

DIETETICS

A MEDICAL DICTIONARY, BIBLIOGRAPHY,
AND ANNOTATED RESEARCH GUIDE TO
INTERNET REFERENCES



JAMES N. PARKER, M.D.
AND PHILIP M. PARKER, PH.D., EDITORS

ICON Health Publications
ICON Group International, Inc.
4370 La Jolla Village Drive, 4th Floor
San Diego, CA 92122 USA

Copyright ©2004 by ICON Group International, Inc.

Copyright ©2004 by ICON Group International, Inc. All rights reserved. This book is protected by copyright. No part of it may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without written permission from the publisher.

Printed in the United States of America.

Last digit indicates print number: 10 9 8 7 6 4 5 3 2 1

Publisher, Health Care: Philip Parker, Ph.D.
Editor(s): James Parker, M.D., Philip Parker, Ph.D.

Publisher's note: The ideas, procedures, and suggestions contained in this book are not intended for the diagnosis or treatment of a health problem. As new medical or scientific information becomes available from academic and clinical research, recommended treatments and drug therapies may undergo changes. The authors, editors, and publisher have attempted to make the information in this book up to date and accurate in accord with accepted standards at the time of publication. The authors, editors, and publisher are not responsible for errors or omissions or for consequences from application of the book, and make no warranty, expressed or implied, in regard to the contents of this book. Any practice described in this book should be applied by the reader in accordance with professional standards of care used in regard to the unique circumstances that may apply in each situation. The reader is advised to always check product information (package inserts) for changes and new information regarding dosage and contraindications before prescribing any drug or pharmacological product. Caution is especially urged when using new or infrequently ordered drugs, herbal remedies, vitamins and supplements, alternative therapies, complementary therapies and medicines, and integrative medical treatments.

Cataloging-in-Publication Data

Parker, James N., 1961-
Parker, Philip M., 1960-

Dietetics: A Medical Dictionary, Bibliography, and Annotated Research Guide to Internet References / James N. Parker and Philip M. Parker, editors

p. cm.

Includes bibliographical references, glossary, and index.

ISBN: 0-497-00361-9

1. Dietetics-Popular works. I. Title.

Disclaimer

This publication is not intended to be used for the diagnosis or treatment of a health problem. It is sold with the understanding that the publisher, editors, and authors are not engaging in the rendering of medical, psychological, financial, legal, or other professional services.

References to any entity, product, service, or source of information that may be contained in this publication should not be considered an endorsement, either direct or implied, by the publisher, editors, or authors. ICON Group International, Inc., the editors, and the authors are not responsible for the content of any Web pages or publications referenced in this publication.

Copyright Notice

If a physician wishes to copy limited passages from this book for patient use, this right is automatically granted without written permission from ICON Group International, Inc. (ICON Group). However, all of ICON Group publications have copyrights. With exception to the above, copying our publications in whole or in part, for whatever reason, is a violation of copyright laws and can lead to penalties and fines. Should you want to copy tables, graphs, or other materials, please contact us to request permission (E-mail: iconedit@san.rr.com). ICON Group often grants permission for very limited reproduction of our publications for internal use, press releases, and academic research. Such reproduction requires confirmed permission from ICON Group International, Inc. **The disclaimer above must accompany all reproductions, in whole or in part, of this book.**

Acknowledgements

The collective knowledge generated from academic and applied research summarized in various references has been critical in the creation of this book which is best viewed as a comprehensive compilation and collection of information prepared by various official agencies which produce publications on dietetics. Books in this series draw from various agencies and institutions associated with the United States Department of Health and Human Services, and in particular, the Office of the Secretary of Health and Human Services (OS), the Administration for Children and Families (ACF), the Administration on Aging (AOA), the Agency for Healthcare Research and Quality (AHRQ), the Agency for Toxic Substances and Disease Registry (ATSDR), the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), the Healthcare Financing Administration (HCFA), the Health Resources and Services Administration (HRSA), the Indian Health Service (IHS), the institutions of the National Institutes of Health (NIH), the Program Support Center (PSC), and the Substance Abuse and Mental Health Services Administration (SAMHSA). In addition to these sources, information gathered from the National Library of Medicine, the United States Patent Office, the European Union, and their related organizations has been invaluable in the creation of this book. Some of the work represented was financially supported by the Research and Development Committee at INSEAD. This support is gratefully acknowledged. Finally, special thanks are owed to Tiffany Freeman for her excellent editorial support.

About the Editors

James N. Parker, M.D.

Dr. James N. Parker received his Bachelor of Science degree in Psychobiology from the University of California, Riverside and his M.D. from the University of California, San Diego. In addition to authoring numerous research publications, he has lectured at various academic institutions. Dr. Parker is the medical editor for health books by ICON Health Publications.

Philip M. Parker, Ph.D.

Philip M. Parker is the Eli Lilly Chair Professor of Innovation, Business and Society at INSEAD (Fontainebleau, France and Singapore). Dr. Parker has also been Professor at the University of California, San Diego and has taught courses at Harvard University, the Hong Kong University of Science and Technology, the Massachusetts Institute of Technology, Stanford University, and UCLA. Dr. Parker is the associate editor for ICON Health Publications.

About ICON Health Publications

To discover more about ICON Health Publications, simply check with your preferred online booksellers, including Barnes&Noble.com and Amazon.com which currently carry all of our titles. Or, feel free to contact us directly for bulk purchases or institutional discounts:

ICON Group International, Inc.
4370 La Jolla Village Drive, Fourth Floor
San Diego, CA 92122 USA
Fax: 858-546-4341
Web site: www.icongrouponline.com/health

Table of Contents

FORWARD	1
CHAPTER 1. STUDIES ON DIETETICS.....	3
<i>Overview</i>	3
<i>The Combined Health Information Database</i>	3
<i>Federally Funded Research on Dietetics</i>	5
<i>The National Library of Medicine: PubMed</i>	12
CHAPTER 2. NUTRITION AND DIETETICS.....	49
<i>Overview</i>	49
<i>Finding Nutrition Studies on Dietetics</i>	49
<i>Federal Resources on Nutrition</i>	50
<i>Additional Web Resources</i>	50
CHAPTER 3. ALTERNATIVE MEDICINE AND DIETETICS.....	53
<i>Overview</i>	53
<i>National Center for Complementary and Alternative Medicine</i>	53
<i>Additional Web Resources</i>	56
<i>General References</i>	56
CHAPTER 4. DISSERTATIONS ON DIETETICS	57
<i>Overview</i>	57
<i>Dissertations on Dietetics</i>	57
<i>Keeping Current</i>	58
CHAPTER 5. BOOKS ON DIETETICS.....	59
<i>Overview</i>	59
<i>Book Summaries: Federal Agencies</i>	59
<i>Book Summaries: Online Booksellers</i>	60
<i>Chapters on Dietetics</i>	61
CHAPTER 6. MULTIMEDIA ON DIETETICS	77
<i>Overview</i>	77
<i>Video Recordings</i>	77
CHAPTER 7. PERIODICALS AND NEWS ON DIETETICS	79
<i>Overview</i>	79
<i>News Services and Press Releases</i>	79
<i>Newsletter Articles</i>	80
<i>Academic Periodicals covering Dietetics</i>	82
APPENDIX A. PHYSICIAN RESOURCES	85
<i>Overview</i>	85
<i>NIH Guidelines</i>	85
<i>NIH Databases</i>	87
<i>Other Commercial Databases</i>	89
APPENDIX B. PATIENT RESOURCES.....	91
<i>Overview</i>	91
<i>Patient Guideline Sources</i>	91
<i>Finding Associations</i>	93
APPENDIX C. FINDING MEDICAL LIBRARIES.....	95
<i>Overview</i>	95
<i>Preparation</i>	95
<i>Finding a Local Medical Library</i>	95
<i>Medical Libraries in the U.S. and Canada</i>	95
ONLINE GLOSSARIES.....	101
<i>Online Dictionary Directories</i>	101

DIETETICS DICTIONARY.....	103
INDEX.....	135

FORWARD

In March 2001, the National Institutes of Health issued the following warning: "The number of Web sites offering health-related resources grows every day. Many sites provide valuable information, while others may have information that is unreliable or misleading."¹ Furthermore, because of the rapid increase in Internet-based information, many hours can be wasted searching, selecting, and printing. Since only the smallest fraction of information dealing with dietetics is indexed in search engines, such as **www.google.com** or others, a non-systematic approach to Internet research can be not only time consuming, but also incomplete. This book was created for medical professionals, students, and members of the general public who want to know as much as possible about dietetics, using the most advanced research tools available and spending the least amount of time doing so.

In addition to offering a structured and comprehensive bibliography, the pages that follow will tell you where and how to find reliable information covering virtually all topics related to dietetics, from the essentials to the most advanced areas of research. Public, academic, government, and peer-reviewed research studies are emphasized. Various abstracts are reproduced to give you some of the latest official information available to date on dietetics. Abundant guidance is given on how to obtain free-of-charge primary research results via the Internet. **While this book focuses on the field of medicine, when some sources provide access to non-medical information relating to dietetics, these are noted in the text.**

E-book and electronic versions of this book are fully interactive with each of the Internet sites mentioned (clicking on a hyperlink automatically opens your browser to the site indicated). If you are using the hard copy version of this book, you can access a cited Web site by typing the provided Web address directly into your Internet browser. You may find it useful to refer to synonyms or related terms when accessing these Internet databases. **NOTE:** At the time of publication, the Web addresses were functional. However, some links may fail due to URL address changes, which is a common occurrence on the Internet.

For readers unfamiliar with the Internet, detailed instructions are offered on how to access electronic resources. For readers unfamiliar with medical terminology, a comprehensive glossary is provided. For readers without access to Internet resources, a directory of medical libraries, that have or can locate references cited here, is given. We hope these resources will prove useful to the widest possible audience seeking information on dietetics.

The Editors

¹ From the NIH, National Cancer Institute (NCI): <http://www.cancer.gov/cancerinfo/ten-things-to-know>.

CHAPTER 1. STUDIES ON DIETETICS

Overview

In this chapter, we will show you how to locate peer-reviewed references and studies on dietetics.

The Combined Health Information Database

The Combined Health Information Database summarizes studies across numerous federal agencies. To limit your investigation to research studies and dietetics, you will need to use the advanced search options. First, go to <http://chid.nih.gov/index.html>. From there, select the "Detailed Search" option (or go directly to that page with the following hyperlink: <http://chid.nih.gov/detail/detail.html>). The trick in extracting studies is found in the drop boxes at the bottom of the search page where "You may refine your search by." Select the dates and language you prefer, and the format option "Journal Article." At the top of the search form, select the number of records you would like to see (we recommend 100) and check the box to display "whole records." We recommend that you type "dietetics" (or synonyms) into the "For these words:" box. Consider using the option "anywhere in record" to make your search as broad as possible. If you want to limit the search to only a particular field, such as the title of the journal, then select this option in the "Search in these fields" drop box. The following is what you can expect from this type of search:

- **Model for Dietetics Practice and Research: The Challenge is Here, but the Journey was not Easy (editorial)**

Source: Journal of the American Dietetic Association. 93(7): 755-757. July 1993.

Contact: Available from American Dietetic Association. 216 West Jackson Boulevard, Suite 800, Chicago, IL 60606-6995. (800) 877-4746.

Summary: The authors of this commentary contend that, as the nation is challenged to provide the best health care at a reasonable cost, dietitians should actively promote themselves as vital partners in the quest for health promotion and disease prevention. Topics covered include the Diabetes Control and Complications Trial (DCCT) and how it can serve as a model for **dietetics** practice and research; diabetes care as a paradigm; obstacles to implementing the model; and the challenge for the future, particularly the

need for mentoring. The authors stress that dietitians need to examine their strengths, obtain expertise in their areas of interest, educate nondietitians and investigators about the benefits of using dietitians' skills in the clinical and research environments, and continue to develop the mentoring system. 1 figure. 15 references.

- **Obesity and the Metabolic Syndrome: Implications for Dietetics Practitioners**

Source: J Am Diet Assoc. 104(1):86-89. January 2004.

Summary: The metabolic syndrome includes laboratory and physical findings such as central obesity, insulin resistance, hypertension, high triglycerides, low HDL-cholesterol, and several abnormalities in clotting and inflammatory markers. Twenty-four percent of adult Americans have the metabolic syndrome. Central location of fat and release of fatty acids and cytokines from enlarged fat cells in the intra-abdominal fat tissue provide the primary agents that incite this syndrome. Identifying dietary and lifestyle factors, including low levels of physical activity, are important in designing a diet and exercise program that can help patients with the metabolic syndrome to reduce negative health consequences.

- **Gastrointestinal Disorders: Roles of Nutrition and the Dietetics Practitioner**

Source: Journal of the American Dietetic Association. 98(3): 272-277. March 1998.

Summary: This article outlines the roles of nutrition and **dietetics** practitioners in the overall management of patients with gastrointestinal (GI) problems. The author stresses that because of their training and experiences in the areas of food, nutrition, and management, **dietetics** practitioners have the opportunity to make an important contribution to the care of patients with GI disorders. The author discusses the development of screening and assessment programs; the evaluation of nutritional status in GI disorders; the development of protocols, standards of care, and critical pathways; quality improvement and assessment; the role of research; roles in working with both ambulatory and inpatient clients; putting lactose intolerance into perspective; indigestion associated with ingestion of spicy foods; the role of **dietetics** practitioners in the care of patients with inflammatory bowel disease (IBD) or those with short-bowel syndrome; and the evaluation of enteral formulas for nutrition support. The author notes that most people are relieved to learn that common GI problems are relatively innocuous and are easily explained by well-established food physiology mechanisms. However, many people cling to myths and their own beliefs about foods and their body's reactions to them. It is the role of the **dietetics** professional to guide clients to a more rational, science-based understanding of food physiology mechanisms. The author concludes that application of the more artistic side of **dietetics**, involving human relations, counseling, and management, can be equally valuable when replacing practices based on conjecture and old paradigms with sound standards of care. 2 tables. 48 references.

- **Renal Dietetics in Japan: A Perspective**

Source: Journal of Renal Nutrition. 1(2): 84-87. April 1991.

Summary: This article reports on an International Dietitians' Meeting that was organized as part of the 11th International Congress of Nephrology in Tokyo during July 1990. The specialization of renal **dietetics** in Japan is in the early stages of development. The authors discuss the differences between the Japanese and American renal diet recommendations, including cultural influences on patient compliance with diet therapy. The authors note that the Western influence of fast food franchises and life-

style changes with increased incidence of hypertension, heart attack, and stroke, are beginning to heighten the awareness in Japan of the need for prevention of chronic diseases. 3 figures. 1 table. 4 references. (AA-M).

Federally Funded Research on Dietetics

The U.S. Government supports a variety of research studies relating to dietetics. These studies are tracked by the Office of Extramural Research at the National Institutes of Health.² CRISP (Computerized Retrieval of Information on Scientific Projects) is a searchable database of federally funded biomedical research projects conducted at universities, hospitals, and other institutions.

Search the CRISP Web site at http://crisp.cit.nih.gov/crisp/crisp_query.generate_screen. You will have the option to perform targeted searches by various criteria, including geography, date, and topics related to dietetics.

For most of the studies, the agencies reporting into CRISP provide summaries or abstracts. As opposed to clinical trial research using patients, many federally funded studies use animals or simulated models to explore dietetics. The following is typical of the type of information found when searching the CRISP database for dietetics:

- **Project Title: BPDiets DIETARY INTERVENTION TOOL-HYPERTENSION**

Principal Investigator & Institution: Knebel, Ellen J.; Targeted Dietetics, Inc. Box 2893 Merrifield, Va 22116

Timing: Fiscal Year 2003; Project Start 15-JAN-2003; Project End 16-JUL-2003

Summary: (provided by investigator): Dietary modifications are recognized as an integral part of adjuvant medical management for the treatment of high blood pressure—a disease that affects over 50 million US adults, and which middle-age Americans face an estimated 90% lifetime risk. The current challenge is how to facilitate meaningful long-term lifestyle and nutritional changes in hypertensive patients that overcomes patient, physician, and lifestyle barriers. Targeted Dietetics' Web-Based Dietary Intervention Tool for High Blood Pressure (BPDiets™) may provide an excellent resource for physicians, health professionals, and case managers, to facilitate long-term dietary changes in adults with hypertension. The tool locates "meals" that fit with anti-hypertensive diets and individual tastes (from restaurant, make-at-home, a la carte, ethnic, and frozen selections). Currently listing >150 meals the BPDiets™ tool enables users to: auto-generate their own menus; interact with registered dietitians specializing in hypertension online, self-monitor, and more. Phase 1 Feasibility Trials will aim to further understand the unique needs of the target user group, and improve the BPDiets™ tool to ensure the greatest utilization by target users. Phase 2 Efficacy Trials will test the hypothesis that a program of dietary modification using the BPDiets™ tool, can improve blood pressure control in adults who have Hypertension.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

² Healthcare projects are funded by the National Institutes of Health (NIH), Substance Abuse and Mental Health Services (SAMHSA), Health Resources and Services Administration (HRSA), Food and Drug Administration (FDA), Centers for Disease Control and Prevention (CDCP), Agency for Healthcare Research and Quality (AHRQ), and Office of Assistant Secretary of Health (OASH).

- **Project Title: CORE--CLINICAL RESEARCH CORE**

Principal Investigator & Institution: Knopp, Robert; University of Washington Grant & Contract Services Seattle, Wa 98105

Timing: Fiscal Year 2002

Summary: This abstract is not available.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: DIET/INTRAMYOCYLLULAR LIPID/ENDURANCE PERFORMANCE**

Principal Investigator & Institution: Larson-Meyer, D Enette.; None; Lsu Pennington Biomedical Research Ctr 6400 Perkins Rd Baton Rouge, La 70808

Timing: Fiscal Year 2003; Project Start 01-JUL-2003; Project End 28-FEB-2006

Summary: (provided by applicant): For this Career Development Award application, I will capitalize and build on my past training experience which includes: a) a Master's Degree in Clinical **Dietetics**; b) experience as a Research Dietitian at the NIDDK in Phoenix, during which I investigated the relationship between food intake and energy metabolism; c) a Doctorate Degree from the University of Alabama at Birmingham, where my research focused on the use of ³¹P Magnetic Resonance (MR) Spectroscopy to measure skeletal muscle metabolism; and d) a Post-doctoral Fellowship at UAB where I used ¹H MR Spectroscopic Imaging to look at the impact of dietary fat on intramyocellular lipid content. As part of my overall project "Impact of Diet on Intramyocellular Lipid, Endurance Performance and Insulin Sensitivity", I am proposing to learn research skills that will help complement my current knowledge/capabilities. These skills include the technologies for measuring: a) skeletal muscle lipid and glycogen content by biochemical and histochemical techniques; b) muscle fat infiltration by computed tomography; c) intracellular lipid content in liver using ¹H MR spectroscopy; d) carbohydrate metabolism using ¹³C- MR spectroscopy; e) insulin sensitivity by the hyperinsulinemic euglycemic clamp; and f) lipid metabolism using stable isotope infusion. I will also increase my knowledge of basic exercise physiology techniques, clinical research administration and bioethics. My project involves three individual studies (projects) that have been peer reviewed and funded. Project 1 will address whether differences in the amount of fat stored within the skeletal muscle as a result of endurance exercise and either a very-low fat or moderate-fat diet will result in differences in endurance performance. Project 2 will focus on the influence of either a low-fat or a moderate fat diet on adaptation to 16-weeks of exercise training. Project 3 will test whether lipid content in skeletal muscle and liver correlates positively with abdominal subcutaneous adipocyte size in type 2 diabetics and obese non-diabetics, and negatively with insulin sensitivity. My involvement in these projects will provide the perfect opportunity to develop these research skills. To achieve my career development goals, I will be mentored by: Drs Eric Ravussin (Sponsor), Claude Bouchard, Donna H. Ryan, David E. Kelley, Gerald I. Shulman and Mark A. Tarnopolsky (consulting sponsors). Completion of this mentored training will position me to achieve my long-term career objective of becoming an independent investigator with expertise in energy and macronutrient metabolism. There is ample equipment and facilities at the Pennington Center to support the projects and career development plan proposed.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: DIETARY CHANGE IN FAMILIES OF PRESCHOOL CHILDREN**

Principal Investigator & Institution: Davis, Marsha; Associate Professor; Human and Organizational Development; Vanderbilt University 3319 West End Ave. Nashville, Tn 372036917

