

SHOREDITCH PARK & CITY PCN DIETITIAN SERVICE

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Dietitian

INTRODUCTION

- **The Dietetic service has been in operation in the PCN since January 2022, commencing with a scoping exercise to understand the needs of the PCN. Clinics commenced from April 2022.**
- **Vision**
 - To provide a personalised nutrition and dietetic care provision tailored to the unique needs of the patients based on what matters most to them and to educate, empower and support patients to improve their overall health and wellbeing, QOL and patient experience.
- **Aim**
 - To provide a timely, comprehensive and collaborative nutrition and dietetic service across the 5 PCN GP practices, tailored to the identified health and social care needs of the patient population served by the PCN. Thereby, enhancing and adding value to existing service provision available to the patients in the PCN.

WHAT IS A DIETITIAN?



- ***Dietitians are qualified and regulated health professionals that assess, diagnose and treat dietary and nutritional problems at an individual and wider public-health level.***
- ***They use the most up-to-date public health and scientific research on food, health and disease which they translate into practical guidance to enable people to make appropriate lifestyle and food choices.***



What my friends think I do.



What my mom thinks I do.



What I think I do.



What society thinks I do.



What I really do.

WHO IS THE SERVICE FOR?

- Anyone registered at Neaman Practice!

Conditions we can help with:

- IBS and other gut issues
- Prediabetes
- Obesity
- Malnutrition and frailty
- Heart disease (e.g. those with high cholesterol and high blood pressure)

Eatwell Guide

Check the label on packaged foods

Each serving (150g) contains

Energy	Fat	Saturated fat	Sugars	Salt
1046kJ 250kcal	3.0g	1.3g	34g	0.9g
13%	LOW	LOW	HIGH	MED
	4%	7%	50%	15%

of an adult's reference intake

Typical values (as sold) per 100g: 697kJ/ 167kcal

Choose foods lower in fat, salt and sugars

Use the Eatwell Guide to help you get a balance of healthier and more sustainable food. It shows how much of what you eat overall should come from each food group.

6-8 a day

Water, lower fat milk, sugar-free drinks including tea and coffee all count.

Limit fruit juice and/or smoothies to a total of 150ml a day.

Eat at least 5 portions of a variety of fruit and vegetables every day

Fruit and vegetables



Choose wholegrain or higher fibre versions with less added fat, salt and sugar

Potatoes, bread, rice, pasta and other starchy carbohydrates



Beans, pulses, fish, eggs, meat and other proteins

Eat more beans and pulses, 2 portions of sustainably sourced fish per week, one of which is oily. Eat less red and processed meat



Dairy and alternatives

Choose lower fat and lower sugar options



Oil & spreads

Choose unsaturated oils and use in small amounts



Eat less often and in small amounts

Per day 2000kcal 2500kcal = ALL FOOD + ALL DRINKS



PRINCIPLES

- Regular meals – to maintain blood sugar levels
- Reduction of sugar intake
- Reduction of saturated fat– reduce heart disease risk
- Switch to complex carbs
- Increase in fruit and vegetables – to maintain blood sugar and reduce CVD risk



CARBOHYDRATES 'CARBS'

- Pasta, rice and bread, as well as milk, fruit, and vegetables
- Different types are broken down differently
- **It's best to introduce wholegrains such as brown rice/pasta and bread**
- **Reduce simple carbs found in cakes/biscuits/sweets etc.**

SUGAR – THE ENEMY?

- A.K.A. table sugar/free sugars/sucrose
- You do not need to cut out sugar completely
- **Try to reduce as much as possible**
- Switch milk/white chocolate for dark



FRUIT AND VEGETABLES

- Any fruit or veg is fine e.g. fresh/tinned in juice/dried (1 tbsp per day)
- Avoid tinned fruit in syrup
- Keep fruit juice/smoothies to a minimum e.g. max. (150mls) per day
- Leaves skins on where possible



DAIRY PRODUCTS AND ALTERNATIVES

Dairy foods are good sources of [calcium](#) and vitamin B12

Some can be high in saturated fat, such as butter and Ghee

Include two to three servings per day.



