment and prevention. What’s new – there is more of an emphasis on overall dietary patterns, weight management and regular physical activity for prevention. A dietitian has a unique role in counseling on the BIG PICTURE to create healthy behaviors for lower cancer risk (weight management, physical activity, balanced diet and food/beverages to limit and avoid).
- **CASE STUDY:** LT is a 55-year-old female. First visit, 7-day average FSBS was 104-158, wt 222.6#, ht 65” tall, BMI of 37. Three weeks later, 7-day average FSBS decreased to 92-139, her weight dropped 8.5#, BMI 35.65. She is exercising 2x/wk, 30-minute walk, keeping behavioral intake records for review and problem solving. Pt is no longer skipping meals, enjoying improved sleep and energy because of her behavior changes.
- **Medicare coverage of CGM:** The use of continuous glucose monitoring (CGM) is increasing. The ambulatory glucose profile (AGP) standardizes glucose reporting and analysis of CGM data and makes it much easier for the dietitians at *BN* to do problem solving and pattern management with our patients. Hypo and hyperglycemia events are easily identified and when contrasted with daily intake/lifestyle records this is a very beneficial tool to pinpoint problematic food/lifestyle choices. Medicare will cover CGM’s if: BGM 4x/day, 3 MDI, insulin treatment regimen requires frequent adjustments.