Timing: Fiscal Year 2004; Project Start 01-JUN-2004; Project End 31-MAY-2006

Summary: (provided by applicant): Dietary factors, particularly insufficient consumption of fruit, 100% juice, and vegetables (F) have been associated with major types of cancer, chronic disease and obesity. Low-income preschool children do not eat the recommended number of FV. There is substantial evidence that children's food preferences and eating patterns are initiated early in life and parents are the primary influence on the child's emerging food habits. Few programs have been developed for high risk, low-income preschool children. A very limited number of dietary intervention studies have been conducted in preschool children and most have been implemented in child-care settings. None have a strong parental component. None have been family-based. This study will develop and pilot a family-based intervention aimed at influencing the preschool child's dietary intake through changes in parent FV consumption, availability and accessibility of FV in the home, parent modeling, and parent-child communication. The Specific Aims are to: 1. Employ focus groups methodologies to learn more about specific factors influencing parent and child FV intake in our target population; 2. Translate discovered knowledge into specific and tailored intervention messages and materials; 3. Conduct additional focus groups to confirm that the intervention messages and proposed delivery channels are salient, culturally relevant and sensitive; 4. Identify implementation, recruitment and retention procedures best suited to the target population; 5. Develop preliminary instruments and protocols to implement and evaluate the intervention; 6. Conduct a pilot survey to pre-test intervention materials and instrumentation; 7. Estimate parameters required to properly design and power an anticipated group-randomized trial assessing the efficacy of the newly developed intervention program. Our goal is to utilize the work proposed in this R2 I application so as to submit a rigorous intervention-evaluation study, under the RO I mechanism.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: EFFECTS OF DIETARY ALUMINUM ON AMYLOIDOSIS IN A TRANSGE***

Principal Investigator & Institution: Pratico, Domenico; Assistant Professor; Pharmacology; University of Pennsylvania 3451 Walnut Street Philadelphia, Pa 19104

Timing: Fiscal Year 2002; Project Start 15-SEP-2001; Project End 31-AUG-2003

Summary: (provided by applicant) The long-term objective of this proposal is to determine the functional role that dietary aluminum (Al) plays in vivo in Alzheimer's disease (AD)-like amyloidosis. Epidemiological studies have implicated Al exposure in AD pathogenesis, and its known capacity to exacerbate oxidative events has been suggested as a possible mechanism of its neurotoxicity. However, conflicting results have also been reported. Isoprostanes are sensitive and specific markers of in vivo lipid peroxidation and oxidative stress. Recently, the investigators have shown that isoprostane biosynthesis is increased in a transgenic mouse model of AD amyloidosis, the Tg2567, and that this increase precedes the onset of detectable amount of brain amyloid Beta (ABeta) levels and plaque deposition. In Specific Aim 1, the researchers will investigate whether or not dietary Al exacerbates in vivo oxidative stress and lipid peroxidation in Tg2567 mice, and whether this will lead to an earlier development of the

AD-like amyloidosis and behavioral changes. In Specific Aim 2, they will test the hypothesis that dietary antioxidant, vitamin E, by suppressing isoprostane biosynthesis, will delay the accumulation of amyloid B and the onset of amyloid plaque deposition and ameliorate the behavioral impairment in Tg2567 mice. In summary, these studies will elucidate the controversial role of dietary Al as a potential pathogenetic factor in AD development. These studies will investigate its role as modulator of brain oxidative damage and lipid peroxidation and subsequent amyloid deposition in a model of AD amyloidosis. Such data will provide new insights into the relationship between Al exposure and AD. These studies are a necessary prelude to understand some of the mechanisms by which this nutritional factor may contribute to the initiation and progression of AD. This could lead to future novel therapeutic approaches for this devastating disease.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: GLYCEMIC INDEX OF MIXED MEALS**

Principal Investigator & Institution: Poretzky, Leonid; Weill Medical College of Cornell Univ New York, Ny 10021

Timing: Fiscal Year 2003

Summary: This abstract is not available.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: MBRS SCORE AT THE UNIVERSITY OF TEXAS-PAN AMERICAN**

Principal Investigator & Institution: Bastida, Elena M.; Professor; Sociology; University of Texas-Pan American 1201 W University Dr Edinburg, Tx 78539

Timing: Fiscal Year 2002; Project Start 01-JUN-1977; Project End 31-JUL-2006

Summary: (provided by applicant): The goal of the MBRS-SCORE Program at The University of Texas Pan American is to help support the development of a research infrastructure of excellence in the biomedical sciences on our campus. The current program is designed to facilitate this process by requesting research funds to support the research endeavors of some of its most talented faculty, staff and student researchers. This SCORE application is bolstered by the number of subproject submissions, which more than doubled between 1997 and 2001. In this proposal twenty faculty members will be involved in seventeen subprojects. These investigators represent a record number of departmental involvement bringing together faculty from the departments of biology, chemistry, sociology, psychology, nursing, **dietetics**, economics, anthropology and engineering. Thus the SCORE program at UTPA will be addressing health problems from a broad and diverse perspective. Subprojects range in topic from basic research in the mechanism of anticarcinogenic effects of myristicin that may provide protection against cancer, novel synthesis of medicinal drugs via organometallic agents, toxicity of metabolism of chemical mixtures to broad social-behavioral concerns affecting health policy and the interaction of social and biological factors that influence health outcomes and represent critical avenues for treatment and prevention. Moreover, a primary objective of the proposed SCORE application is to increase the number of underrepresented groups participating in the biomedical sciences. This will be accomplished by expanding the opportunities for underrepresented researchers and students, mostly Hispanic (Latino), and by fostering an engaging research culture on campus that will promote quality graduate education in South Texas. Our geographical location and our high Hispanic enrollment with many of

our students of a migrant-farmwork background provide us with all the necessary requisites to successfully fulfill this endeavor.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: MORTALITY & MORBIDITY IN HEMODIALYSIS PATIENTS**

Principal Investigator & Institution: Daugirdas, John T.; Professor; Medicine; University of Illinois at Chicago 1737 West Polk Street Chicago, IL 60612

Timing: Fiscal Year 2001; Project Start 30-SEP-1994; Project End 31-AUG-2004

Summary: This trial is designed to evaluate survival as well as a number of secondary outcomes (hospitalization for cardiovascular disease, infection, or other non-access-related causes, declining body weight, or declining serum albumin level) in patients randomly assigned to one of four groups: (A) moderate-dose dialysis, low-flux cellulose membrane, (B) high-dose dialysis, low-flux cellulose membrane, (C) moderate-dose dialysis, high-flux synthetic membrane, (D) high-dose dialysis, high-flux synthetic membrane. Each Clinical Center will randomize sufficient patients among these 4 groups such that at least 60 patients are enrolled at all times. The patients will be followed for a 5-year period, replacing deaths or dropouts as they occur with new patients. An 18-month recruitment phase is followed by a 5-year follow-up/intervention phase, and a 6-month closeout phase. Our Clinical Center is uniquely qualified to successfully participate in this study. It is a partnership between the University of Illinois College of Medicine and West Suburban Kidney Centers, a corporation of 14 dialysis units treating 1400 patients in the Chicago area. The study will be performed at the University of Illinois dialysis unit, as well as in 3 nearby units of the WSKC. According to the patient eligibility criteria set out by the Draft MMHD Protocol, we already have identified 220 patients in these 4 units who are eligible for the study and who also meet additional desired criteria (no gross non-compliance, no history of substance abuse, feasibility of delivering a 2-pool Kt/V of 1.4). The centralization of the administrative structure of the WSKC units, which extends through nursing, **dietetics**, social work, and technologists, and the centralized data gathering systems already in place, will greatly facilitate the coordination among units to complete the study. Appropriate technology to carry out high-efficiency dialysis is in place in each of the primary units. More than 80% of the dialysis stations in the primary units have volumetric UF controlled-machines capable of blood flows > 500 ml/min and dialysate flows of 800 ml/min. A dialyzer reuse program with excellent quality controls allows for use of high efficiency dialyzers which will be necessary to deliver the high-dose dialysis treatments.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: NUTRITION AND CVD PREVENTION FOR THE MEDICALLY UNDERSERVED**

Principal Investigator & Institution: Tobin, Brian W.; Basic Medical Sciences; Mercer University Macon Macon, Ga 312070001

Timing: Fiscal Year 2002; Project Start 05-APR-2000; Project End 31-MAR-2005

Summary: (adapted from abstract) The overall goal of this project is to develop, implement, and evaluate a medical education curriculum in nutrition and other aspects of cardiovascular disease (CVD) prevention and patient management with emphasis on the training of primary care physicians for medically underserved populations. The curriculum will be: 1) vertically integrated throughout all four years of undergraduate medical education including basic science, clinical skills, community science, and

clinical clerkships as well as residency training; 2) horizontally integrated to include allied health care training in **dietetics**, nursing, exercise physiology, and public health; and 3) designed as transportable modules adaptable to the curricula of other medical schools. The specific aims are: 1) to enhance the investigators' existing basic science problem-based Biomedical Problems Program with respect to CVD prevention through development of additional curricula in nutrition/diet/exercise and at-risk subpopulations; 2) to integrate into the Clinical Skills Program objectives for medical history-taking, conducting patient exams, diet/lifestyle counseling, and referrals to appropriate allied healthcare professionals that are specific to CVD prevention; 3) to enhance CVD components in the Community Science population-based medicine curriculum stressing the health-field concept model, community needs assessment, evidence-based medicine, and primary care issues in rural and medically underserved populations; 4) to enhance the CVD prevention and patient management component in existing 3rd and 4th year clinical clerkships with respect to nutrition/diet/exercise and socioeconomic issues, behavior modification and networking with allied health professionals; and 5) to integrate a nutrition/behavior change component into Graduate Residency Training in CVD prevention.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: PILOT STUDY--CLINICAL NUTRITION RESEARCH**

Principal Investigator & Institution: Chait, Alan; Professor of Medicine; University of Washington Grant & Contract Services Seattle, Wa 98105

Timing: Fiscal Year 2002

Summary: There is no text on file for this abstract.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: STAFFING COSTS AND BEHAVIORAL NUTRITIONAL INTERVENTIONS**

Principal Investigator & Institution: Simmons, Sandra F.; Medicine; University of California Los Angeles 10920 Wilshire Blvd., Suite 1200 Los Angeles, Ca 90024

Timing: Fiscal Year 2002; Project Start 01-SEP-2001; Project End 31-AUG-2006

Summary: (provided by applicant): The purpose of this NIA Career Development Award (CDA) application is to provide the investigator with the knowledge, analytical skills, and preliminary database to delineate the nursing home (NH) staff resources necessary to implement behavioral and environmental interventions to improve nutritional intake in NH residents. The proposed CDA will allow the investigator to receive training in three primary areas, each of which compliments her existing knowledge: (1) undernutrition in older adults, which will compliment her existing expertise in the health and associated quality-of-life issues facing the NH population; (2) cost analysis, and (3) operations-research modeling, both of which compliment her existing knowledge in research methodology and statistical analysis. This CDA application is designed to provide the investigator with the necessary knowledge and analytical skills to pursue her immediate career goal of refining and validating three methodological tools related to the development of behavioral and environmental interventions to improve nutritional status among NH residents: (1) a mealtime preference-satisfaction interview; (2) a nutritional assessment instrument to identify behavioral and environmental determinants of food intake; and (3) an evaluation tool to examine residents responsiveness to a behavioral and environmental intervention to improve intake and to assess the staff time required to implement the evaluation. The

proposed CDA program of training incorporates formal coursework and individualized tutorials to provide the investigator with the requisite knowledge and skills to accomplish her immediate career goals. Dr. David Reuben, a geriatrician and expert in nutritional issues among older adults, will serve as the investigator's sponsor and primary mentor. [Dr. Gail Harrison, a nutritionist and expert in nutritional assessment issues, will serve as a mentor in the development of the nutritional assessment tools.] [Dr. John Schnelle, a behavioral psychologist and expert in applied research, will serve as her mentor for the development, implementation, and evaluation of behavioral and environmental interventions in the NH setting. [Dr. Shan Cretin, a senior operations-research scientist at RAND,] will be her mentor in operations-research modeling, which will be used to project the NH staff resources necessary to implement the interventions; while, Dr. Emmett Keeler, a senior statistician at RAND, will provide training in cost analysis related to the interventions and the necessary staff resources. Such training will permit the investigator to pursue her long-term career goal of developing behavioral and environmental interventions to improve quality of life among the institutionalized elderly and determine the NH staff resources and the associated costs necessary to implement such interventions in the NH setting. Thus, the proposed CDA training would be central to the investigator's ability to develop as an independent scientist within her chosen area of gerontological research.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: WEB-BASED 5 A DAY EDUCATION FOR COLLEGE CAMPUSES**

Principal Investigator & Institution: Buller, Mary K.; President; Klein Buendel, Inc. Suite 190 Golden, Co 80401

Timing: Fiscal Year 2004; Project Start 01-MAY-2004; Project End 31-OCT-2004

Summary: (provided by applicant): Increasing physical activity and developing healthy eating habits, particularly eating more fruits and vegetables during adolescence, can help reduce chronic disease risk. However as adolescents grow older, activity levels decline and rates of obesity and overweight increase. Nationally, one in five college students is overweight and 73 percent do not eat the recommended five daily servings of fruits and vegetables. The transition from adolescence to young adulthood, specifically from high school to college, is a time when several health risk behaviors change. Resisting influences that lead to unhealthy lifestyles can be difficult, as young adults are often exposed to temptations without the protective influence of parents, guardians, or older siblings. Very few web-based tailored nutrition programs address this growing market segment. In this Phase I study, Klein Buendel, Inc. will establish the technical merit and feasibility of developing an interactive web-based program for innovative college student nutrition education based on the tenets of the national 5 A Day program for increasing fruit and vegetable consumption. The website will be accessed through University Student Health Services programs and have administrative components for program staff. For students, the website will motivate exceptional nutrition and physical activity behaviors during a critical transition from home dependence to campus independence. 5 A Day on Campus will be modeled after Klein Buendel's active 5 A Day at Work web program for worksite wellness staff and employees (CA86552). Phase I paper prototypes will be designed using the American College Health Association's Healthy Campus 2010 objectives, the national Healthy People 2010 objectives for nutrition and physical activity, and select behavior change theories. Klein Buendel will partner with the Produce for Better Health Foundation and administrators from the Student Health Services of five colleges/universities in Arizona, California and Colorado for content and implementation expertise. In Phase II, KB's

multimedia developers will employ leading edge customized features to develop an imminently marketable product for the nation's 10,000 institutions of higher education. In Phase III, 5 A Day on Campus will be licensed and distributed by the Produce for Better Health Foundation and the American College Health Association.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

The National Library of Medicine: PubMed

One of the quickest and most comprehensive ways to find academic studies in both English and other languages is to use PubMed, maintained by the National Library of Medicine.³ The advantage of PubMed over previously mentioned sources is that it covers a greater number of domestic and foreign references. It is also free to use. If the publisher has a Web site that offers full text of its journals, PubMed will provide links to that site, as well as to sites offering other related data. User registration, a subscription fee, or some other type of fee may be required to access the full text of articles in some journals.

To generate your own bibliography of studies dealing with dietetics, simply go to the PubMed Web site at <http://www.ncbi.nlm.nih.gov/pubmed>. Type "dietetics" (or synonyms) into the search box, and click "Go." The following is the type of output you can expect from PubMed for dietetics (hyperlinks lead to article summaries):

- **1995 Commission on Dietetic Registration Dietetics Practice Audit.**
Author(s): Kane MT, Cohen AS, Smith ER, Lewis C, Reidy C.
Source: Journal of the American Dietetic Association. 1996 December; 96(12): 1292-301.
Erratum In: J Am Diet Assoc 1997 May; 97(5): 472.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8948396
- **1995 JCAHO standards: development and relevance to dietetics practice.**
Author(s): Krasker GD, Balogun LB.
Source: Journal of the American Dietetic Association. 1995 February; 95(2): 240-3.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=7852696
- **2000 Commission on Dietetic Registration Dietetics Practice Audit.**
Author(s): Rogers D, Leonberg BL, Broadhurst CB.
Source: Journal of the American Dietetic Association. 2002 February; 102(2): 270-92.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11846126
- **2002 accreditation standards for dietetics education.**
Author(s): Bruening KS, Mitchell BE, Pfeiffer MM.
Source: Journal of the American Dietetic Association. 2002 April; 102(4): 566-77.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11985420

³ PubMed was developed by the National Center for Biotechnology Information (NCBI) at the National Library of Medicine (NLM) at the National Institutes of Health (NIH). The PubMed database was developed in conjunction with publishers of biomedical literature as a search tool for accessing literature citations and linking to full-text journal articles at Web sites of participating publishers. Publishers that participate in PubMed supply NLM with their citations electronically prior to or at the time of publication.

- **75th anniversary of Mayo dietetics.**
 Author(s): Nelson CW.
 Source: Mayo Clinic Proceedings. 1993 November; 68(11): 1042.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8231266
- **A conceptual framework for dietetics.**
 Author(s): Beaudry M, Lilley S, Aucoin-Larade L.
 Source: J Can Diet Assoc. 1991 Summer; 52(2): 77-9.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10111389
- **A longitudinal study of cognitive and affective behavior in a didactic program in dietetics: implications for dietetics education.**
 Author(s): Shafer KJ, Knous BL.
 Source: Journal of the American Dietetic Association. 2001 September; 101(9): 1051-4. Erratum In: J Am Diet Assoc 2001 December; 101(12): 1413.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11573759
- **A model for making outcomes research standard practice in clinical dietetics.**
 Author(s): Eck LH, Slawson DL, Williams R, Smith K, Harmon-Clayton K, Oliver D.
 Source: Journal of the American Dietetic Association. 1998 April; 98(4): 451-7.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=9550170
- **A profile of clinical dietetics practice in Pennsylvania.**
 Author(s): Kris-Etherton PM, Lindsay CA, Smutz WD, Chernoff R.
 Source: Journal of the American Dietetic Association. 1983 December; 83(6): 654-60.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=6643878
- **A strategy for developing a graduate program to prepare managers in dietetics.**
 Author(s): Carey M, Manola JB.
 Source: Journal of the American Dietetic Association. 1994 July; 94(7): 722-4.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8021411
- **A structural pattern in Greek dietetics and the early history of Greek medicine.**
 Author(s): Lonie IM.
 Source: Medical History. 1977 July; 21(3): 235-60.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=333202

- **A survey of dietetics professionals' knowledge of and attitudes toward cholesterol management.**
Author(s): Underbakke G, Plane MB, McBride PE.
Source: Journal of the American Dietetic Association. 1993 March; 93(3): 301-4.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8440828
- **ADA delivers testimony on dietetics in kidney disease to national advisory board.**
Author(s): Beto J.
Source: Journal of the American Dietetic Association. 1988 September; 88(9): 1042, 1044.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=3417997
- **ADA's Nutrition Trends Survey: a tool for all dietetics professionals. American Dietetic Association.**
Author(s): Fishman L, Schiferl M.
Source: Journal of the American Dietetic Association. 1998 February; 98(2): 127.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12518721
- **Advances in nutrition and dietetics.**
Author(s): Eddy TP.
Source: The Practitioner. 1970 October; 205(228): 527-34. Review.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=5533148
- **Advances in nutrition and dietetics.**
Author(s): Yudkin J.
Source: The Practitioner. 1966 October; 197(180): 511-7. Review.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=5331082
- **Alcoholic beverages; a neglected factor in dietetics.**
Author(s): Eddy TP.
Source: The Proceedings of the Nutrition Society. 1973 May; 32(1): 14A-15A.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=4760770
- **An administrator looks at the department of dietetics.**
Author(s): Ross A Jr.
Source: Journal of the American Dietetic Association. 1967 January; 50(1): 26-31.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=5335718
- **An integrated curriculum in clinical dietetics.**
Author(s): Reddout MJ.
Source: Journal of the American Dietetic Association. 1973 April; 62(4): 420-1.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=4691955

- **An international dietetics internship experience.**
 Author(s): Ryan C, Barkley R, Gordon C.
 Source: Journal of the American Dietetic Association. 2001 April; 101(4): 405.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11320942

- **An objective method of assessing the clinical abilities of dietetics interns.**
 Author(s): Rhoades P, Ryan C, Erickson D, Strahan B.
 Source: Journal of the American Dietetic Association. 1998 July; 98(7): 752.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=9664913

- **Analytic versus biologic dietetics.**
 Author(s): Randolph TG.
 Source: The Journal of Laboratory and Clinical Medicine. 1971 December; 78(6): 999.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=5131882

- **Another look at competency-based education in dietetics.**
 Author(s): Chambers DW, Gilmore CJ, Maillet JO, Mitchell BE.
 Source: Journal of the American Dietetic Association. 1996 June; 96(6): 614-7. Review.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8655916

- **Another response to physician's views on the future of clinical dietetics.**
 Author(s): Landye ST.
 Source: Journal of the American Dietetic Association. 1990 June; 90(6): 790.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=2345250

- **Applause for pioneers in cost-benefit research in dietetics.**
 Author(s): Lewis C.
 Source: Journal of the American Dietetic Association. 1992 April; 92(4): 424.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=1556337

- **Applying the 1995 JCAHO standards to dietetics practice in home care.**
 Author(s): Westbrook NH.
 Source: Journal of the American Dietetic Association. 1996 April; 96(4): 404-6. Review.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8598447