MEAT, FISH, EGGS, PULSES



Sources of protein



Protein is essential to maintain muscle mass and repair



Choose leaner meats

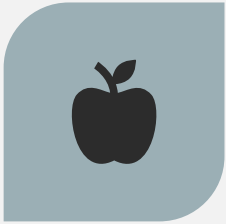


Eat fish twice per week, one of which can be oily



Eat more beans and pulses!

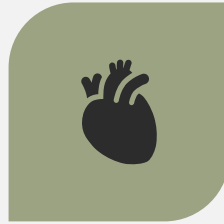
FIBRE



FIBRE IS BENEFICIAL FOR
MANY REASONS



IT HELPS TO BULK UP THE
STOOL, REDUCES RISK OF
DEVELOPING BOWEL
CANCER, AND
CONDITIONS SUCH AS
DIVERTICULAR DISEASE



THERE ARE CERTAIN
TYPES OF FIBRE THAT ARE
PARTICULARLY GOOD
FOR REDUCING OUR BAD
CHOLESTEROL LEVELS –
SEE NEXT PAGE



SOME FIBRE CREATES A
GEL IN THE GUT. THIS
HELPS DELAY OR REDUCE
SOME NUTRIENTS FROM
BEING ABSORBED INTO
YOUR BLOOD INCLUDING
SUGAR AND FATS
INCLUDING
CHOLESTEROL.



MOST PEOPLE DO NOT
EAT ENOUGH FIBRE

HIGH FIBRE FOODS

Oats

Lentils/chickpeas/beans

Brown rice, pasta and
bread

Nuts

Seeds

Fruits

Vegetables

Sweet potato

Yams

Barley, fonio, spelt,
kamut, teff

FAT

EAT LESS

Saturated (solid at room temp)

- Butter, ghee, cream
- Fatty and processed meats e.g. sausage, bacon
- Coconut oil and palm oil

EAT MORE

Monounsaturated (liquid at room temp)

- Olives and olive oil
- Avocados
- Nuts and seeds
- Rapeseed oil

EAT MORE

Polyunsaturated fats (liquid at room temp)

- Walnuts
- Sunflower oil
- Oily fish (salmon, herring, pilchards, mackerel)
- Flaxseeds
- Hemp

The background of the image is a dark, textured surface covered with numerous question marks of varying sizes and shades of brown and tan. Some question marks are in sharp focus, while others are blurred, creating a sense of depth. A large, light gray question mark is positioned on the left side, partially overlapping the white rectangular box.

QUESTIONS?



WEIGHT LOSS DRUGS

Tirzepatide (Mounjaro®)

Patients should only be referred for treatment with tirzepatide if they meet **all** the below eligibility criteria for the drug