- **Attitude of dietetics students and registered dietitians toward obesity.**
 Author(s): Oberrieder H, Walker R, Monroe D, Adeyanju M.
 Source: Journal of the American Dietetic Association. 1995 August; 95(8): 914-6.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=7636085

- **Attitudes and opinions of dietetics professionals toward cost-benefit and cost-effectiveness analyses.**
Author(s): Gilbride JA, Parks SC, Palakurthi RR.
Source: Journal of the American Dietetic Association. 1994 April; 94(4): 386-9.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8144804
- **Automating clinical dietetics documentation.**
Author(s): Grace-Farfaglia P, Rosow P.
Source: Journal of the American Dietetic Association. 1995 June; 95(6): 687-90; Quiz 691-2. Review.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=7759746
- **Benefits of training dietetics students in preprofessional practice programs: a comparison with dietetic internships.**
Author(s): Gilbride JA, Conklin MT.
Source: Journal of the American Dietetic Association. 1996 August; 96(8): 758-63.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8683006
- **Bioethics and dietetics: education and attitudes.**
Author(s): Edelstein S, Anderson S.
Source: Journal of the American Dietetic Association. 1991 May; 91(5): 546-8.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=2019697
- **Blending practice and research: Practice-based research networks an opportunity for dietetics professionals.**
Author(s): Trostler N, Myers EF.
Source: Journal of the American Dietetic Association. 2003 May; 103(5): 626-32.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12728224
- **Broadening career opportunities in dietetics: employment in independent research.**
Author(s): Peterson DA, Albers JE, Mertz JR, McCoy RA.
Source: Journal of the American Dietetic Association. 1999 July; 99(7): 799-801.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10405676
- **Challenging the future of dietetics education and credentialing--dialogue, discovery, and directions: a summary of the 1994 Future Search Conference.**
Author(s): Parks SC, Fitz PA, Maillet JO, Babjak P, Mitchell B.
Source: Journal of the American Dietetic Association. 1995 May; 95(5): 598-606.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=7722201

- **Challenging the future: impact of information technology on dietetics practice, education, and research.**
 Author(s): Parks SC.
 Source: Journal of the American Dietetic Association. 1994 February; 94(2): 202-4.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8301001
- **Changes in billing for nutrition support services and dietetics staff resources between 1984 and 1986.**
 Author(s): Compher C, Colaizzo TM, Rieke S.
 Source: Journal of the American Dietetic Association. 1990 May; 90(5): 686-9.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=2335683
- **Changes in clinical dietetics: a physician's suggestions.**
 Author(s): Patrick J.
 Source: Journal of the American Dietetic Association. 1989 September; 89(9): 1230, 1234.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=2768732
- **Characteristics of advanced-level dietetics practice: a model and empirical results.**
 Author(s): Bradley RT, Young WY, Ebbs P, Martin J.
 Source: Journal of the American Dietetic Association. 1993 February; 93(2): 196-202.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8423288
- **Characteristics of older adult learners: a guide for dietetics practitioners.**
 Author(s): Kicklighter JR.
 Source: Journal of the American Dietetic Association. 1991 November; 91(11): 1418-22.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=1939981
- **Clinical dietetics changes due to cost-reduction activities in healthcare systems.**
 Author(s): Kwon J, Gilmore SA, Oakland MJ, Shelley MC 2nd.
 Source: Journal of the American Dietetic Association. 2001 November; 101(11): 1347-50.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11716316
- **Clinical dietetics: forces shaping its future.**
 Author(s): Calvert S, Parish HY, Oliver K.
 Source: Journal of the American Dietetic Association. 1982 April; 80(4): 350-4.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=7061783
- **Communicating nutrition and dietetics issues: balancing diverse perspectives.**
 Author(s): Schwartz NE.
 Source: Journal of the American Dietetic Association. 1996 November; 96(11): 1137-9.
 Review.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8906137

- **Community-based dietetics professionals.**
Author(s): Mathieu J.
Source: Journal of the American Dietetic Association. 2003 September; 103(9): 1127-8.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12963937
- **Comparing counseling skills of dietetics students: a model for skill enhancement.**
Author(s): Vickery CE, Cotugna N, Hodges PA.
Source: Journal of the American Dietetic Association. 1995 August; 95(8): 912-4.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=7636084
- **Complying with Health Insurance Portability and Accountability Act: what it means to dietetics practitioners.**
Author(s): Michael P, Pritchett E.
Source: Journal of the American Dietetic Association. 2002 October; 102(10): 1402-3.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12396155
- **Computer-assisted instruction improves clinical reasoning skills of dietetics students.**
Author(s): Raidl MA, Wood OB, Lehman JD, Evers WD.
Source: Journal of the American Dietetic Association. 1995 August; 95(8): 868-73.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=7636076
- **Computer-based simulations enhance clinical experience of dietetics interns.**
Author(s): Turner RE, Evers WD, Wood OB, Lehman JD, Peck LW.
Source: Journal of the American Dietetic Association. 2000 February; 100(2): 183-90.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10670390
- **Computerized clinical dietetics management system.**
Author(s): Weathers BJ, Hoover LW, Warriner WJ, Dillon JD Jr.
Source: Journal of the American Dietetic Association. 1986 September; 86(9): 1217-23.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=3745746
- **Computerized hospital information systems and the department of dietetics.**
Author(s): Ball MJ, Jacobs SE.
Source: Journal of the American Dietetic Association. 1976 January; 68(1): 42-4.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=1244381
- **Computers and dietetics education.**
Author(s): Holben DH, Hassell JT.
Source: Journal of the American Dietetic Association. 2000 September; 100(9): 1008.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11019345

- **Continued need for increased emphasis on aging in dietetics education.**
 Author(s): Rhee LQ, Wellman NS, Castellanos VH, Himburg SP.
 Source: Journal of the American Dietetic Association. 2004 April; 104(4): 645-9.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15054351

- **Continuous improvement in dietetics education with a regional advisory board: a model that works.**
 Author(s): Martin RL.
 Source: Journal of the American Dietetic Association. 2003 August; 103(8): 1026-8.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12891153

- **Coordinated school health program and dietetics professionals: partners in promoting healthful eating.**
 Author(s): Gross SM, Cinelli B.
 Source: Journal of the American Dietetic Association. 2004 May; 104(5): 793-8. Review.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15127066

- **Creating images of the future: a simulation game for dietetics students.**
 Author(s): Sayers SL.
 Source: Journal of the American Dietetic Association. 1986 August; 86(8): 1052-4.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=3734299

- **Criteria for acceptance to preprofessional dietetics programs vs desired qualities of professionals: an analysis.**
 Author(s): Moore KK.
 Source: Journal of the American Dietetic Association. 1995 January; 95(1): 77-81. Review.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=7798584

- **Criteria that predict dietetics success. How to prepare students for coordinated undergraduate programs.**
 Author(s): Dittus KL, Wise KJ, Pond-Smith D.
 Source: Journal of the American Dietetic Association. 1994 February; 94(2): 150.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8300988

- **Culture and ecology in dietetics and nutrition.**
 Author(s): Kuhnlein HV.
 Source: Journal of the American Dietetic Association. 1989 August; 89(8): 1059-60.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=2760366

- **Current hospital practices in clinical dietetics.**
 Author(s): Schiller MR.
 Source: Journal of the American Dietetic Association. 1984 October; 84(10): 1194-7.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=6481042
- **Customer service in health care--dietetics professionals can take the lead.**
 Author(s): McClusky KW.
 Source: Journal of the American Dietetic Association. 2003 October; 103(10): 1282-4.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=14520244
- **Customizing mainframe computer software to improve the productivity of clinical dietetics.**
 Author(s): Barbusca A.
 Source: Journal of the American Dietetic Association. 1993 June; 93(6): 682-3.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8509595
- **Debating dietetics education: what do students need to succeed?**
 Author(s): Mason M.
 Source: Journal of the American Dietetic Association. 1993 January; 93(1): 15.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8417085
- **Defining dietetics practice for today and tomorrow: an international perspective.**
 Author(s): Shronts EP.
 Source: Nutrition (Burbank, Los Angeles County, Calif.). 1996 February; 12(2): 141-2.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8724394
- **Defining specialty practice in dietetics.**
 Author(s): Rickard K, Brady S, Lemons J.
 Source: Journal of the American Dietetic Association. 1993 May; 93(5): 525-6.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8315160
- **Determining educational preparation based on job competencies of entry-level dietetics practitioners.**
 Author(s): Gilmore CJ, Maillet JO, Mitchell BE.
 Source: Journal of the American Dietetic Association. 1997 March; 97(3): 306-16.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=9060952
- **Development of a rating scale to measure learning in clinical dietetics. I. Theoretical considerations and method of construction.**
 Author(s): Tower JB, Vosburgh PM.
 Source: Journal of the American Dietetic Association. 1976 May; 68(5): 440-5.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=1262666

- **Development of a rating scale to measure learning in clinical dietetics. II. Pilot test.**
 Author(s): Vosburgh PM, Tower JB, Peckos PS, Mason M.
 Source: Journal of the American Dietetic Association. 1976 May; 68(5): 446-9.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=1262667
- **Did dietetics begin with the ADA or the cure of scurvy?**
 Author(s): Graham L.
 Source: Journal of the American Dietetic Association. 2003 November; 103(11): 1487.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=14576713
- **Dietetic guidelines: diet in secondary prevention of cardiovascular disease (Journal of Human Nutrition and Dietetics, 14, 297-306).**
 Author(s): Slevin K.
 Source: Journal of Human Nutrition and Dietetics : the Official Journal of the British Dietetic Association. 2001 December; 14(6): 487-8.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11906592
- **Dietetic specialization: opinions of directors of departments of dietetics.**
 Author(s): Sandrick JG.
 Source: Journal of the American Dietetic Association. 1989 October; 89(10): 1458-64.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=2794305
- **Dietetics and enteral nutrition: past, present, and future.**
 Author(s): Heymsfield SB, Greenwood T, Roongpisuthipong C.
 Source: Journal of the American Dietetic Association. 1985 June; 85(6): 667-8.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=3923080
- **Dietetics and foodservice personnel are ready for team problem solving.**
 Author(s): Wolf KN, Schiller MR.
 Source: Journal of the American Dietetic Association. 1997 September; 97(9): 997-1002.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=9284878
- **Dietetics and mental health counseling: time for partnership.**
 Author(s): Lacey JM, Houser RA.
 Source: Journal of the American Dietetic Association. 2001 November; 101(11): 1313-4.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11716310
- **Dietetics and nutrition: impact of scientific advances and development.**
 Author(s): Gopalan C.
 Source: Journal of the American Dietetic Association. 1997 July; 97(7): 737-41. Review.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=9216549

- **Dietetics and radiography.**
Author(s): Hanna J.
Source: Radiography. 1970 February; 36(422): 35-9. No Abstract Available.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=5416516
- **Dietetics at work in the workplace: academia and industry cooperate in a blood pressure program.**
Author(s): Wagstaff MA, Wagner K.
Source: Journal of the American Dietetic Association. 1985 April; 85(4): 465-70.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=3980894
- **Dietetics education by distance: current endeavors in CAADE-accredited/approved programs.**
Author(s): Spangler AA, Spear B, Plavcan PA.
Source: Journal of the American Dietetic Association. 1995 August; 95(8): 925-9.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=7636089
- **Dietetics education: are we missing the boat?**
Author(s): Helm KK.
Source: Journal of the American Dietetic Association. 1992 October; 92(10): 1208.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=1401654
- **Dietetics goes into therapy.**
Author(s): Licavoli L.
Source: Journal of the American Dietetic Association. 1995 July; 95(7): 751-2.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=7797803
- **Dietetics in 2017: what does the future hold?**
Author(s): Maillet JO.
Source: Journal of the American Dietetic Association. 2002 October; 102(10): 1404-6.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12396156
- **Dietetics in a cancer hospital.**
Author(s): Hegedus S, Pelham M.
Source: Journal of the American Dietetic Association. 1975 September; 67(3): 235-40.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=807611
- **Dietetics in Fiji.**
Author(s): Chand M.
Source: Journal of the American Dietetic Association. 1978 February; 72(2): 180-1.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=624816

- **Dietetics in medieval Islamic culture.**
 Author(s): Waines D.
 Source: Medical History. 1999 April; 43(2): 228-40.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10885141
- **Dietetics in regional medical programs.**
 Author(s): Conley VL, Kula JJ.
 Source: Journal of the American Dietetic Association. 1970 September; 57(3): 219-24.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=5459203
- **Dietetics in renal failure--the patient's viewpoint.**
 Author(s): McCaugherty D.
 Source: Nurs Mirror Midwives J. 1974 September 12; 139(11): 72-4. No Abstract Available.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=4497154
- **Dietetics in the fight against domestic hunger.**
 Author(s): Vozenilek GP.
 Source: Journal of the American Dietetic Association. 1998 March; 98(3): 266, 268-9.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=9508006
- **Dietetics interns at geographically remote supervised practice sites find a listserv to be a useful information-sharing tool that fosters independent learning.**
 Author(s): Gaetke LM, Forsythe H, Wesley MM.
 Source: Journal of the American Dietetic Association. 2002 June; 102(6): 851-3.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12067056
- **Dietetics looks to the future.**
 Author(s): Mayer J.
 Source: Postgraduate Medicine. 1966 August; 40(2): A97-101.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=5946751
- **Dietetics majors' weight-reduction beliefs, behaviors, and information sources.**
 Author(s): McArthur LH, Howard AB.
 Source: Journal of American College Health : J of Ach. 2001 January; 49(4): 175-81.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11272624
- **Dietetics on a global scale.**
 Author(s): Edge MS.
 Source: Journal of the American Dietetic Association. 2004 January; 104(1): 15.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=14702577

- **Dietetics professionals and women's health research at the National Institutes of Health.**
 Author(s): Kim SK.
 Source: Journal of the American Dietetic Association. 1998 February; 98(2): 133-6.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12515411
- **Dietetics professionals' charge is to promote nutrition and physical activity.**
 Author(s): Derelian D.
 Source: Journal of the American Dietetic Association. 1995 July; 95(7): 815.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=7797817
- **Dietetics professionals have a positive perception of professional development.**
 Author(s): Keim KS, Gates GE, Johnson CA.
 Source: Journal of the American Dietetic Association. 2001 July; 101(7): 820-4.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11478483
- **Dietetics students' low knowledge, attitudes, and work preferences toward older adults indicate need for improved education about aging.**
 Author(s): Kaempfer D, Wellman NS, Himburg SP.
 Source: Journal of the American Dietetic Association. 2002 February; 102(2): 197-202.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11846112
- **Dietetics training for American Indians and Alaskan natives.**
 Author(s): Jackson MY, Cornelius MS, Johnson CI.
 Source: Journal of the American Dietetic Association. 1983 July; 83(1): 48-50.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=6863784
- **Dietetics.**
 Author(s): Richards DM.
 Source: Proc Cardiff Med Soc. 1967-68; : 12-22. No Abstract Available.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=5617843
- **Dietetics. Artificial feeding.**
 Author(s): Holmes S.
 Source: Nurs Times. 1987 August 5-11; 83(31): 49-58. No Abstract Available.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=3114720
- **Dietetics. Cancer cachexia.**
 Author(s): Sutton A.
 Source: Nurs Times. 1988 January 20-26; 84(3): 65-6. No Abstract Available.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=3347540

- **Dietetics. Fat, fibre and the under-fives.**
 Author(s): Clark B, Cockburn F.
 Source: Nurs Times. 1988 January 20-26; 84(3): 59-64. No Abstract Available.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=2831512

- **Dietetics. Total parenteral nutrition.**
 Author(s): Lee B.
 Source: Nurs Times. 1987 August 5-11; 83(31): 58-9. No Abstract Available.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=3114721

- **Dietetics/family style dining.**
 Author(s): Anderson S, Ewing A.
 Source: Contemp Adm Long Term Care. 1981 December; 4(12): 28-9. No Abstract Available.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10295137

- **Dietetics/patients plan the menus.**
 Author(s): Hester H.
 Source: Contemp Adm. 1980 May; 3(5): 22, 24. No Abstract Available.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10247119

- **Dietetics/safety: an attitude.**
 Author(s): Puckett RP.
 Source: Contemp Adm Long Term Care. 1981 October; 4(10): 30-1. No Abstract Available.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10295128

- **Dietetics/when quality counts.**
 Author(s): Puckett R.
 Source: Contemp Adm Long Term Care. 1981 November; 4(11): 20, 22-3. No Abstract Available.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10295132

- **Dietetics: legalities, ethics, and eccentricities.**
 Author(s): Derelian D.
 Source: Journal of the American Dietetic Association. 2000 May; 100(5): 519-23.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10812375

- **Dietitians are constantly faced with new challenges and opportunities as new horizons emerge from our increased knowledge and understanding of dietetics.**
Author(s): Anderson AS.
Source: Journal of Human Nutrition and Dietetics : the Official Journal of the British Dietetic Association. 2001 August; 14(4): 267-8.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11493384
- **Dietitians' practices and attitudes regarding the Code of Ethics for the Profession of Dietetics.**
Author(s): Anderson SL.
Source: Journal of the American Dietetic Association. 1993 January; 93(1): 88-91.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8417103
- **Do dietetics professionals need to be concerned with dress on the job?**
Author(s): Spillman DM.
Source: Journal of the American Dietetic Association. 2002 March; 102(3): 345-6.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11902363
- **Do patient education materials for physicians help or hurt dietetics professionals?**
Author(s): Schmitz C.
Source: Journal of the American Dietetic Association. 1999 October; 99(10): 1202; Author Reply 1202, 1204.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10524380
- **Do patient education materials for physicians help or hurt dietetics professionals?**
Author(s): Sullivan J.
Source: Journal of the American Dietetic Association. 1999 October; 99(10): 1202; Author Reply 1202, 1204.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10524379
- **Early days of hospital dietetics.**
Author(s): Lipscomb M.
Source: Journal of the American Dietetic Association. 1966 August; 49(2): 103-9.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=5944328
- **Eating disordered behavior in dietetics students and students in other majors.**
Author(s): Worobey J, Schoenfeld D.
Source: Journal of the American Dietetic Association. 1999 September; 99(9): 1100-2.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10491681

- **Eating disorders: current nutrition therapy and perceived needs in dietetics education and research.**
 Author(s): Whisenant SL, Smith BA.
 Source: Journal of the American Dietetic Association. 1995 October; 95(10): 1109-12.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=7560681
- **Education and the dietetics profession.**
 Author(s): Puckett RP.
 Source: Journal of the American Dietetic Association. 1997 March; 97(3): 252-3.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=9060939
- **Effectiveness of service learning and learning through service in dietetics education.**
 Author(s): Kim Y, Clasen C, Canfield A.
 Source: Journal of Allied Health. 2003 Winter; 32(4): 275-8.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=14714603
- **Elements of dietetics for the general practitioner.**
 Author(s): Enwonwu CO.
 Source: Int Dent J. 1973 June; 23(2): 317-27. No Abstract Available.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=4516313
- **Employee recognition in dietetics.**
 Author(s): Phillips MW Jr.
 Source: Journal of the American Dietetic Association. 2004 April; 104(4): 528-30.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15054332
- **Employers' perceptions of the roles of dietetics practitioners: challenges to survive and opportunities to thrive.**
 Author(s): Balch GI.
 Source: Journal of the American Dietetic Association. 1996 December; 96(12): 1301-5.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8948397
- **Entering private practice in dietetics.**
 Author(s): Kunis BS.
 Source: Journal of the American Dietetic Association. 1978 August; 73(2): 165-7.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=681640
- **Ethics opinion: Dietetics professionals are ethically obligated to maintain personal competence in practice.**
 Author(s): Gates G; American Dietetic Association Ethics Committee.
 Source: Journal of the American Dietetic Association. 2003 May; 103(5): 633-5.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12728225

- **Evaluating student performance in clinical dietetics.**
 Author(s): Novascone MA.
 Source: Journal of the American Dietetic Association. 1985 June; 85(6): 706-10.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=3998342
- **Evaluation of the coordinated undergraduate program in dietetics at Kansas State University.**
 Author(s): Scheule BE, Roach FR, Hoyt DP.
 Source: Journal of the American Dietetic Association. 1987 June; 87(6): 785-9.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=3584762
- **Evaluation of the use of standardized recommendation forms in admissions in radiologic technology, medical technology, and dietetics.**
 Author(s): McCabe BJ, Blagg JD Jr, Gardner J, Shook B.
 Source: Journal of Allied Health. 1989 Winter; 18(2): 189-98.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=2745228
- **Facilitating transdisciplinary teamwork in dietetics education: a case study approach.**
 Author(s): Smith AR Jr, Christie C.
 Source: Journal of the American Dietetic Association. 2004 June; 104(6): 959-62.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15175595
- **Factors affecting a student's choice of dietetics as a profession.**
 Author(s): Markley EJ, Huyck NI.
 Source: Journal of the American Dietetic Association. 1992 August; 92(8): 933-7.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=1640034
- **Finding nontraditional jobs in dietetics.**
 Author(s): Helm KK.
 Source: Journal of the American Dietetic Association. 1991 April; 91(4): 419-20.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=2016488
- **Food service and dietetics.**
 Author(s): Stamm EK.
 Source: Hospitals. 1966 April 1; 40(7): 77-82. Review. No Abstract Available.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=5324802
- **Food-safety educational goals for dietetics and hospitality students.**
 Author(s): Scheule B.
 Source: Journal of the American Dietetic Association. 2000 August; 100(8): 919-27.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10955050

- **Freelance dietetics in the UK.**
 Author(s): Bond S.
 Source: J Hum Nutr. 1981 December; 35(6): 431-6. No Abstract Available.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=7338627
- **Future applications of the microcomputer in dietetics.**
 Author(s): Williams CS, Burnet LW.
 Source: Hum Nutr Appl Nutr. 1984 April; 38(2): 99-109. Review.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=6378839
- **Gastrointestinal disorders: roles of nutrition and the dietetics practitioner.**
 Author(s): Beyer PL.
 Source: Journal of the American Dietetic Association. 1998 March; 98(3): 272-7. Review.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=9508008
- **Genetics and ethnicity will play bigger roles in dietetics.**
 Author(s): Brown D.
 Source: Journal of the American Dietetic Association. 2003 February; 103(2): 207.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12589327
- **Health care: new role for dietetics counters cost constraints.**
 Author(s): Tinsley E.
 Source: Inst Vol Feed. 1978 March 15; 82(6): 76. No Abstract Available.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10306931
- **Home infusion therapy: an expanding area of dietetics practice.**
 Author(s): Shopbell JM.
 Source: Nutrition (Burbank, Los Angeles County, Calif.). 1997 November-December; 13(11-12): 1005-7.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=9433725
- **Hospital dietetics and food service in developing countries: I. The Middle East.**
 Author(s): Turnlund JR, Tannous RI.
 Source: Journal of the American Dietetic Association. 1983 September; 83(3): 311-5.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=6886267
- **Hospital dietetics and food service in developing countries: II. Lebanon.**
 Author(s): Ishkanian IA, Turnlund JR, Tannous RI.
 Source: Journal of the American Dietetic Association. 1983 September; 83(3): 315-7.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=6886268

- **Hospital dietetics and food service in developing countries: III. Bangladesh.**
 Author(s): Turnlund JR, Siddiqua A, Tannous RI.
 Source: Journal of the American Dietetic Association. 1983 September; 83(3): 318-20.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=6886269

- **Hospital dietetics in the People's Republic of China.**
 Author(s): Yang SP.
 Source: Journal of the American Dietetic Association. 1981 January; 78(1): 57-61.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=7217562

- **Hospital dietetics: the dietician's needs.**
 Author(s): Bateman C.
 Source: The Proceedings of the Nutrition Society. 1985 February; 44(1): 137.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=3983124

- **Hospital dietetics: the doctor's needs.**
 Author(s): Neale G.
 Source: The Proceedings of the Nutrition Society. 1985 February; 44(1): 135-6.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=3983123

- **How to develop a service learning program in dietetics education.**
 Author(s): Kim Y, Canfield A.
 Source: Journal of the American Dietetic Association. 2002 February; 102(2): 174, 176.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11846107

- **Human milk and cow's milk in infant dietetics. Some practical and public health considerations.**
 Author(s): Lightwood R.
 Source: Minerva Pediatr. 1966 April 14; 18(13): 686-8. No Abstract Available.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=5952670

- **Implementation of attractive dialogues in nutritive analysis and clinical dietetics information systems.**
 Author(s): Forrey AW, Metcalf RW, Karkeck J, Buergel N, Matthys C, Fraser CW.
 Source: Med Inform (Lond). 1980 October-December; 5(4): 253-66.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=7230967

- **Implementing the community-university model: dietetics students collaborate with Volunteers of America.**
 Author(s): Lee JD, Brown KA, Faello M, Stabile PL, Skinner D.
 Source: Journal of the American Dietetic Association. 1997 March; 97(3): 297-9.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=9060949

- **Improving dietetics education with interactive communication technology.**
 Author(s): Litchfield RE, Oakland MJ, Anderson JA.
 Source: Journal of the American Dietetic Association. 2000 October; 100(10): 1191-4.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11043705
- **Incorporating Web design and development into dietetics education.**
 Author(s): Osborn R.
 Source: Journal of Nutrition Education and Behavior. 2003 January-February; 35(1): 44-5.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12596766
- **Influences on the selection of dietetics as a career.**
 Author(s): Kobel KA.
 Source: Journal of the American Dietetic Association. 1997 March; 97(3): 254-7.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=9060940
- **In-service in the dietetics service--part 2.**
 Author(s): Johnson BG.
 Source: Today's Nurs Home. 1981 November; 2(11): 24. No Abstract Available.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10253335
- **Interaction of dietetics and nutrition with dentistry.**
 Author(s): Nizel AE, Shulman JS.
 Source: Journal of the American Dietetic Association. 1969 November; 55(5): 470-5.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=5823645
- **International dietetics.**
 Author(s): Moen RS, Sharp M.
 Source: Journal of the American Dietetic Association. 2004 January; 104(1): 26.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=14702579
- **International perspectives: the profession of dietetics.**
 Author(s): Calabro KS, Bright KA, Bahl S.
 Source: Nutrition (Burbank, Los Angeles County, Calif.). 2001 July-August; 17(7-8): 594-9.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11448579
- **Introducing dietetics into general practice.**
 Author(s): Dobson AM, Mann PG.
 Source: J Hum Nutr. 1978 December; 32(6): 467-71.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=731031

- **Inventory control system achievement test for dietetics and foodservice management students.**
Author(s): Yang IS, Fanslow AM, Finley DA.
Source: Journal of the American Dietetic Association. 1991 June; 91(6): 691-4.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=2040784
- **Investment in our future--the role of science and scholarship in developing knowledge for dietetics practice.**
Author(s): Parks SC, Schiller MR, Bryk J.
Source: Journal of the American Dietetic Association. 1994 October; 94(10): 1159-61.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=7930324
- **Issues facing dietetics professionals: challenges and opportunities.**
Author(s): Fuhrman MP.
Source: Journal of the American Dietetic Association. 2002 November; 102(11): 1618-20.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12449284
- **Job satisfaction in hospital dietetics.**
Author(s): Tansiongkun V, Ostenso GL.
Source: Journal of the American Dietetic Association. 1968 September; 53(3): 202-10.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=5672600
- **Key trends affecting the dietetics profession and the American Dietetic Association.**
Author(s): Escott-Stump S, Jarratt J, Mahaffie JB.
Source: Journal of the American Dietetic Association. 2002 December; 102(12): S1819-39.
Review.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12487548
- **Leadership in clinical dietetics: meeting the challenge to roles in nutritional support.**
Author(s): Nestle M.
Source: Journal of the American Dietetic Association. 1984 November; 84(11): 1349-53.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=6491114
- **Let us ensure a healthier nation. Community nutrition and dietetics.**
Author(s): Monaghan D.
Source: Prof Nurse. 1994 April; 9(7): 482, 484-5.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8177902
- **Lifelong learning goals: individual steps that propel the profession of dietetics.**
Author(s): Petrillo T.
Source: Journal of the American Dietetic Association. 2003 March; 103(3): 298-300.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12616248

- **Linear programming and pediatric dietetics.**
 Author(s): Colavita C, D'Orsi R.
 Source: The British Journal of Nutrition. 1990 September; 64(2): 307-17.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=2223736
- **Mainstreaming international outcomes research in dietetics.**
 Author(s): Trostler N, Myers EF.
 Source: Journal of the American Dietetic Association. 2004 February; 104(2): 279-81.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=14760580
- **Management activities in community dietetics practice.**
 Author(s): Brown LM, Fruin MF.
 Source: Journal of the American Dietetic Association. 1989 March; 89(3): 373-7.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=2921443
- **Mapping a course for the future. Dietetics leadership in the 21st century.**
 Author(s): Pace RD.
 Source: Journal of the American Dietetic Association. 1995 May; 95(5): 536-7.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=7722185
- **Mapping the future of dietetics with geographic information systems.**
 Author(s): Brown D.
 Source: Journal of the American Dietetic Association. 2004 May; 104(5): 727-8.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15127054
- **Market research to recruit graduate students in dietetics.**
 Author(s): Rhoades PK, Franz M.
 Source: Journal of the American Dietetic Association. 1993 August; 93(8): 920-2.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8335877
- **Marketing in dietetics.**
 Author(s): Haschke MB.
 Source: Journal of the American Dietetic Association. 1984 August; 84(8): 933-5.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=6747164
- **Mastery learning and group study in a dietetics curriculum.**
 Author(s): Miller JB, Spears MC.
 Source: Journal of the American Dietetic Association. 1974 August; 65(2): 151-5.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=4135433

- **Medical dietetics. I. An experiment in dietetic education in a college of medicine.**
Author(s): Ashe WF, Lewis MN.
Source: Journal of the American Dietetic Association. 1965 October; 47(4): 297-8.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=5836197
- **Medical dietetics. II. The development of evaluative techniques.**
Author(s): Wenberg BG, Ingersoll RW.
Source: Journal of the American Dietetic Association. 1965 October; 47(4): 298-300.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=5836198
- **Medicare reform: what it means to the future of dietetics.**
Author(s): Smith R.
Source: Journal of the American Dietetic Association. 2004 May; 104(5): 734-5.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15127056
- **Meeting the challenges of dietetics practice with evidence-based decisions.**
Author(s): Vaughan LA, Manning CK.
Source: Journal of the American Dietetic Association. 2004 February; 104(2): 282-4.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=14760581
- **MIC project another kind of dietetics outreach program.**
Author(s): Garner JL, Mulcahy MJ.
Source: Hospitals. 1973 March 16; 47(6): 96-7. No Abstract Available.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=4706549
- **Minority interns' experiences during their dietetics education and their recommendations for increasing diversity in dietetics: findings from structured interviews.**
Author(s): Suarez VV, Shanklin CW.
Source: Journal of the American Dietetic Association. 2002 November; 102(11): 1674-7.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12449295
- **Minority recruitment and retention in dietetics: issues and interventions.**
Author(s): Greenwald HP, Davis RA.
Source: Journal of the American Dietetic Association. 2000 August; 100(8): 961-6.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10955059
- **Model for dietetics practice and research: the challenge is here, but the journey was not easy.**
Author(s): Powers MA, Wheeler ML.
Source: Journal of the American Dietetic Association. 1993 July; 93(7): 755-7.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8320400

- **Multiskilling: a course to increase multidisciplinary skills in future dietetics professionals.**
 Author(s): Brehm BJ, Smith R, Rourke KM.
 Source: Journal of Allied Health. 2001 Winter; 30(4): 239-42.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11828586
- **Nutrition and dietetics in the West Indies.**
 Author(s): Horne L.
 Source: Hum Nutr Appl Nutr. 1986 August; 40(4): 243-52. No Abstract Available.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=3531103
- **Nutrition and dietetics--neglected subjects in medical education.**
 Author(s): Zivkovic R.
 Source: Acta Med Croatica. 2000; 54(3): 129-34.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11268791
- **Nutrition and the cancer patient: a cooperative effort by nursing and dietetics to overcome problems.**
 Author(s): Lum LL, Gallagher-Allred CR.
 Source: Cancer Nursing. 1984 December; 7(6): 469-74. Review.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=6391651
- **Nutritional prevention of coronary artery disease. A brief history of dietetics.**
 Author(s): Gensini GF, Conti AA, Lippi D.
 Source: Minerva Cardioangiol. 2003 June; 51(3): 257-60. No Abstract Available.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12867877
- **Nutritional support dietetics: past, present, and future.**
 Author(s): Schwartz DB.
 Source: Nutrition (Burbank, Los Angeles County, Calif.). 1994 January-February; 10(1): 1-4. Review.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8199415
- **Obesity and the Metabolic Syndrome: implications for dietetics practitioners.**
 Author(s): Bray GA, Champagne CM.
 Source: Journal of the American Dietetic Association. 2004 January; 104(1): 86-9. Review.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=14702589

- **On the front line: practice satisfactions and challenges experienced by dietetics and nutrition professionals working in community settings in New York State.**
 Author(s): Devine CM, Jastran M, Bisogni CA.
 Source: Journal of the American Dietetic Association. 2004 May; 104(5): 787-92.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15127065
- **Overview of the health benefits of fruit and vegetable consumption for the dietetics professional: selected literature.**
 Author(s): Van Duyn MA, Pivonka E.
 Source: Journal of the American Dietetic Association. 2000 December; 100(12): 1511-21. Review.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11138444
- **Past, present, and future perspectives of dietetics practice.**
 Author(s): Erickson-Weerts S.
 Source: Journal of the American Dietetic Association. 1999 March; 99(3): 291-3.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10076579
- **Paucity of nutrition and food safety 'news you can use' reveals opportunity for dietetics practitioners.**
 Author(s): Borra ST, Earl R, Hogan EH.
 Source: Journal of the American Dietetic Association. 1998 February; 98(2): 190-3.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12515422
- **Perceptions of competency attainment in clinical dietetics: academic Plan IV vs. dietetic internships.**
 Author(s): Lawler MR, Fruin MF.
 Source: Journal of the American Dietetic Association. 1986 June; 86(6): 771-7.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=3711558
- **Performance, proficiency, and value of the dietetics professional: an update.**
 Author(s): Summo EO, Schofield M, Cochran N, Spear B, Kieselhorst K, Winkler M; Performance, Proficiency and Value Tactical Workgroup of the ADA House of Delegates.
 Source: Journal of the American Dietetic Association. 2003 October; 103(10): 1376-9.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=14520264
- **Personality-focused learning environments: learning preferences of students in dietetics and restaurant, hotel/institution management programs.**
 Author(s): Fox EA, Roberts DY.
 Source: Journal of the American Dietetic Association. 1993 February; 93(2): 182-4.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8423285

- **Perspectives on history: army dietetics in southwest Asia during Operation Desert Shield/Desert Storm.**
 Author(s): Hodges PA, Lyon JM.
 Source: Journal of the American Dietetic Association. 1996 June; 96(6): 595-7.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8655908

- **Perspectives on history: military dietetics in the Philippines during World War II.**
 Author(s): Hodges PA.
 Source: Journal of the American Dietetic Association. 1992 July; 92(7): 840-3.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=1624653

- **Plan IV and V dietetics program recruitment strategies and their perceived success.**
 Author(s): Dunford M, Caid NJ.
 Source: Journal of the American Dietetic Association. 1991 August; 91(8): 946-9.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=1894903

- **Point of view: acculturation in clinical dietetics.**
 Author(s): Forcier JL, Kight MA, Sheehan ET.
 Source: Journal of the American Dietetic Association. 1977 February; 70(2): 181-5.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=839029

- **Position of the American Dietetic Association: the role of dietetics professionals in health promotion and disease prevention.**
 Author(s): Hampl JS, Anderson JV, Mullis R; American Dietetic Association.
 Source: Journal of the American Dietetic Association. 2002 November; 102(11): 1680-7.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12449297

- **Positive association between dietetics recommendations and achievement of enteral nutrition outcomes of care.**
 Author(s): Weddle DO, Tu NS, Guzik CJ, Ramakrishnan V.
 Source: Journal of the American Dietetic Association. 1995 July; 95(7): 753-8.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=7797804

- **Practice guidelines for nutrition care by dietetics practitioners for outpatients with non-insulin-dependent diabetes mellitus: consensus statement.**
 Author(s): Franz MJ.
 Source: Journal of the American Dietetic Association. 1992 September; 92(9): 1136-9.
 Review.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=1512376

- **Practice guidelines for nutrition care by dietetics practitioners for outpatients with non-insulin-dependent diabetes mellitus: methodologies for field-testing and cost-effectiveness analysis.**
Author(s): Mazze RS, Franz MJ, Monk A, Cooper N, Barry B, Weaver T, McClain K, Upham P, Haugen D, Bergenstal R.
Source: Journal of the American Dietetic Association. 1992 September; 92(9): 1139-42.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=1512377
- **Practicing dietetics without a traditional dietetics department: shared governance.**
Author(s): Harrison S.
Source: Journal of the American Dietetic Association. 1996 May; 96(5): 447.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8621865
- **Prevalence of eating disorders among dietetics students: does nutrition education make a difference?**
Author(s): Reinstein N, Koszewski WM, Chamberlin B, Smith-Johnson C.
Source: Journal of the American Dietetic Association. 1992 August; 92(8): 949-53.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=1640037
- **Prevalence of outsourcing and perception of clinical nutrition managers on performance of health care dietetics services.**
Author(s): Kwon J, Yoon BJ.
Source: Journal of the American Dietetic Association. 2003 August; 103(8): 1039-42.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12891155
- **Productivity in clinical dietetics.**
Author(s): McManners MH, Barina SA.
Source: Journal of the American Dietetic Association. 1984 September; 84(9): 1035-8, 1041.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=6470375
- **Professional attitudes of dietetics students and practitioners.**
Author(s): Spears MC, Simonis PL, Vaden AG.
Source: Journal of the American Dietetic Association. 1992 December; 92(12): 1522-6.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=1452970
- **Profile of blacks employed in dietetics and nutrition.**
Author(s): Colson SR, Smith ER, Palan ER.
Source: Journal of the American Dietetic Association. 1992 November; 92(11): 1341-2.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=1430717

- **Program directors' opinions in regard to Didactic Program in Dietetics graduates' failure to secure placement in Supervised Practice Programs.**
 Author(s): Parham E, Robinson L, Quinn J.
 Source: Journal of the American Dietetic Association. 2001 September; 101(9): 1047-50.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11573758
- **Promoting and evaluating competence in on-line dietetics education.**
 Author(s): Litchfield RE, Oakland MJ, Anderson J.
 Source: Journal of the American Dietetic Association. 2002 October; 102(10): 1455-8.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12396166
- **Providing access to blacks and Hispanics in dietetics education.**
 Author(s): Fletcher S, Himburg SP.
 Source: Journal of the American Dietetic Association. 1991 August; 91(8): 966-9.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=1894907
- **Putting a dietetics spin on health care issues.**
 Author(s): Monsen ER.
 Source: Journal of the American Dietetic Association. 1993 October; 93(10): 1096.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8409125
- **Quality assurance and clinical dietetics.**
 Author(s): Priest J.
 Source: Aust Clin Rev. 1986 December; 6(23): 213-9.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=3555433
- **Quality assurance in dietetics: a criteria audit study.**
 Author(s): Gough S.
 Source: Aust Clin Rev. 1989 March; 8(32): 207-10. No Abstract Available.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=2719601
- **Quality care management in clinical dietetics.**
 Author(s): Behm V, Schiller MR.
 Source: Journal of the American Dietetic Association. 1985 April; 85(4): 475-6.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=3980896
- **Quality circles in a department of dietetics.**
 Author(s): Treadwell DD, Klein JA.
 Source: Journal of the American Dietetic Association. 1984 June; 84(6): 682-4.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=6725799

- **Quality control principles: applications in dietetics practice.**
Author(s): Cummings AR.
Source: Journal of the American Dietetic Association. 1992 April; 92(4): 427-8.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=1556343
- **Quality delegation grid: a decision tool for evaluating delegation of management tasks in hospital dietetics departments.**
Author(s): Myers EF, Gregoire MB, Spears MC.
Source: Journal of the American Dietetic Association. 1994 April; 94(4): 420-4.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8144810
- **Quo vadis? A dietitian looks at the state of dietetics today.**
Author(s): Koh ML.
Source: Journal of the American Dietetic Association. 1997 February; 97(2): 126.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=9020237
- **Ratings of food courses and culinary training components in dietetics education.**
Author(s): Marsico C, Borja ME, Harrison LM, Loftus M.
Source: Journal of the American Dietetic Association. 1998 June; 98(6): 692-3.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=9627629
- **Reaching consumer markets through the National Center for Nutrition and Dietetics.**
Author(s): Parks SC.
Source: Journal of the American Dietetic Association. 1986 November; 86(11): 1600-2.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=3771974
- **Reading skills of dietetic interns and readability of dietetics literature.**
Author(s): McCabe BJ, Koury SD, Tysinger JW, Hynak-Hankinson MT, Foley S.
Source: Journal of the American Dietetic Association. 1995 August; 95(8): 874-8.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=7636077
- **Recognizing the dietetics profession.**
Author(s): White J, Ivens BJ; ADA Member Recognition Task Force.
Source: Journal of the American Dietetic Association. 2004 February; 104(2): 161-5.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=14760560
- **Recruiting minority students into dietetics: an outreach and education project.**
Author(s): Gitchell R, Fitz PA.
Source: Journal of the American Dietetic Association. 1985 October; 85(10): 1293-5.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=4045070