1. Body Mass Index (BMI) NHSE March 2025	≥40 kg/m² <i>*A lower BMI threshold should be used (usually reduced by 2.5 kg/m²) for people from South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean ethnic background</i>												
2. Co-morbidities NHSE March 2025	At least FOUR qualifying co-morbidities <table border="1" data-bbox="861 442 2094 1192"> <thead> <tr> <th>Co-morbidities</th><th>Definition</th></tr> </thead> <tbody> <tr> <td><i>Atherosclerotic cardiovascular disease (ASCVD)</i></td><td>Established atherosclerotic CVD (ischaemic heart disease, cerebrovascular disease, peripheral vascular disease, heart failure)</td></tr> <tr> <td><i>Hypertension</i></td><td>Established diagnosis of hypertension and requiring blood pressure lowering therapy</td></tr> <tr> <td><i>Dyslipidaemia</i></td><td>Treated with lipid-lowering therapy, or with low-density lipoprotein (LDL) equal-to-or-greater than 4.1 mmol/L, or high-density lipoprotein (HDL) less than 1.0 mmol/L for men or less than 1.3mmol/L for women or fasting (where possible) triglycerides equal-to-or-greater-than 1.7 mmol/L</td></tr> <tr> <td><i>Obstructive Sleep Apnoea (OSA)</i></td><td>Established diagnosis of OSA (sleep clinic confirmation via sleep study) and treatment indicated i.e. meets criteria for continuous positive airway pressure (CPAP) or equivalent</td></tr> <tr> <td><i>Type 2 diabetes mellitus</i></td><td>Established type 2 diabetes mellitus</td></tr> </tbody> </table>	Co-morbidities	Definition	<i>Atherosclerotic cardiovascular disease (ASCVD)</i>	Established atherosclerotic CVD (ischaemic heart disease, cerebrovascular disease, peripheral vascular disease, heart failure)	<i>Hypertension</i>	Established diagnosis of hypertension and requiring blood pressure lowering therapy	<i>Dyslipidaemia</i>	Treated with lipid-lowering therapy, or with low-density lipoprotein (LDL) equal-to-or-greater than 4.1 mmol/L, or high-density lipoprotein (HDL) less than 1.0 mmol/L for men or less than 1.3mmol/L for women or fasting (where possible) triglycerides equal-to-or-greater-than 1.7 mmol/L	<i>Obstructive Sleep Apnoea (OSA)</i>	Established diagnosis of OSA (sleep clinic confirmation via sleep study) and treatment indicated i.e. meets criteria for continuous positive airway pressure (CPAP) or equivalent	<i>Type 2 diabetes mellitus</i>	Established type 2 diabetes mellitus
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3. Face-to-face access	Patient must be able to attend a face-to-face assessment appointment with a weight management specialist prior to initiating tirzepatide												
4. Supportive management	Patient must agree to engage with wraparound care (nutritional and dietetic advice, physical activity guidance and behavioural change) for at least 9 months from tirzepatide prescribing												

Eligibility criteria

Semaglutide (Wegovy®) Patients should only be referred for treatment with semaglutide if they meet all the below eligibility criteria for the specific drug	
1. Body Mass Index (BMI) NICE TA875	• $\geq 35 \text{ kg/m}^2$ or • $30.0 - 34.9 \text{ kg/m}^2$ and meet the criteria for referral to specialist overweight and obesity management services, where: ○ the underlying causes of overweight or obesity need to be assessed ○ person has complex disease states or needs that cannot be managed adequately in behavioural overweight & obesity management services (e.g. the extra support needs of people with learning disabilities) ○ less intensive management has been unsuccessful ○ specialist interventions (such as a very-low-calorie diet) ○ surgery or certain medicines being considered [section 1.11.13 of NICE guideline NG246: Overweight and obesity management] <i>*A lower BMI threshold should be used (usually reduced by 2.5 kg/m^2) for people from South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean ethnic background</i>
2. Co-morbidities NICE TA875	At least ONE weight-related co-morbidity • Hypertension • Dyslipidaemia • Obstructive sleep apnoea • Cardiovascular disease
3. Additional NEL locally agreed criteria for phase 1 weight management pilot only (consultant to weight management consultant referral)	At least ONE of the below: • Active malignancy and need for urgent weight loss for planned therapy e.g. radiotherapy or surgery • Urgent weight loss needed for organ transplant • Idiopathic intracranial hypertension (IIH), needing frequent lumbar punctures and/or visual compromise • Undergoing planned time-sensitive surgery for life-limiting conditions, where a high BMI is the main barrier to surgery. • Obesity hypoventilation syndrome (OHS) Note: this list of criteria does not apply to other patients outside of the NEL weight management phase 1 pilot
4. Clinical setting	Semaglutide must be prescribed within a specialist weight management service providing multidisciplinary management of overweight or obesity (including but not limited to tiers 3 and 4)



GLP-1 agonists work by mimicking the body's natural GLP-1 hormone, which helps to control blood sugar and promote weight loss by increasing insulin release, reducing glucagon, slowing digestion, and suppressing appetite.



By increasing the feeling of fullness and reducing the amount of food consumed, GLP-1 agonists help manage blood sugar in type 2 diabetes and can also lead to significant weight loss.

WHAT ARE
THEY?