- **Reflections on "The Hundredth Monkey": the new consciousness in dietetics.**
 Author(s): Hess MA.
 Source: Journal of the American Dietetic Association. 1988 June; 88(6): 669-70.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=3372918
- **Report on the ADA 2002 dietetics compensation and benefits survey.**
 Author(s): Rogers D; Salary Survey Work Group.
 Source: Journal of the American Dietetic Association. 2003 February; 103(2): 243-55.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12589335
- **Research and the dietetics profession: initiating undergraduate students into the culture of research.**
 Author(s): Vaughan L.
 Source: Journal of the American Dietetic Association. 2003 July; 103(7): 815-6.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12875272
- **Research and the dietetics profession: making a bigger impact.**
 Author(s): Manore MM, Myers EF.
 Source: Journal of the American Dietetic Association. 2003 January; 103(1): 108-12.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12525803
- **Research competencies in the dietetics curricula.**
 Author(s): Hynak-Hankinson MT, Martin S, Wirth J.
 Source: Journal of the American Dietetic Association. 1997 October; 97(10 Suppl 2): S102-6.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=9336566
- **Research in agriculture and the profession of dietetics.**
 Author(s): Leverton RM, Watt BK, Richardson M, Souders HJ.
 Source: Journal of the American Dietetic Association. 1974 June; 64(6): 638-41.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=4598658
- **Research methods in nutrition and dietetics: design, data analysis, and presentation.**
 Author(s): Monsen ER, Cheney CL.
 Source: Journal of the American Dietetic Association. 1988 September; 88(9): 1047-65.
 Review.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=3047199
- **Research your profession: the 2002 Dietetics compensation & benefits survey.**
 Author(s): Stein K.
 Source: Journal of the American Dietetic Association. 2003 December; 103(12): 1588.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=14647079

- **Retrospective analysis of the use of a standardized reference form in admissions to a dietetics internship program.**
Author(s): McCabe BJ, Blagg JD Jr, Koury SD.
Source: Journal of the American Dietetic Association. 1993 February; 93(2): 158-62.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8423279
- **Rights-based food and nutrition perspective: 21st century challenge for dietetics.**
Author(s): Florencio CA.
Source: Journal of Human Nutrition and Dietetics : the Official Journal of the British Dietetic Association. 2001 June; 14(3): 169-83.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11424509
- **Risk management strategies for the dietetics professional in long-term care.**
Author(s): Di Uoglio L.
Source: Journal of the American Dietetic Association. 2002 June; 102(6): 770-2.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12067040
- **Role expansion for dietetics professionals.**
Author(s): Dowling R.
Source: Journal of the American Dietetic Association. 1996 October; 96(10): 1001-2.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8841161
- **Role of undergraduate dietetics programs in providing nutrition education to premedical students.**
Author(s): Vaughan LA, Johnston CS.
Source: Journal of the American Dietetic Association. 1996 August; 96(8): 799-800.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8683014
- **Sanitation in the dietetics service.**
Author(s): Johnson BG.
Source: Today's Nurs Home. 1982 February; 3(2): 29-30. No Abstract Available.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10254676
- **School lunch one example of dietetics outreach program.**
Author(s): McCool AC.
Source: Hospitals. 1973 March 16; 47(6): 94-6. No Abstract Available.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=4706548

- **Scope of practice for qualified dietetics professionals in diabetes care and education.**
 Author(s): Diabetes Care and Education Dietetic Practice Group of The American Dietetic Association.
 Source: Journal of the American Dietetic Association. 2000 October; 100(10): 1205-7.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11043709
- **Shaping a success story: dietetics in Taiwan.**
 Author(s): Yu SM, Chwang LC.
 Source: Journal of the American Dietetic Association. 1992 February; 92(2): 160.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=1737896
- **Shaping future dietetics professionals: what's in it for you?**
 Author(s): Caldwell-Freeman K, Mitchell B.
 Source: Journal of the American Dietetic Association. 2000 February; 100(2): 157-8.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10670386
- **Snapshots of nutrition and dietetics outside of the United States: The Netherlands and Colombia.**
 Author(s): Jonkers-Schuitema CF, Van Bokhorst-De van der Schueren M, Savino P, Velez Londono JP.
 Source: Nutrition (Burbank, Los Angeles County, Calif.). 1998 February; 14(2): 253-6. Review. Erratum In: Nutrition 1998 April; 14(4): 362.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=9580212
- **Some aspects of the history of nutrition and dietetics.**
 Author(s): Todhunter EN.
 Source: Ala J Med Sci. 1983 October; 20(4): 460-3. No Abstract Available.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=6359946
- **Staffing patterns in hospital clinical dietetics and nutrition support: a survey conducted by the Dietitians in Nutrition Support dietetic practice group.**
 Author(s): Compher C, Colaizzo T.
 Source: Journal of the American Dietetic Association. 1992 July; 92(7): 807-12.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=1624648
- **Standards of professional practices for dietetics professionals in management and foodservice settings.**
 Author(s): Griffin B, Dunn JM, Irvin J, Speranza IF; Management in Food and Nutrition Systems Dietetic Practice Group, American Dietetic Association.
 Source: Journal of the American Dietetic Association. 2001 August; 101(8): 944-6.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11501876

- **Supplement use among US adults: implications for the dietetics professional.**
Author(s): Thomas PR.
Source: Journal of the American Dietetic Association. 2004 June; 104(6): 950-1.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15175593
- **Tailoring advice on dietary supplements: an opportunity for dietetics professionals.**
Author(s): Hunt JR.
Source: Journal of the American Dietetic Association. 2002 December; 102(12): 1754-5. Review.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12487536
- **Teaching multiskilling in dietetics education.**
Author(s): Gates G, Sandoval W.
Source: Journal of the American Dietetic Association. 1998 March; 98(3): 278-84.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=9508009
- **The 1980s: a look at a decade of growth in dietetics through the pages of the Journal.**
Author(s): Monsen ER.
Source: Journal of the American Dietetic Association. 1989 December; 89(12): 1742-6.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=2592703
- **The 1995 JCAHO mental health manual--an overview for dietetics professionals.**
Author(s): Foiles RA.
Source: Journal of the American Dietetic Association. 1996 April; 96(4): 403-4. Review.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8598446
- **The ADA's research priorities contribute to a bright future for dietetics professionals.**
Author(s): Castellanos VH, Myers EF, Shanklin CW.
Source: Journal of the American Dietetic Association. 2004 April; 104(4): 678-81.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15054356
- **The application of the continuum of care model in the re-configuration of nutrition and dietetics services.**
Author(s): Patch C, Milosavljevic M.
Source: Journal of Quality in Clinical Practice. 1999 September; 19(3): 183-7.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10482328

- **The development and evaluation of Student Training, Education and Practice for Dietetics CD-ROM: a computer-assisted instruction programme for dietetic students.**
 Author(s): Herriot AM, Bishop JA, Truby H.
 Source: Journal of Human Nutrition and Dietetics : the Official Journal of the British Dietetic Association. 2004 February; 17(1): 35-41.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=14718030
- **The face of dietetics in Denmark. Dietitians in the EEC: 3. Denmark.**
 Author(s): Hansen B.
 Source: J Hum Nutr. 1977 February; 31(1): 19-22. No Abstract Available.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=874312
- **The genetic revolution: change and challenge for the dietetics profession.**
 Author(s): Patterson RE, Eaton DL, Potter JD.
 Source: Journal of the American Dietetic Association. 1999 November; 99(11): 1412-20. Review.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10570679
- **The Gerontological Nutritionists Standards of Professional Practice for dietetics professionals working with older adults. American Dietetic Association.**
 Author(s): Shoaf LR, Bishirjian KO, Schlenker ED.
 Source: Journal of the American Dietetic Association. 1999 July; 99(7): 863-7.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10405689
- **The healthy heart--challenges and opportunities for dietetics professionals in the 21st century.**
 Author(s): Connor SL.
 Source: Journal of the American Dietetic Association. 1999 February; 99(2): 164-5.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=9972182
- **The history and development of advanced practice nursing: lessons for dietetics.**
 Author(s): Skipper A.
 Source: Journal of the American Dietetic Association. 2004 June; 104(6): 1007-12.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15175603
- **The history of dietetics. 1941.**
 Author(s): Sigerist HE.
 Source: Gesnerus. 1989; 46 Pt 3-4: 249-56.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=2696668

- **The impact of gaining provider status in the Medicare program. What all dietetics professionals need to know.**
 Author(s): Pritchett E.
 Source: Journal of the American Dietetic Association. 2002 April; 102(4): 480-2.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11985404

- **The Lenna Francis Cooper Memorial Lecture--The future of clinical dietetics: evidence, outcomes, and reimbursement.**
 Author(s): Franz MJ.
 Source: Journal of the American Dietetic Association. 2003 August; 103(8): 977-81.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12891145

- **The new IRS weight-loss deduction: what it means to dietetics professionals.**
 Author(s): McCaffree J.
 Source: Journal of the American Dietetic Association. 2002 May; 102(5): 632-3.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12008984

- **The personality of dietetics.**
 Author(s): Hagan DW, Taylor AD.
 Source: Journal of the American Dietetic Association. 1999 June; 99(6): 667-8.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10361525

- **The use of a programmable pocket calculator in clinical dietetics.**
 Author(s): Schlaepfer LV, Shmerling DH.
 Source: Research in Experimental Medicine. Zeitschrift Fur Die Gesamte Experimentelle Medizin Einschliesslich Experimenteller Chirurgie. 1979 March 9; 174(3): 267-82.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=432445

- **The value of experiential education in dietetics.**
 Author(s): Barr AB, Walters MA, Hagan DW.
 Source: Journal of the American Dietetic Association. 2002 October; 102(10): 1458-60.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12396167

- **The WHO's global health strategy: a call to arms for dietetics professionals.**
 Author(s): Phillips MW Jr.
 Source: Journal of the American Dietetic Association. 2004 April; 104(4): 520-3.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15054330

- **Therapeutic dietetics since the inception of the National Health Service. A review.**
 Author(s): Newland PM.
 Source: J Hum Nutr. 1980 February; 34(1): 17-22. Review. No Abstract Available.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=6987302

- **Time for dietetics and mental health alliance?**
 Author(s): Lacey JM, Houser RA.
 Source: Journal of the American Dietetic Association. 2001 July; 101(7): 744.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11478468
- **Time-on-task data for cost-benefit analysis and formative evaluation in dietetics education.**
 Author(s): Gilmer JS, Koury SD, Dunphy M.
 Source: Journal of the American Dietetic Association. 1993 August; 93(8): 908-10.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8335873
- **Updating clinical dietetics: terminology.**
 Author(s): Robinson CH.
 Source: Journal of the American Dietetic Association. 1973 June; 62(6): 645-8.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=4705226
- **Upskilling and dietetics professionals.**
 Author(s): Visocan BJ.
 Source: Journal of the American Dietetic Association. 1998 September; 98(9): 1043-4.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=9739809
- **Use of computer-based patient records in dietetics supervised practice programs.**
 Author(s): Cotugna N, Vickery CE.
 Source: Journal of the American Dietetic Association. 2000 January; 100(1): 95-7.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10646011
- **Using Q-methodology in program evaluation: a case study of student perceptions of actual and ideal dietetics education.**
 Author(s): Oring KE, Plihal J.
 Source: Journal of the American Dietetic Association. 1993 February; 93(2): 151-7.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8423278
- **Using role delineation data to design dietetics education curriculums.**
 Author(s): Wood OB.
 Source: Journal of the American Dietetic Association. 1993 August; 93(8): 907-8. Review.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8335872
- **Using standardized patients to train and evaluate dietetics students.**
 Author(s): Hampl JS, Herbold NH, Schneider MA, Sheeley AE.
 Source: Journal of the American Dietetic Association. 1999 September; 99(9): 1094-7.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10491679

- **Vertical integration is changing the landscape of the health care system: new opportunities for dietetics professionals.**
Author(s): Stahl P, Andrews MB.
Source: Journal of the American Dietetic Association. 1996 December; 96(12): 1240.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8964933
- **What are the sources and standards of ethical judgment in dietetics?**
Author(s): Dalton S.
Source: Journal of the American Dietetic Association. 1991 May; 91(5): 545-6.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=2019696
- **Winning strategies to excel in dietetics.**
Author(s): Rinke WJ, Finn SC.
Source: Journal of the American Dietetic Association. 1990 July; 90(7): 935-8.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=2365935

CHAPTER 2. NUTRITION AND DIETETICS

Overview

In this chapter, we will show you how to find studies dedicated specifically to nutrition and dietetics.

Finding Nutrition Studies on Dietetics

The National Institutes of Health's Office of Dietary Supplements (ODS) offers a searchable bibliographic database called the IBIDS (International Bibliographic Information on Dietary Supplements; National Institutes of Health, Building 31, Room 1B29, 31 Center Drive, MSC 2086, Bethesda, Maryland 20892-2086, Tel: 301-435-2920, Fax: 301-480-1845, E-mail: ods@nih.gov). The IBIDS contains over 460,000 scientific citations and summaries about dietary supplements and nutrition as well as references to published international, scientific literature on dietary supplements such as vitamins, minerals, and botanicals.⁴ The IBIDS includes references and citations to both human and animal research studies.

As a service of the ODS, access to the IBIDS database is available free of charge at the following Web address: <http://ods.od.nih.gov/databases/ibids.html>. After entering the search area, you have three choices: (1) IBIDS Consumer Database, (2) Full IBIDS Database, or (3) Peer Reviewed Citations Only.

Now that you have selected a database, click on the "Advanced" tab. An advanced search allows you to retrieve up to 100 fully explained references in a comprehensive format. Type "dietetics" (or synonyms) into the search box, and click "Go." To narrow the search, you can also select the "Title" field.

⁴ Adapted from <http://ods.od.nih.gov>. IBIDS is produced by the Office of Dietary Supplements (ODS) at the National Institutes of Health to assist the public, healthcare providers, educators, and researchers in locating credible, scientific information on dietary supplements. IBIDS was developed and will be maintained through an interagency partnership with the Food and Nutrition Information Center of the National Agricultural Library, U.S. Department of Agriculture.

The following information is typical of that found when using the “Full IBIDS Database” to search for “dietetics” (or a synonym):

- **Building our future--increasing diversity in the dietetics profession: a summary of the ADA diversity mentoring project.**
Author(s): University of Connecticut, Health Training Resources, Branford, Connecticut, USA.
Source: Fitz, P A Mitchell, B E J-Allied-Health. 2002 Fall; 31(3): 177-83 0090-7421
- **Fostering professional development in dietetics practice: a workshop.**
Source: Lucas, M.E. Starkey, L.J. Can-j-diet-pract-res. Markham, ON : PG Communications, [1998-. Spring 2000. volume 61 (1) page 18-23. 1486-3847
- **Human dietetics and Asian food crops.**
Source: Palaniswamy, U.R. HortTechnology. Alexandria, VA : American Society for Horticultural Science, c1991-. Oct/December 2001. volume 11 (4) page 504-509. 1063-0198

Federal Resources on Nutrition

In addition to the IBIDS, the United States Department of Health and Human Services (HHS) and the United States Department of Agriculture (USDA) provide many sources of information on general nutrition and health. Recommended resources include:

- healthfinder®, HHS’s gateway to health information, including diet and nutrition: <http://www.healthfinder.gov/scripts/SearchContext.asp?topic=238&page=0>
- The United States Department of Agriculture’s Web site dedicated to nutrition information: www.nutrition.gov
- The Food and Drug Administration’s Web site for federal food safety information: www.foodsafety.gov
- The National Action Plan on Overweight and Obesity sponsored by the United States Surgeon General: <http://www.surgeongeneral.gov/topics/obesity/>
- The Center for Food Safety and Applied Nutrition has an Internet site sponsored by the Food and Drug Administration and the Department of Health and Human Services: <http://vm.cfsan.fda.gov/>
- Center for Nutrition Policy and Promotion sponsored by the United States Department of Agriculture: <http://www.usda.gov/cnpp/>
- Food and Nutrition Information Center, National Agricultural Library sponsored by the United States Department of Agriculture: <http://www.nal.usda.gov/fnic/>
- Food and Nutrition Service sponsored by the United States Department of Agriculture: <http://www.fns.usda.gov/fns/>

Additional Web Resources

A number of additional Web sites offer encyclopedic information covering food and nutrition. The following is a representative sample:

- AOL: <http://search.aol.com/cat.adp?id=174&layer=&from=subcats>

- Family Village: http://www.familyvillage.wisc.edu/med_nutrition.html
- Google: <http://directory.google.com/Top/Health/Nutrition/>
- Healthnotes: <http://www.healthnotes.com/>
- Open Directory Project: <http://dmoz.org/Health/Nutrition/>
- Yahoo.com: <http://dir.yahoo.com/Health/Nutrition/>
- WebMD® Health: <http://my.webmd.com/nutrition>
- WholeHealthMD.com: <http://www.wholehealthmd.com/reflib/0,1529,00.html>

The following is a specific Web list relating to dietetics; please note that any particular subject below may indicate either a therapeutic use, or a contraindication (potential danger), and does not reflect an official recommendation:

- **Vitamins**

- **Niacin**

- Source: Integrative Medicine Communications; www.drkoop.com

- **Vitamin B3 (Niacin)**

- Source: Integrative Medicine Communications; www.drkoop.com

- **Food and Diet**

- **Atkins Diet**

- Source: Healthnotes, Inc.; www.healthnotes.com

CHAPTER 3. ALTERNATIVE MEDICINE AND DIETETICS

Overview

In this chapter, we will begin by introducing you to official information sources on complementary and alternative medicine (CAM) relating to dietetics. At the conclusion of this chapter, we will provide additional sources.

National Center for Complementary and Alternative Medicine

The National Center for Complementary and Alternative Medicine (NCCAM) of the National Institutes of Health (<http://nccam.nih.gov/>) has created a link to the National Library of Medicine's databases to facilitate research for articles that specifically relate to dietetics and complementary medicine. To search the database, go to the following Web site: <http://www.nlm.nih.gov/nccam/camonpubmed.html>. Select "CAM on PubMed." Enter "dietetics" (or synonyms) into the search box. Click "Go." The following references provide information on particular aspects of complementary and alternative medicine that are related to dietetics:

- **"Every man his own physician': dietetic fads, 1890-1914.**
 Author(s): Barnett LM.
 Source: *Clio Medica* (Amsterdam, Netherlands). 1995; 32: 155-78.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=9061240
- **A history of dietetics.**
 Author(s): Tremolieres J.
 Source: *Prog Food Nutr Sci*. 1975; 1(2): 65-114. No Abstract Available.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=788033
- **A workshop designed to educate dietetics professionals about the cardiovascular benefits of soyfoods.**
 Author(s): Banz MF, Most PV, Banz WJ.

Source: Journal of Nutrition Education and Behavior. 2004 March-April; 36(2): 103-4.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15068761

- **Building our future--increasing diversity in the dietetics profession: a summary of the ADA diversity mentoring project.**
 Author(s): Fitz PA, Mitchell BE.
 Source: Journal of Allied Health. 2002 Fall; 31(3): 177-83.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12524717

- **Chemoprevention--a novel approach in dietetics.**
 Author(s): Andlauer W, Stehle P, Furst P.
 Source: Current Opinion in Clinical Nutrition and Metabolic Care. 1998 November; 1(6): 539-47. Review.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10565407

- **Complementary and alternative medicine: competencies for dietetics professionals.**
 Author(s): Touger-Decker R, Thomson CA.
 Source: Journal of the American Dietetic Association. 2003 November; 103(11): 1465-9.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=14576709

- **Dietary acculturation: applications to nutrition research and dietetics.**
 Author(s): Satia-Abouta J, Patterson RE, Neuhouser ML, Elder J.
 Source: Journal of the American Dietetic Association. 2002 August; 102(8): 1105-18. Review.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12171455

- **Dietetics in ancient Greek philosophy: Plato's concepts of healthy diet.**
 Author(s): Skiadas PK, Lascaratos JG.
 Source: European Journal of Clinical Nutrition. 2001 July; 55(7): 532-7.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11464226

- **Dietetics, health reform and social order: vegetarianism as a moral physiology. The example of Maximilian Bircher-Benner (1867-1939).**
 Author(s): Meyer-Renschhausen E, Wirz A.
 Source: Medical History. 1999 July; 43(3): 323-41.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10885127

- **Integrating the Jewish Dietary Laws into a dietetics program. Kashruth in a dietetics curriculum.**
 Author(s): Natow AB, Heslin JA, Raven BC.

Source: Journal of the American Dietetic Association. 1975 July; 67(1): 13-6.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=1141608

- **Multicultural competence in dietetics and nutrition.**
 Author(s): Curry KR.
 Source: Journal of the American Dietetic Association. 2000 October; 100(10): 1142-3.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11043697

- **Preliminary report of the State Issues Task Force: trends affecting the dietetics profession.**
 Author(s): Ochs M, McKnight P; State Issues Task Force, American Dietetic Association.
 Source: Journal of the American Dietetic Association. 2003 December; 103(12): 1595-6.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=14647083

- **Psychosomatic medicine and dietetics.**
 Author(s): YOUNG CM.
 Source: Journal of the American Dietetic Association. 1951 September; 27(9): 756-7.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=14880401

- **Psychosomatic medicine and dietetics.**
 Author(s): ENGLISH OS.
 Source: Journal of the American Dietetic Association. 1951 September; 27(9): 721-5.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=14880393

- **Simulation exercises for interview training in dietetics: a module on listening skills.**
 Author(s): Adams CH, Fitz PA.
 Source: Journal of the American Dietetic Association. 1979 January; 74(1): 50-2.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=762342

- **Some aspects of the history of dietetics.**
 Author(s): Todhunter EN.
 Source: World Review of Nutrition and Dietetics. 1973; 18: 1-46.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=4571853

- **The ethnophysiology and folk dietetics of pregnancy: a case study from South India.**
 Author(s): Nichter M, Nichter M.
 Source: Hum Organ. 1983 Fall; 42(3): 235-46.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10263280

- **Trans-fatty acid composition in diets: what should dietetics professionals know?**
 Author(s): Thorpe M.

Source: Journal of the American Dietetic Association. 2003 September; 103(9): 1166.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=14528883

Additional Web Resources

A number of additional Web sites offer encyclopedic information covering CAM and related topics. The following is a representative sample:

- Alternative Medicine Foundation, Inc.: <http://www.herbmed.org/>
- AOL: <http://search.aol.com/cat.adp?id=169&layer=&from=subcats>
- Chinese Medicine: <http://www.newcenturynutrition.com/>
- drkoop.com[®]: <http://www.drkoop.com/InteractiveMedicine/IndexC.html>
- Family Village: http://www.familyvillage.wisc.edu/med_altn.htm
- Google: <http://directory.google.com/Top/Health/Alternative/>
- Healthnotes: <http://www.healthnotes.com/>
- MedWebPlus:
http://medwebplus.com/subject/Alternative_and_Complementary_Medicine
- Open Directory Project: <http://dmoz.org/Health/Alternative/>
- HealthGate: <http://www.tnp.com/>
- WebMD[®]Health: http://my.webmd.com/drugs_and_herbs
- WholeHealthMD.com: <http://www.wholehealthmd.com/reflib/0,1529,00.html>
- Yahoo.com: http://dir.yahoo.com/Health/Alternative_Medicine/

General References

A good place to find general background information on CAM is the National Library of Medicine. It has prepared within the MEDLINEplus system an information topic page dedicated to complementary and alternative medicine. To access this page, go to the MEDLINEplus site at <http://www.nlm.nih.gov/medlineplus/alternativemedicine.html>. This Web site provides a general overview of various topics and can lead to a number of general sources.

CHAPTER 4. DISSERTATIONS ON DIETETICS

Overview

In this chapter, we will give you a bibliography on recent dissertations relating to dietetics. We will also provide you with information on how to use the Internet to stay current on dissertations. **IMPORTANT NOTE:** When following the search strategy described below, you may discover non-medical dissertations that use the generic term “dietetics” (or a synonym) in their titles. To accurately reflect the results that you might find while conducting research on dietetics, we have not necessarily excluded non-medical dissertations in this bibliography.

Dissertations on Dietetics

ProQuest Digital Dissertations, the largest archive of academic dissertations available, is located at the following Web address: <http://wwwlib.umi.com/dissertations>. From this archive, we have compiled the following list covering dissertations devoted to dietetics. You will see that the information provided includes the dissertation’s title, its author, and the institution with which the author is associated. The following covers recent dissertations found when using this search procedure:

- **CORRELATES OF APPLICATION AND ADMISSION TO EXPERIENCE PROGRAMS OF DIETETICS GRADUATES OF A NEW ENGLAND RESEARCH UNIVERSITY** by ENGLISH, CATHERINE, PHD from THE UNIVERSITY OF CONNECTICUT, 1993, 224 pages
<http://wwwlib.umi.com/dissertations/fullcit/9405259>
- **Dimensions of academic program quality: A study of coordinated programs in dietetics education** by Overdorf, Janet Alice, PhD from STATE UNIVERSITY OF NEW YORK AT BUFFALO, 1999, 170 pages
<http://wwwlib.umi.com/dissertations/fullcit/9918237>

- **STRATEGIES FOR STAKING OUT OCCUPATIONAL TURF: AN ANALYSIS OF CLINICAL DIETETICS AND NURSE ANESTHESIA IN THE HEALTH CARE MARKETPLACE (PROFESSION, PROFESSIONAL, OCCUPATION)** by ARMSTRONG, RUTH VANDERLAAN, PHD from UNIVERSITY OF ILLINOIS AT CHICAGO, 1985, 320 pages
<http://wwwlib.umi.com/dissertations/fullcit/8511264>
- **Student perceptions of professional dietetics curriculum** by Oring, Kay Elsinore Oakes, PhD from UNIVERSITY OF MINNESOTA, 1991, 220 pages
<http://wwwlib.umi.com/dissertations/fullcit/9119403>
- **Testing the feasibility of Friedson's professionalization model: The case of dietetics in the domain of nutrition (Elliot Friedson)** by Morssink, Christiaan Berend, PhD from UNIVERSITY OF ILLINOIS AT CHICAGO, HEALTH SCIENCES CENTER, 2001, 197 pages
<http://wwwlib.umi.com/dissertations/fullcit/3019393>
- **The knowledge and use of problem-based learning by professors of clinical nutrition in undergraduate, dietetics didactic programs in the United States and Puerto Rico** by Teng, Barbara Marie, PhD from SAINT LOUIS UNIVERSITY, 1997, 84 pages
<http://wwwlib.umi.com/dissertations/fullcit/9803831>

Keeping Current

Ask the medical librarian at your library if it has full and unlimited access to the *ProQuest Digital Dissertations* database. From the library, you should be able to do more complete searches via <http://wwwlib.umi.com/dissertations>.

CHAPTER 5. BOOKS ON DIETETICS

Overview

This chapter provides bibliographic book references relating to dietetics. In addition to online booksellers such as www.amazon.com and www.bn.com, excellent sources for book titles on dietetics include the Combined Health Information Database and the National Library of Medicine. Your local medical library also may have these titles available for loan.

Book Summaries: Federal Agencies

The Combined Health Information Database collects various book abstracts from a variety of healthcare institutions and federal agencies. To access these summaries, go directly to the following hyperlink: <http://chid.nih.gov/detail/detail.html>. You will need to use the "Detailed Search" option. To find book summaries, use the drop boxes at the bottom of the search page where "You may refine your search by." Select the dates and language you prefer. For the format option, select "Monograph/Book." Now type "dietetics" (or synonyms) into the "For these words:" box. You should check back periodically with this database which is updated every three months. The following is a typical result when searching for books on dietetics:

- **Dietetics: Practice and Future Trends**

Source: Gaithersburg, MD: Aspen Publishers. 1998. 384 p.

Contact: Available from Aspen Publishers, Inc. 7201 McKinney Circle, Frederick, MD 21704. (800) 234-1660 or (800) 638-8437. PRICE: \$45.00. ISBN: 0834208881.

Summary: This book is designed to provide students with an overview of the numerous career opportunities open to dietitians. The authors note that the practice of **dietetics** has three components: nutrition and food services in health and disease, management of food and other resources, and education of patients or clients, the public, students, and other health professionals. Because the traditional roles of dietitians are changing, education that allows for innovation of practice boundaries is becoming increasingly important. The first ten chapters provide an introduction to the profession and address educational preparation, preprofessional practice, graduate and continuing education, the credentialing of dietetic practitioners, the dietetic team, the American Dietetic

Association, the dietitian in clinical practice, management in food and nutrition systems, and community nutrition practice. The next nine chapters address dietetic careers in education and research, private practice, health care facilities, business, communications, wellness and sports nutrition programs, government, the military, and in the international realm. An index concludes the book. 8 appendices. 15 exhibits. 9 figures. 15 tables. 479 references. (AA-M).

Book Summaries: Online Booksellers

Commercial Internet-based booksellers, such as Amazon.com and Barnes&Noble.com, offer summaries which have been supplied by each title's publisher. Some summaries also include customer reviews. Your local bookseller may have access to in-house and commercial databases that index all published books (e.g. Books in Print®). **IMPORTANT NOTE:** Online booksellers typically produce search results for medical and non-medical books. When searching for "dietetics" at online booksellers' Web sites, you may discover non-medical books that use the generic term "dietetics" (or a synonym) in their titles. The following is indicative of the results you might find when searching for "dietetics" (sorted alphabetically by title; follow the hyperlink to view more details at Amazon.com):

- **2002 Dietetics Compensation & Benefits Survey** by American Dietetic Association; ISBN: 0880913169;
<http://www.amazon.com/exec/obidos/ASIN/0880913169/icongroupinterna>
- **Body Treatments and Dietetics for the Beauty Therapist** by Ann Gallant; ISBN: 0859504018;
<http://www.amazon.com/exec/obidos/ASIN/0859504018/icongroupinterna>
- **Clinical dietetics : medical (SuDoc D 301.7:44-139)** by U.S. Dept of Defense; ISBN: B00010GY2W;
<http://www.amazon.com/exec/obidos/ASIN/B00010GY2W/icongroupinterna>
- **Clinical Nutrition and Dietetics [FACSIMILE]** by Frances J. Zeman; ISBN: 0024315109;
<http://www.amazon.com/exec/obidos/ASIN/0024315109/icongroupinterna>
- **Communication and Education Skills for Dietetics Professionals** by Betsy B. Holli, et al; ISBN: 0781737400;
<http://www.amazon.com/exec/obidos/ASIN/0781737400/icongroupinterna>
- **Developing and Validating Evidence-Based Guides for Practice: A Tool Kit for Dietetics Professionals** by Patricia L. Splett; ISBN: 0880911840;
<http://www.amazon.com/exec/obidos/ASIN/0880911840/icongroupinterna>
- **Directory of Dietetics Programs, 1997-1998**; ISBN: 9997292502;
<http://www.amazon.com/exec/obidos/ASIN/9997292502/icongroupinterna>
- **Exploring Careers in Dietetics and Nutrition (Career Resource Library)** by June Kozak Kane; ISBN: 0823906582;
<http://www.amazon.com/exec/obidos/ASIN/0823906582/icongroupinterna>
- **Job Descriptions: Models for the Dietetics Profession** by American Dietetic Association; ISBN: 0880913177;
<http://www.amazon.com/exec/obidos/ASIN/0880913177/icongroupinterna>
- **Manual of Clinical Dietetics (5th Edition)** by South Suburban Dietetic Association (Other Contributor); ISBN: 0880911530;
<http://www.amazon.com/exec/obidos/ASIN/0880911530/icongroupinterna>

- **Manual of Clinical Dietetics (Looseleaf with Binder)** by Dietitians of Canada, American Dietetic Association; ISBN: 0880911875;
<http://www.amazon.com/exec/obidos/ASIN/0880911875/icongroupinterna>
- **Mazdaznan Dietetics and Cookery Book** by Otoman Zar-Adusht Hanish; ISBN: 0766187268;
<http://www.amazon.com/exec/obidos/ASIN/0766187268/icongroupinterna>
- **Nutrition and Dietetics for Health Care** by Helen M. Barker; ISBN: 0443070210;
<http://www.amazon.com/exec/obidos/ASIN/0443070210/icongroupinterna>
- **Nutrition and dietetics for nurses** by Mary E Beck; ISBN: 0443015570;
<http://www.amazon.com/exec/obidos/ASIN/0443015570/icongroupinterna>
- **Nutrition Care of the Older Adult: A Handbook for Dietetics Professionals Working Throughout the Continuum of Care** by Kathleen Niedert, Becky Dorner; ISBN: 0880913320;
<http://www.amazon.com/exec/obidos/ASIN/0880913320/icongroupinterna>
- **Patient Education Materials & Instructors Guide: A Supplement to the Manual of Clinical Dietetics (Incls. Reproducible Masters)** by Jo Ellen Shield, Mary Catherine Mullen; ISBN: 0880911093;
<http://www.amazon.com/exec/obidos/ASIN/0880911093/icongroupinterna>
- **Research: Successful Approaches for the Nutrition and Dietetics Professional** by Elaine R. Monsen; ISBN: 0880910925;
<http://www.amazon.com/exec/obidos/ASIN/0880910925/icongroupinterna>
- **Sarah Tyson Rorer: The nation's instructress in dietetics and cookery (Memoirs of the American Philosophical Society)** by Emma Seifrit Weigley; ISBN: 0871691191;
<http://www.amazon.com/exec/obidos/ASIN/0871691191/icongroupinterna>
- **The Competitive Edge: Advanced Marketing for Dietetics Professionals** by Kathy King Helm; ISBN: 0880911387;
<http://www.amazon.com/exec/obidos/ASIN/0880911387/icongroupinterna>
- **The Dictionary of Nutrition and Dietetics (Culinary Arts)** by Karen Eich Drummond; ISBN: 0471293709;
<http://www.amazon.com/exec/obidos/ASIN/0471293709/icongroupinterna>
- **The Preceptor in Dietetics Education** by Mardell A. Wilson, Wilson (Other Contributor); ISBN: 0880911980;
<http://www.amazon.com/exec/obidos/ASIN/0880911980/icongroupinterna>

Chapters on Dietetics

In order to find chapters that specifically relate to dietetics, an excellent source of abstracts is the Combined Health Information Database. You will need to limit your search to book chapters and dietetics using the "Detailed Search" option. Go to the following hyperlink: <http://chid.nih.gov/detail/detail.html>. To find book chapters, use the drop boxes at the bottom of the search page where "You may refine your search by." Select the dates and language you prefer, and the format option "Book Chapter." Type "dietetics" (or synonyms) into the "For these words:" box. The following is a typical result when searching for book chapters on dietetics:

- **Fat-Controlled Diet (25g or 50g)**

Source: in American Dietetic Association. Manual of Clinical Dietetics. Chicago, IL: American Dietetic Association. 1996. p. 431-439.

Contact: Available from American Dietetic Association. 216 West Jackson Boulevard, Chicago, IL 60606. (800) 877-1600 or (312) 899-0040. Fax (312) 899-4899. PRICE: \$59.95 for members, \$70.00 for nonmembers. ISBN: 0880911530.

Summary: This section outlining a fat-controlled diet (25 grams or 50 grams) is from a manual that serves as a nutrition care guide for **dietetics** professionals, physicians, nurses, and other health professionals. The manual integrates current knowledge of nutrition, medical science, and food to set forth recommendations for healthy individuals and those for whom medical nutrition therapy (MNT) is indicated. The fat-controlled diet is used to relieve symptoms of diarrhea, steatorrhea (fatty stool), flatulence (gas), abdominal pain, or to control nutrient losses caused by the ingestion of excess dietary fat. The diet may be used in the treatment of diseases of the hepatobiliary tract, pancreas, intestinal mucosa, and the lymphatic system as well as in malabsorption syndromes in which the digestion, absorption, utilization, or transport of dietary fat is impaired. The text notes the purpose, use, modifications, and adequacy of the diet. The section also outlines the related physiology, particularly of various alterations in the intestinal tract (due to surgical, therapeutic, genetic, or food sensitivities) that can contribute to fat malabsorption. Two brief sample menus are included, one for 25 grams of fat, one for 50 grams of fat. 3 tables. 13 references. (AA-M).

- **Gluten-Restricted, Gliadin-Free Diet**

Source: in American Dietetic Association. Manual of Clinical Dietetics. Chicago, IL: American Dietetic Association. 1996. p. 441-448.

Contact: Available from American Dietetic Association. 216 West Jackson Boulevard, Chicago, IL 60606. (800) 877-1600 or (312) 899-0040. Fax (312) 899-4899. PRICE: \$59.95 for members, \$70.00 for nonmembers. ISBN: 0880911530.

Summary: This section outlining a gluten-restricted, gliadin-free diet is from a manual that serves as a nutrition care guide for **dietetics** professionals, physicians, nurses, and other health professionals. The manual integrates current knowledge of nutrition, medical science, and food to set forth recommendations for healthy individuals and those for whom medical nutrition therapy (MNT) is indicated. The gluten restricted diet is designed to decrease distention, flatulence (gas), diarrhea, steatorrhea (fatty stools), and weight loss caused by a sensitivity to gliadin and its products. Gliadin, a protein fraction of gluten, is found in wheat, rye, barley, and oats. The diet is used for individuals with celiac disease (gluten-sensitive enteropathy) and for individuals with dermatitis herpetiformis. The text notes the purpose, use, modifications, and adequacy of the diet. The section also outlines the related physiology and etiology of gluten sensitivity. A brief sample menu is included, as are guidelines for using gluten-free flours and thickening agents. The section concludes with the contact information for related patient support groups and food companies that offer gluten-free products. 2 tables. 13 references. (AA-M).

- **Lactose-Controlled Diet**

Source: in American Dietetic Association. Manual of Clinical Dietetics. Chicago, IL: American Dietetic Association. 1996. p. 419-424.

Contact: Available from American Dietetic Association. 216 West Jackson Boulevard, Chicago, IL 60606. (800) 877-1600 or (312) 899-0040. Fax (312) 899-4899. PRICE: \$59.95 for members, \$70.00 for nonmembers. ISBN: 0880911530.

Summary: This section outlining a lactose-controlled diet is from a manual that serves as a nutrition care guide for **dietetics** professionals, physicians, nurses, and other health professionals. The manual integrates current knowledge of nutrition, medical science, and food to set forth recommendations for healthy individuals and those for whom medical nutrition therapy (MNT) is indicated. The lactose-controlled diet is designed to prevent or reduce gastrointestinal symptoms of bloating, flatulence, cramping, nausea, and diarrhea associated with consumption of the disaccharide lactose. The diet is a general one that restricts or eliminates lactose-containing foods. Lactose is primarily found in dairy products but may be present as an ingredient or component of various food products. The text outlines the purpose, use, modifications, and adequacy of the diet. The section also notes the related physiology, particularly of the varying levels of lactose intolerance. A brief sample menu is included. The addresses for two manufacturers of special products are provided. 3 tables. 9 references. (AA-M).

- **Long-Chain-Triglyceride-Restricted, Medium-Chain Triglyceride Diet**

Source: in American Dietetic Association. Manual of Clinical Dietetics. Chicago, IL: American Dietetic Association. 1996. p. 425-429.

Contact: Available from American Dietetic Association. 216 West Jackson Boulevard, Chicago, IL 60606. (800) 877-1600 or (312) 899-0040. Fax (312) 899-4899. PRICE: \$59.95 for members, \$70.00 for nonmembers. ISBN: 0880911530.

Summary: This section outlining a long-chain triglyceride (LCT) restricted, medium-chain triglyceride (MCT) diet is from a manual that serves as a nutrition care guide for **dietetics** professionals, physicians, nurses, and other health professionals. The manual integrates current knowledge of nutrition, medical science, and food to set forth recommendations for healthy individuals and those for whom medical nutrition therapy (MNT) is indicated. The LCT restricted, MCT diet is used to improved digestion, absorption, or utilization of conventional dietary fat by substituting MCTs for LCTs. Some medical conditions for which this diet is considered clinically useful are intestinal resection, celiac sprue, deficient bile salts, ileal disease with steatorrhea, Whipple's disease, pancreatic insufficiency, cystic fibrosis, liver disease, and biliary obstruction. The text outlines the purpose, use, modifications, and adequacy of the diet. The section also notes the related physiology, noting how LCTs may cause malabsorption and steatorrhea. A brief sample menu is included. 2 tables. 10 references. (AA-M).

- **Nutrition Management of the Child with Renal Disease**

Source: in American Dietetic Association. Manual of Clinical Dietetics. Chicago, IL: American Dietetic Association. 1996. p. 255-266.

Contact: Available from American Dietetic Association. 216 West Jackson Boulevard, Chicago, IL 60606. (800) 877-1600 or (312) 899-0040. Fax (312) 899-4899. PRICE: \$59.95 for members, \$70.00 for nonmembers. ISBN: 0880911530.

Summary: This section outlining guidelines for the nutritional management of the child with renal disease is from a manual that serves as a nutrition care guide for **dietetics** professionals, physicians, nurses, and other health professionals. The manual integrates current knowledge of nutrition, medical science, and food to set forth recommendations for healthy individuals and those for whom medical nutrition therapy (MNT) is

indicated. The objective of nutrition management of infants, children, and adolescents with renal disease is to develop a regime to minimize the consequences of uremia and promote optimal growth and development. The diet needs to be modified for drug-nutrient interactions and to accommodate reduced renal function. Dietary patterns are modified as appropriate for the degree of malnutrition, the stage of renal disease, and the patient's mode of therapy. The text notes the purpose, use, modifications, and adequacy of the diet. The section also outlines the related physiology, particularly anthropometric measurements, laboratory values, medications, and psychosocial aspects. A separate section addresses growth retardation in children with chronic renal failure (CRF). Charts summarize the daily nutrient and fluid recommendations for the child in predialysis, on hemodialysis, on peritoneal dialysis, and after transplantation. 4 tables. 16 references. (AA-M).

- **Nutrition Management of Gastroesophageal Reflux**

Source: in American Dietetic Association. Manual of Clinical Dietetics. Chicago, IL: American Dietetic Association. 1996. p. 453-457.

Contact: Available from American Dietetic Association. 216 West Jackson Boulevard, Chicago, IL 60606. (800) 877-1600 or (312) 899-0040. Fax (312) 899-4899. PRICE: \$59.95 for members, \$70.00 for nonmembers. ISBN: 0880911530.

Summary: This section outlining the nutrition management of patients with gastroesophageal reflux disease (GERD) is from a manual that serves as a nutrition care guide for **dietetics** professionals, physicians, nurses, and other health professionals. The manual integrates current knowledge of nutrition, medical science, and food to set forth recommendations for healthy individuals and those for whom medical nutrition therapy (MNT) is indicated. The diet for GERD is designed to decrease symptoms associated with the reflux of gastric fluid into the esophagus. The diet is indicated for persons who have GERD or its complications, such as esophageal ulcers, esophagitis, and peptic esophageal strictures; it is also useful for those who experience heartburn, a common symptom of reflux. The text outlines the purpose, use, modifications, and adequacy of the diet. The section also notes the related physiology. The authors emphasize that the treatment of GERD requires a multiple approach aimed at dietary and lifestyle changes, drug therapy consisting of antacids and H₂ antagonists, and rarely, surgery. A brief sample menu is included. 2 tables. 6 references. (AA-M).

- **Nutrition Management of Chronic Renal Insufficiency**

Source: in American Dietetic Association. Manual of Clinical Dietetics. Chicago, IL: American Dietetic Association. 1996. p. 521-534.

Contact: Available from American Dietetic Association. 216 West Jackson Boulevard, Chicago, IL 60606. (800) 877-1600 or (312) 899-0040. Fax (312) 899-4899. PRICE: \$59.95 for members, \$70.00 for nonmembers. ISBN: 0880911530.

Summary: This section providing guidelines for the nutritional management of chronic renal insufficiency (CRI) is from a manual that serves as a nutrition care guide for **dietetics** professionals, physicians, nurses, and other health professionals. The manual integrates current knowledge of nutrition, medical science, and food to set forth recommendations for healthy individuals and those for whom medical nutrition therapy (MNT) is indicated. CRI is characterized by a decrease in the kidney's ability to remove waste products as reflected by an increase in the serum creatinine level. The diet, often called the predialysis diet, is indicated for patients with CRI who do not yet require dialysis. The diet is restricted in two major areas: protein and phosphorus. The levels of

sodium, potassium, fluid, and calories are based on individual needs. The text notes the purpose, use, modifications, and adequacy of the diet. The section also outlines the related physiology. Charts provide brief sample diets, food lists, and calculation figures for planning the CRI diet. 4 tables. 18 references. (AA-M).

- **Acute Renal Failure**

Source: in American Dietetic Association. *Manual of Clinical Dietetics, Sixth Edition*. Chicago, IL: American Dietetic Association. 2000. p.449-454.

Contact: Available from American Dietetic Association. 216 West Jackson Boulevard, Chicago, IL 60606. (800) 877-1600 or (312) 899-0040. Fax (312) 899-4899. PRICE: \$59.95 for members, \$70.00 for nonmembers. ISBN: 0880911875.

Summary: Acute renal (kidney) failure (ARF) is the rapid, often reversible, deterioration of renal function frequently characterized by fluid and electrolyte imbalances and muscle wasting. This chapter on ARF is from a comprehensive manual of clinical **dietetics** designed to help dietitians, physicians, and nurses deliver quality nutrition care. In this chapter, the authors describe how to maintain or improve nutritional status while controlling accumulation of uremic toxins and how to correct fluid and electrolyte imbalances. The guidelines are indicated for patients with ARF with or without the initiation of dialysis. The chapter includes the purpose of nutrition care, the indications for use, a description of the diet, a definition of the disease or condition, and a discussion section that includes nutrition support issues. 2 tables. 9 references.

- **Urolithiasis**

Source: in American Dietetic Association. *Manual of Clinical Dietetics, Sixth Edition*. Chicago, IL: American Dietetic Association. 2000. p.483-486.

Contact: Available from American Dietetic Association. 216 West Jackson Boulevard, Chicago, IL 60606. (800) 877-1600 or (312) 899-0040. Fax (312) 899-4899. PRICE: \$59.95 for members, \$70.00 for nonmembers. ISBN: 0880911875.

Summary: Dietary modifications can be used in conjunction with medical treatment to decrease the predominant components in urine that cause stone formation. Calcium oxalate stones and calcium phosphate stones respond most successfully to dietary management in conjunction with medical treatment. This chapter on urolithiasis (urinary tract stones) is from a comprehensive manual of clinical **dietetics** designed to help dietitians, physicians, and nurses deliver quality nutrition care. In this chapter, the authors describe how to minimize the supersaturation of components within the urine associated with the formation of renal calculi (kidney stones) and how to inhibit or prevent reformation of kidney stones. The chapter includes the purpose of nutrition care, the indications for use, a description of the diet, a definition of the disease or condition, and a discussion section. The authors note that an emphasis on generous fluid intake has been shown to be more effective than dietary restrictions and promotes greater patient compliance. 3 figures. 16 references.

- **Reactive Hypoglycemia**

Source: in American Dietetic Association. *Manual of Clinical Dietetics, Sixth Edition*. Chicago, IL: American Dietetic Association. 2000. p. 337-340.

Contact: Available from American Dietetic Association. 216 West Jackson Boulevard, Chicago, IL 60606. (800) 877-1600 or (312) 899-0040. Fax (312) 899-4899. PRICE: \$59.95 for members, \$70.00 for nonmembers. ISBN: 0880911875.

Summary: Medical nutrition therapy (MNT) can be used to prevent symptoms of hypoglycemia (low blood glucose levels) after food ingestion in patients sensitive to carbohydrates (reactive hypoglycemia). This chapter on reactive hypoglycemia is from a comprehensive manual of clinical **dietetics** designed to help dietitians, physicians, and nurses deliver quality nutrition care. The chapter includes the purpose of nutrition care, the indications for use, a description of the diet, meal planning approaches, a definition of the disease or condition, and a discussion section. The authors describe the differences between fasting and postprandial (after a meal, also called reactive) hypoglycemia. 14 references.

- **Celiac Disease**

Source: in American Dietetic Association. Manual of Clinical Dietetics. Chicago, IL: American Dietetic Association. 2000. p.181-210.

Contact: Available from American Dietetic Association. 216 West Jackson Boulevard, Chicago, IL 60606. (800) 877-1600 or (312) 899-0040. Fax (312) 899-4899. PRICE: \$59.95 for members, \$70.00 for nonmembers. ISBN: 0880911875.

Summary: Medical nutrition therapy (MNT) is used for patients with celiac disease (gluten intolerance) to promote healing of the small intestine and to allow normal nutrient digestion and absorption; to decrease symptoms caused by sensitivity to gluten and gluten-containing products (including distention, flatulence, diarrhea, steatorrhea, weight loss, growth retardation, chronic fatigue and pain, and anemia); and to treat the dermatitis herpetiformis (DH) rash. This chapter on celiac disease is from a comprehensive manual of clinical **dietetics** designed to help dietitians, physicians, and nurses deliver quality nutrition care. The chapter includes the purpose of nutrition care, the indications for use, a description of the diet, meal planning approaches, a definition of the disease or condition, and a discussion section. The chapter concludes with a lengthy section of resources through which readers can obtain additional information, including gluten-free products. 2 tables. 17 references.

- **Chronic Peptic Ulcer Disease Diet**

Source: in American Dietetic Association. Manual of Clinical Dietetics. Chicago, IL: American Dietetic Association. 1996. p. 449-451.

Contact: Available from American Dietetic Association. 216 West Jackson Boulevard, Chicago, IL 60606. (800) 877-1600 or (312) 899-0040. Fax (312) 899-4899. PRICE: \$59.95 for members, \$70.00 for nonmembers. ISBN: 0880911530.

Summary: This brief section outlining a diet for chronic peptic ulcer disease is from a manual that serves as a nutrition care guide for **dietetics** professionals, physicians, nurses, and other health professionals. The manual integrates current knowledge of nutrition, medical science, and food to set forth recommendations for healthy individuals and those for whom medical nutrition therapy (MNT) is indicated. The diet is used in the management of symptoms of chronic peptic ulcer disease, but should be individualized based on response and tolerance to foods. The major goal of the diet is to avoid extreme elevation of gastric acid secretion and the direct irritation of the gastric mucosa. The text notes the purpose, use, modifications, and adequacy of the diet. The section also describes the related physiology, particularly of peptic ulcer. 7 references. (AA-M).

- **Fiber-Restricted Diet**

Source: in American Dietetic Association. Manual of Clinical Dietetics, Sixth Edition. Chicago, IL: American Dietetic Association. 2000. p.703-707.

Contact: Available from American Dietetic Association. 216 West Jackson Boulevard, Chicago, IL 60606. (800) 877-1600 or (312) 899-0040. Fax (312) 899-4899. PRICE: \$59.95 for members, \$70.00 for nonmembers. ISBN: 0880911875.

Summary: This chapter describing a fiber-restricted diet is from a comprehensive manual of clinical **dietetics** designed to help dietitians, physicians, and nurses deliver quality nutrition care. The chapter includes the purpose of the fiber-restricted diet, the indications for use, a description of the diet, meal planning approaches, and a discussion section. The fiber-restricted diet is used to reduce the frequency and volume of fecal output while prolonging intestinal transit time; and to prevent blockage of a stenosed gastrointestinal tract. The diet can be used during acute phases of ulcerative colitis, Crohn's disease, and diverticulitis and when stenosis (narrowing) of the intestine occurs. The diet may also be used preoperatively to minimize fecal volume and residue and postoperatively during the progression to a general diet. 1 table. 18 references.

- **High-Fiber Diet**

Source: in American Dietetic Association. Manual of Clinical Dietetics, Sixth Edition. Chicago, IL: American Dietetic Association. 2000. p.709-717.

Contact: Available from American Dietetic Association. 216 West Jackson Boulevard, Chicago, IL 60606. (800) 877-1600 or (312) 899-0040. Fax (312) 899-4899. PRICE: \$59.95 for members, \$70.00 for nonmembers. ISBN: 0880911875.

Summary: This chapter describing a high-fiber diet is from a comprehensive manual of clinical **dietetics** designed to help dietitians, physicians, and nurses deliver quality nutrition care. The chapter includes the purpose of the high-fiber diet, the indications for use, a description of the diet, meal planning approaches, and a discussion section. The high-fiber diet is used to increase fecal bulk and promote regularity, to normalize serum lipid (fats) levels, and to blunt postprandial (after a meal) blood glucose response. A high-fiber diet can be used in the prevention or treatment of various gastrointestinal, cardiovascular, and metabolic diseases and conditions including diverticular disease, cancer of the colon, diabetes mellitus, endometrial cancer, constipation, irritable bowel syndrome, Crohn's disease, hypercholesterolemia, and obesity. 2 tables. 20 references.

- **Clear Liquid Diet**

Source: in American Dietetic Association. Manual of Clinical Dietetics, Sixth Edition. Chicago, IL: American Dietetic Association. 2000. p.655-657.

Contact: Available from American Dietetic Association. 216 West Jackson Boulevard, Chicago, IL 60606. (800) 877-1600 or (312) 899-0040. Fax (312) 899-4899. PRICE: \$59.95 for members, \$70.00 for nonmembers. ISBN: 0880911875.

Summary: This chapter describing the clear liquid diet is from a comprehensive manual of clinical **dietetics** designed to help dietitians, physicians, and nurses deliver quality nutrition care. The chapter includes the purpose of the liquid diet, the indications for use, a description of the diet, meal planning approaches, and a discussion section. The clear liquid diet is used to supply fluid, electrolytes, and energy in a form that requires minimal digestion and stimulation of the gastrointestinal tract. The diet is used in preparation for bowel surgery or prior to colonoscopic examination, as a transition diet

after a period of intravenous feeding, and in acute gastrointestinal disturbances. Although the diet has been used as the first step in postoperative oral alimentation (eating), recent evidence suggests that this may not be warranted. The diet is intended for short-term use or transition. 1 table. 9 references.

- **Nutrition Management Following Renal Transplantation**

Source: in American Dietetic Association. *Manual of Clinical Dietetics*. Chicago, IL: American Dietetic Association. 1996. p. 583-591.

Contact: Available from American Dietetic Association. 216 West Jackson Boulevard, Chicago, IL 60606. (800) 877-1600 or (312) 899-0040. Fax (312) 899-4899. PRICE: \$59.95 for members, \$70.00 for nonmembers. ISBN: 0880911530.

Summary: This chapter from a manual of clinical **dietetics** outlines recommended nutrition management following renal transplantation. Dietary modifications for the renal transplant recipient are designed to provide adequate calories and protein to counteract the catabolic effects of surgery during the early posttransplant period and to manage nutritional side effects of immunosuppressive drugs. The modifications are divided into stages based on length of time posttransplant (up to 1 month, after 1 month, and during periods of potential graft rejection). The chapter outlines the role of nutrition in preventing and treating the most common side effects of immunosuppressive therapy, including carbohydrate intolerance, protein catabolism, hypertension (high blood pressure), obesity and hyperlipidemia, hyperkalemia (excessive potassium in the blood), calcium and phosphorus depletion, and problems with other nutrients. A diet containing about 1 gram protein per kilogram body weight per day is suggested to promote nitrogen balance while preventing possible damage to the graft tissue caused by excessive amounts of dietary protein. The chapter offers a sample menu for the initial postrenal transplant period, as well as a chart that summarizes the nutrition guidelines for the adult renal transplant patient. 2 tables. 32 references.

- **Potassium-Modified Diet**

Source: in American Dietetic Association. *Manual of Clinical Dietetics, Sixth Edition*. Chicago, IL: American Dietetic Association. 2000. p.761-768.

Contact: Available from American Dietetic Association. 216 West Jackson Boulevard, Chicago, IL 60606. (800) 877-1600 or (312) 899-0040. Fax (312) 899-4899. PRICE: \$59.95 for members, \$70.00 for nonmembers. ISBN: 0880911875.

Summary: This chapter on a potassium-modified diet is from a comprehensive manual of clinical **dietetics** designed to help dietitians, physicians, and nurses deliver quality nutrition care. In this chapter, the authors describe how to achieve and maintain normal potassium levels in individuals at risk for hypokalemia (low levels of potassium in the blood) or hyperkalemia (high levels of potassium in the blood). The chapter includes the purpose of nutrition care, the indications for use, a description of the diet, a definition of the disease or condition, and a discussion section. The authors note that fruits and vegetables contain varying amounts of potassium and are the foods highest in potassium content. Thus, they are subject to the greatest adjustment when implementing high potassium or low potassium diets. 3 tables. 5 references.

- **Kidney Transplant**

Source: in American Dietetic Association. Manual of Clinical Dietetics, Sixth Edition. Chicago, IL: American Dietetic Association. 2000. p.525-533.

Contact: Available from American Dietetic Association. 216 West Jackson Boulevard, Chicago, IL 60606. (800) 877-1600 or (312) 899-0040. Fax (312) 899-4899. PRICE: \$59.95 for members, \$70.00 for nonmembers. ISBN: 0880911875.

Summary: This chapter on kidney transplant patients is from a comprehensive manual of clinical **dietetics** designed to help dietitians, physicians, and nurses deliver quality nutrition care. In this chapter, the authors describe how to provide adequate calories and protein to counteract the catabolic effects of surgery and high dose immunosuppression, how to manage the nutritional side effects of immunosuppressive drugs, and how to use nutrition to support wound healing. The chapter includes the purpose of nutrition care, the indications for use, a description of the diet, a definition of the disease or condition, and a discussion section covering carbohydrate intolerance, protein catabolism, hypertension, obesity, hyperlipidemia, hyperkalemia, calcium and phosphorus depletion, drug-nutrient interactions, and food safety issues. 1 table. 36 references.

- **Pancreas Transplant**

Source: in American Dietetic Association. Manual of Clinical Dietetics, Sixth Edition. Chicago, IL: American Dietetic Association. 2000. p.547-553.

Contact: Available from American Dietetic Association. 216 West Jackson Boulevard, Chicago, IL 60606. (800) 877-1600 or (312) 899-0040. Fax (312) 899-4899. PRICE: \$59.95 for members, \$70.00 for nonmembers. ISBN: 0880911875.

Summary: This chapter on medical nutrition therapy for pancreas transplant patients is from a comprehensive manual of clinical **dietetics** designed to help dietitians, physicians, and nurses deliver quality nutrition care. The chapter includes the purpose of nutrition care, the indications for use, a description of the diet, meal planning approaches, a definition of the disease or condition, and a discussion section. The purposes of medical nutrition therapy are to promote wound healing and prevent postoperative infection; to promote optimal pretransplantation and posttransplant nutritional status; and to counteract the nutritional complications of immunosuppressive medications. The authors note that the guidelines are applicable for patients following either pancreas transplantation or combined kidney-pancreas transplantation. The discussion covers gastroparesis (slowed stomach emptying), pancreatic fistulas, pancreatitis, hyperglycemia (high blood glucose levels), obesity, dyslipidemia, hypertension (high blood pressure), osteoporosis, drug-nutrient interactions, and food safety. 1 table. 22 references.

- **Nephrotic Syndrome**

Source: in American Dietetic Association. Manual of Clinical Dietetics, Sixth Edition. Chicago, IL: American Dietetic Association. 2000. p.475-482.

Contact: Available from American Dietetic Association. 216 West Jackson Boulevard, Chicago, IL 60606. (800) 877-1600 or (312) 899-0040. Fax (312) 899-4899. PRICE: \$59.95 for members, \$70.00 for nonmembers. ISBN: 0880911875.

Summary: This chapter on the nephrotic syndrome is from a comprehensive manual of clinical **dietetics** designed to help dietitians, physicians, and nurses deliver quality

nutrition care. In this chapter, the authors describe how to minimize edema (fluid accumulation) and other manifestations of the syndrome, how to replace nutrients lost in the urine, and how to reduce risks of further progression of renal disease and also of atherosclerosis (hardening of the arteries). The guidelines are provided for persons with nephrotic syndrome who are not on dialysis. The chapter includes the purpose of nutrition care, the indications for use, a description of the diet, a definition of the disease or condition, a discussion section, and a consideration of diet adequacy. The discussion focuses on proteinuria, edema, and hyperlipidemia. 1 table. 31 references.

- **Gastrointestinal Diets**

Source: in American Dietetic Association. *Manual of Clinical Dietetics*. Chicago, IL: American Dietetic Association. 1996. p. 397-469.

Contact: Available from American Dietetic Association. 216 West Jackson Boulevard, Chicago, IL 60606. (800) 877-1600 or (312) 899-0040. Fax (312) 899-4899. PRICE: \$59.95 for members, \$70.00 for nonmembers. ISBN: 0880911530.

Summary: This chapter on the nutrition management of the patient with gastrointestinal diseases or disorders is from a manual that serves as a nutrition care guide for **dietetics** professionals, physicians, nurses, and other health professionals. The manual integrates current knowledge of nutrition, medical science, and food to set forth recommendations for healthy individuals and those for whom medical nutrition therapy (MNT) is indicated. This chapter provides a fiber and residue-restricted diet, high-fiber diet, postgastroectomy diet, lactose-controlled diet, long-chain-triglyceride-restricted/medium-chain triglyceride diet, fat-controlled diet, gluten-restricted (gliadin-free) diet, chronic peptic ulcer disease diet, and diets for the nutrition management of patients with gastroesophageal reflux disease, ostomy, or hepatic disorders. The text outlines the purpose, use, modifications, and adequacy of each diet. Many sections also note the related physiology. Sample menus are included. Some sections include lists of resource organizations or special product manufacturers. Each section includes tables and references. (AA-M).

- **Diabetes**

Source: in Krummel, D.A. and Kris-Etherton, P.M. *Nutrition in Women's Health*. Gaithersburg, MD: Aspen Publishers, Inc. 1996. p. 440-462.

Contact: Available from Aspen Publishers. P.O. Box 990, Frederick, MD 21705-9782. (800) 638-8437. PRICE: \$52.00. ISBN: 083420682X.

Summary: This chapter, from a **dietetics** textbook on nutrition in women's health, reviews diabetes. The author discusses the prevalence of diabetes mellitus in women and focuses on the role of environmental factors including physical activity, dietary intake, and obesity. The impact of diabetes on cardiovascular disease (CVD), pregnancy, and medical nutrition therapy is reviewed. The author notes that, although many risk factors for diabetes cannot be modified (e.g., family history, age, and race), weight status is a modifiable risk factor. CVD, a leading complication of diabetes, accounts for the greatest risk of death in women between the ages of 35 and 75 years. Medical nutrition therapy for diabetes should include normalization of the plasma lipids, body weight, and blood pressure, as well as blood glucose. The author reviews numerous studies that support her recommendations. She notes however, that most research studies have not separated men from women in the analysis. With the increased awareness of the differences in metabolic responses between men and women, there should be an increase in clinical studies that look at the impact of gender. The author concludes that

planning nutrition therapy for patients with diabetes begins with nutrition assessment. Treatment plans are designed to achieve plasma glucose, lipid, and body weight goals determined by the individual's health care team. Also, other goals of treatment include prevention and treatment of acute complications of insulin-treated diabetes and improvement of overall health through optimal nutrition. 5 figures. 4 tables. 90 references. (AA-M).

- **Renal Failure**

Source: in Gottschlich, M.M.; Matarese, L.E.; Shronts, E.P., eds. Nutrition Support Dietetics. Silver Spring, MD: American Society for Parenteral and Enteral Nutrition. 1993. p. 327-340.

Contact: Available from American Society for Parenteral and Enteral Nutrition. 8630 Fenton Street, Suite 412, Silver Spring, MD 20910. (301) 587-6315. PRICE: \$40 plus \$5 shipping/handling for members, \$60 plus \$7 shipping/handling for nonmembers.

Summary: This chapter, from a book of nutrition support **dietetics**, summarizes recommendations for patients with renal failure. Written in outline form, the chapter covers pathophysiology, including normal kidney anatomy and function, the effects of malnutrition on renal function, renal failure, and treatment options; nutritional assessment, including diet history, physical/clinical evaluation, anthropometry, and biochemical parameters; estimating nutritional requirements, including those for energy, protein, carbohydrate, fat, fluid, minerals, and vitamins; guidelines for enteral nutrition, notably general considerations and the management of renal failure patients; and guidelines for parenteral nutrition, including general considerations and management of renal failure patients. The chapter includes a table of sample parenteral nutrition formulations for patients with renal failure. 1 table. 46 references.

- **Enteral Nutrition**

Source: in Gottschlich, M.M.; Matarese, L.E.; Shronts, E.P. Nutrition Support Dietetics: Core Curriculum. Silver Spring, MD: A.S.P.E.N. (American Society of Parenteral and Enteral Nutrition). 1993. p. 71- 104.

Contact: Available from A.S.P.E.N. (American Society of Parenteral and Enteral Nutrition). 8630 Fenton Street, Suite 412, Silver Spring, MD 20910. (301) 587-6315. PRICE: \$40 for A.S.P.E.N. members; \$60 for non-members; plus \$5 shipping and handling for members; \$7 for non-members.

Summary: This chapter, from a core curriculum text of nutrition support **dietetics**, addresses enteral nutrition. Written in an outline form, the chapter addresses the rationale and benefits of early enteral feeding; enteral formulas; indications and contraindications; determining optimal enteral access routes; tube feeding delivery systems; tube feeding administration methods; prevention and therapy for complications; and monitoring guidelines. The chapter includes extensive tables summarizing the guidelines presented. A list of self-test questions concludes the chapter. 3 figures. 18 tables. 56 references.

- **Gastrointestinal and Pancreatic Disease**

Source: in Gottschlich, M.M.; Matarese, L.E.; and Shronts, E.P., eds. Nutrition Support Dietetics: Core Curriculum. 2nd ed. Silver Spring, MD: American Society of Parenteral and Enteral Nutrition. 1993. p. 275-310.

Contact: Available from American Society of Parenteral and Enteral Nutrition (A.S.P.E.N.). 8630 Fenton Street, Suite 412, Silver Spring, MD 20910. (301) 587-6315. PRICE: \$50 for A.S.P.E.N. members; \$77 for non-members.

Summary: This chapter, from a textbook of nutrition support **dietetics**, presents a detailed outline describing the nutritional support for gastrointestinal and pancreatic disease. Topics include the normal function of the gastrointestinal (GI) tract; specific gut fuels, including glutamine, protein, fiber, and short-chain fatty acids; common GI disorders, including esophageal perforation, esophageal obstruction, esophageal varices, esophageal resection, gastric surgery, inflammatory bowel disease, and malabsorption; short bowel syndrome (SBS); enteric fistulas; chylous ascites; and pancreatic disorders, including pancreatitis, and cystic fibrosis. For each disease or condition, the author covers nutritional management, including parenteral or enteral nutrition, physiology, pharmacologic treatment, and complications. The chapter concludes with a list of self-assessment questions. 44 references.

- **Exchange Lists for Meal Planning**

Source: in American Dietetic Association. *Manual of Clinical Dietetics*, Sixth Edition. Chicago, IL: American Dietetic Association. 2000. p. 821-834.

Contact: Available from American Dietetic Association. 216 West Jackson Boulevard, Chicago, IL 60606. (800) 877-1600 or (312) 899-0040. Fax (312) 899-4899. PRICE: \$59.95 for members, \$70.00 for nonmembers. ISBN: 0880911875.

Summary: This information on exchanges lists for meal planning for people with diabetes is one of many appendices of a comprehensive manual of clinical **dietetics** designed to help dietitians, physicians, and nurses deliver quality nutrition care. The appendix briefly describes each section of the exchange list, then lists foods and their serving sizes equivalent to one exchange. Categories include starches, fruits, milk, other carbohydrates, vegetables, meat and meat substitutes, fats, free foods, combination foods, and fast foods.

- **Who, What, Where, Why, and How of Type II Diabetes**

Source: in Magee, E. *Tell Me What to Eat If I Have Diabetes*. Franklin Lakes, NJ: Career Press, Inc. 1999. p. 7-13.

Contact: Available from Career Press, Inc. 3 Tice Road, P.O. Box 687, Franklin Lakes, NJ 07417. (800) 227-3371. Website: www.careerpress.com or www.newpagebooks.com. PRICE: \$10.99 plus shipping and handling.

Summary: This introductory chapter is from a book that offers eating and nutrition guidelines for people who have been diagnosed with diabetes mellitus. The author focuses on type 2 diabetes, noting that diabetes can manifest differently in different patients and sometimes even changing throughout its course within one person. The author encourages readers to learn as much as they can about their disease and to utilize nutrition as an adjunct therapy and a vital component of their diabetes care. Type 2 diabetes is a metabolic disorder resulting from the body's inability to make or properly use insulin. Most people (90 to 95 percent) with diabetes have type 2. The warning signs of type 2 diabetes include frequent infections, blurred vision, cuts and bruises that are slow to heal, tingling or numbness in the hands or feet, unusual thirst, frequent urination, extreme hunger, unusual weight loss, extreme fatigue, and irritability. The author outlines the three keys to diabetes management success: monitoring blood glucose levels, exercising regularly, and following a personalized eating plan. The

author emphasizes the importance of following a personalized eating plan that helps keep blood glucose (sugar) levels normal, and helps protect against heart disease and weight gain without making the patient feel deprived. The chapter concludes with a brief section of sources for additional information, including the American Association of Certified Diabetes Educators (800-832-6874), the American Dietetic Association's National Center for Nutrition and **Dietetics** (800-366-1655), and the American Diabetes Association (800-342-2383).

- **Postgastrectomy Diet**

Source: in American Dietetic Association. *Manual of Clinical Dietetics*. Chicago, IL: American Dietetic Association. 1996. p. 411-417.PD.

Contact: Available from American Dietetic Association. 216 West Jackson Boulevard, Chicago, IL 60606. (800) 877-1600 or (312) 899-0040. Fax (312) 899-4899. PRICE: \$59.95 for members, \$70.00 for nonmembers. ISBN: 0880911530.

Summary: This section describing a postgastrectomy diet is from a manual that serves as a nutrition care guide for **dietetics** professionals, physicians, nurses, and other health professionals. The manual integrates current knowledge of nutrition, medical science, and food to set forth recommendations for healthy individuals and those for whom medical nutrition therapy (MNT) is indicated. The postgastrectomy diet is designed to provide adequate calories and nutrients to support tissue healing and to prevent weight loss and dumping syndrome after gastric surgery. A postgastrectomy diet is used for persons who undergo a surgical procedure involving bypass or excision of the pylori sphincter, resulting in the body's inability to regularly empty the stomach. The text outlines the purpose, use, modifications, and adequacy of the diet. The section also notes the related physiology, discussing dumping syndrome, lactose intolerance, hypoglycemia, steatorrhea, and vitamin and mineral deficiencies. A brief sample menu is included. 2 tables. 11 references. (AA-M).

- **Otolaryngology**

Source: in Lysen, L., ed. *Quick Reference to Clinical Dietetics*. Gaithersburg, MD: Aspen Publishers, Inc. 1997. p. 106-117.

Contact: Available from Aspen Publishers, Inc. 200 Orchard Ridge Drive, Suite 200, Gaithersburg, MD 20878. (800) 638-8437; Fax (301) 417-7650; <http://www.aspenpub.com>. PRICE: \$34.00 plus shipping and handling. ISBN: 0834206293.

Summary: This section of a chapter from a medical reference on clinical **dietetics** reviews the nutrition management for specific otolaryngology conditions, notably oral, pharyngeal, and laryngeal cancers. The authors note that approximately 40 percent of patients newly diagnosed with these cancers are malnourished. This problem may be due to alcoholism and the resulting liver disease or diminished intake due to dysphagia or poor dental hygiene. Unfortunately, treatment for head and neck cancer further compromises nutritional intake and status. Topics include nutrition assessment, symptoms and diagnosis of dysphagia (swallowing difficulty), physical examinations, assessment of nutritional requirements, medical and surgical treatment options, and nutritional management, including oral diets, tube feeding, and home nutrition support. One chart summarizes the effects of various therapeutic options, potential complications, and corresponding nutrition therapy for each option. 2 figures. 3 tables. 36 references. (AA-M).

- **Nutrition Management of Adults with Diabetes Mellitus**

Source: in American Dietetic Association. Manual of Clinical Dietetics. Chicago, IL: American Dietetic Association. 1996. p. 649-682.

Contact: Available from American Dietetic Association. 216 West Jackson Boulevard, Chicago, IL 60606. (800) 877-1600 or (312) 899-0040. Fax (312) 899-4899. PRICE: \$59.95 for members, \$70.00 for nonmembers. ISBN: 0880911530.

Summary: This section of a manual of clinical **dietetics** addresses the nutrition management of adults with diabetes. According to the authors, nutrition intervention is the cornerstone of treatment for anyone who has diabetes or documented glucose intolerance. The general goal of medical nutrition therapy is to guide the person with diabetes in making food choices and behavioral changes that will help to improve diabetes self-management. Topics include the specific goals of nutrition management in diabetes, nutrition interventions for type 1 diabetes and for type 2 diabetes, carbohydrate distribution and insulin adjustment, exchange lists for meal planning, carbohydrate counting, blood glucose monitoring, hypoglycemia, sick day management, exercise, medical complications, and pregnancy. In addition, the authors provide information about caloric intake, protein, fat, carbohydrate, sweeteners, fiber, sodium, alcohol, and micronutrients. The chapter includes steps to follow in calculating a meal plan with exchanges. Numerous tables quantify some of the information in the chapter. A list of professional and client resources concludes the chapter. 16 tables. 42 references. (AA-M).

- **Gastrointestinal Disorders**

Source: in Lysen, L.K. Quick Reference to Clinical Dietetics. Gaithersburg, MD: Aspen Publishers, Inc. 1997. p. 43-57.

Contact: Available from Aspen Publishers, Inc. Fulfillment, 7201 McKinney Circle, Frederick, MD 21704. (800) 234-1660 or (800) 638-8437. PRICE: \$35.00. ISBN: 0834206293.

Summary: This section on gastrointestinal disorders is from a reference book on clinical **dietetics** and is part of a chapter on the use of nutrition management for specific medical conditions. Gastrointestinal (GI) disorders often result in maldigestion and malabsorption of nutrients and present as diarrhea. Diarrhea can have severe nutritional consequences through loss of essential nutrients such as water, minerals, vitamins, electrolytes, and micronutrients. Severe diarrhea can disrupt nutrient absorption to such an extent that malnutrition can occur. GI disorders can be both the cause and result of life threatening conditions. Disruption of the normal processes of nutrient digestion and absorption causes malnutrition, which may lead to serious clinical complications. After a brief review of the anatomy of the GI tract, the author discusses digestion, absorption, secretion, motility, adaptation, the immunologic barrier of the GI tract (the mucosa), nutritional implications in the assessment of the GI tract, factors that may affect the ability to deliver appropriate nutritional support, and specific disorders. These include swallowing difficulties (dysphagia); reflux esophagitis or gastroesophageal reflux disease (GERD); achalasia (motility disorder of the esophagus); esophageal perforation, obstruction, and varices; peptic ulcer disease; gastritis; vomiting; hiatal hernia; gastric outlet obstruction; GI bleeding; dumping syndrome; bezoar formation; absorption disorders; obstruction of the small intestine; lactase deficiency; inflammatory bowel disease; and short bowel syndrome. 7 tables. 10 references.

- **Renal Conditions**

Source: in Lysen, L.K. Quick Reference to Clinical Dietetics. Gaithersburg, MD. Aspen Publishers, Inc. 1997. p. 131-156.

Contact: Available from Aspen Publishers, Inc. Fulfillment, 7201 McKinney Circle, Frederick, MD 21704. (800) 234-1660 or (800) 638-8437.

Summary: This section on renal conditions is from a chapter on nutrition management for specific medical conditions; the chapter comes from a reference book on clinical **dietetics**. The bulk of the section briefly reviews the physiology of the kidney, then discusses the cause, assessment, related problems, and treatment of chronic renal failure (CRF). Additional sections review the role of nutrition therapy for patients on hemodialysis and for those on peritoneal dialysis. The final sections briefly outline the cause, assessment, problems, and treatment of acute renal failure (ARF), nephrotic syndrome, and kidney stones. Most of the material in the chapter is presented in table or outline form, for ease of use. Specific patient care strategies are emphasized. 7 tables. 92 references. (AA-M).

- **Solid Organ Transplantation**

Source: in Lysen, L.K. Quick Reference to Clinical Dietetics. Gaithersburg, MD. Aspen Publishers, Inc. 1997. p. 156-162.

Contact: Available from Aspen Publishers, Inc. Fulfillment, 7201 McKinney Circle, Frederick, MD 21704. (800) 234-1660 or (800) 638-8437.

Summary: This section on solid organ transplantation is from a chapter on nutrition management for specific medical conditions; the chapter comes from a reference book on clinical **dietetics**. Topics include the types of organ transplantation, objective nutritional assessment parameters, subjective assessment parameters, posttransplant problems with nutrition, short-term nutrition management, and long-term nutrition management. Common nutritional problems arising up to 2 months after transplant include depressed appetite, early satiety, and taste changes. Longer term problems include increased appetite, excessive weight gain, hyperlipidemia, hypertension, diabetes, and osteoporosis. Transplant recipients must take immunosuppressive medications to prevent rejection of their new organs; these drugs have multiple nutrient side effects. Most of the material in the chapter is presented in table or outline form, for ease of use. Specific patient care strategies are emphasized. 52 references. (AA-M).

- **Nutrition Management of the Patient with an Ostomy**

Source: in American Dietetic Association. Manual of Clinical Dietetics. Chicago, IL: American Dietetic Association. 1996. p. 459-464.

Contact: Available from American Dietetic Association. 216 West Jackson Boulevard, Chicago, IL 60606. (800) 877-1600 or (312) 899-0040. Fax (312) 899-4899. PRICE: \$59.95 for members, \$70.00 for nonmembers. ISBN: 0880911530.

Summary: This section on the nutrition management of the patient with an ostomy is from a manual that serves as a nutrition care guide for **dietetics** professionals, physicians, nurses, and other health care professionals. The manual integrates current knowledge of nutrition, medical science, and food to set forth recommendations for healthy individuals and those for whom medical nutrition therapy (MNT) is indicated. This section provides a diet for ostomy patients that is nutritionally adequate and that minimizes unpleasant odors, risk of obstruction, and excessive output. The diet is used

for patients who have had an ostomy placed because of a severe insult to the bowel. The text outlines the purpose, use, modifications, and adequacy of the diet. The section also outlines the related physiology, noting that specific dietary modifications depend on the portion of the gastrointestinal tract removed and individual food tolerances. The authors discuss indications for patients with ileostomy and for those with colostomy. A brief sample menu for the ostomy patient is included. The section concludes with the addresses and telephone numbers of two resource organizations that can provide additional information. 3 tables. 8 references. (AA-M).

- **Fiber-and Residue-Restricted Diet**

Source: in American Dietetic Association. *Manual of Clinical Dietetics*. Chicago, IL: American Dietetic Association. 1996. p. 397-401.

Contact: Available from American Dietetic Association. 216 West Jackson Boulevard, Chicago, IL 60606. (800) 877-1600 or (312) 899-0040. Fax (312) 899-4899. PRICE: \$59.95 for members, \$70.00 for nonmembers. ISBN: 0880911530.

Summary: This section outlining a diet that is restricted in fiber and residue is from a manual that serves as a nutrition care guide for **dietetics** professionals, physicians, nurses, and other health professionals. The manual integrates current knowledge of nutrition, medical science, and food to set forth recommendations for healthy individuals and those for whom medical nutrition therapy (MNT) is indicated. The fiber-restricted and residue-restricted diet is designed to prevent blockage of a stenosed gastrointestinal tract and to reduce the frequency and volume of fecal output while prolonging intestinal transit time. The diet can be used during acute phases of ulcerative colitis, regional enteritis (Crohn's disease), and diverticulitis and when stenosis (narrowing) of the esophagus or intestine occurs. The text outlines the purpose, use, modifications, and adequacy of the diet. The section also outlines the related physiology, particularly of inflammatory bowel disease (IBD). A brief sample menu is included. 2 tables. 18 references. (AA-M).

CHAPTER 6. MULTIMEDIA ON DIETETICS

Overview

In this chapter, we show you how to keep current on multimedia sources of information on dietetics. We start with sources that have been summarized by federal agencies, and then show you how to find bibliographic information catalogued by the National Library of Medicine.

Video Recordings

An excellent source of multimedia information on dietetics is the Combined Health Information Database. You will need to limit your search to "Videorecording" and "dietetics" using the "Detailed Search" option. Go directly to the following hyperlink: <http://chid.nih.gov/detail/detail.html>. To find video productions, use the drop boxes at the bottom of the search page where "You may refine your search by." Select the dates and language you prefer, and the format option "Videorecording (videotape, videocassette, etc.)." Type "dietetics" (or synonyms) into the "For these words:" box. The following is a typical result when searching for video recordings on dietetics:

- **University of Minnesota instructional video: Nutrition for adolescent pregnancy**

Source: Minneapolis, MN: Division of Epidemiology, University of Minnesota. 1996. 2 videotapes (VHS, 1/2 inch, 17:32 minutes and 15:49 minutes).

Contact: Available from Margie Konopliv, University of Minnesota, Public Health Nutrition, 1300 South Second Street, Suite 300, Minneapolis, MN 55454-1015. Telephone: (612) 626-7933 / fax: (612) 624-0315 / e-mail: konopliv@epivax.epi.umn.edu. \$30.00 includes shipping and handling; prepayment required.

Summary: These videotapes give nutrition information for pregnant adolescent girls. One, called Nutrition for Adolescent Pregnancy, is aimed at healthcare personnel, and nutrition and **dietetics** students. It is accompanied by a 3-page teaching guide. The other, called Hey Baby, is to be shown to the adolescents.

CHAPTER 7. PERIODICALS AND NEWS ON DIETETICS

Overview

In this chapter, we suggest a number of news sources and present various periodicals that cover dietetics.

News Services and Press Releases

One of the simplest ways of tracking press releases on dietetics is to search the news wires. In the following sample of sources, we will briefly describe how to access each service. These services only post recent news intended for public viewing.

PR Newswire

To access the PR Newswire archive, simply go to <http://www.prnewswire.com/>. Select your country. Type “dietetics” (or synonyms) into the search box. You will automatically receive information on relevant news releases posted within the last 30 days. The search results are shown by order of relevance.

Reuters Health

The Reuters’ Medical News and Health eLine databases can be very useful in exploring news archives relating to dietetics. While some of the listed articles are free to view, others are available for purchase for a nominal fee. To access this archive, go to <http://www.reutershealth.com/en/index.html> and search by “dietetics” (or synonyms).

The NIH

Within MEDLINEplus, the NIH has made an agreement with the New York Times Syndicate, the AP News Service, and Reuters to deliver news that can be browsed by the public. Search news releases at http://www.nlm.nih.gov/medlineplus/alphaneews_a.html. MEDLINEplus allows you to browse across an alphabetical index. Or you can search by date

at the following Web page: <http://www.nlm.nih.gov/medlineplus/newsbydate.html>. Often, news items are indexed by MEDLINEplus within its search engine.

Business Wire

Business Wire is similar to PR Newswire. To access this archive, simply go to <http://www.businesswire.com/>. You can scan the news by industry category or company name.

Market Wire

Market Wire is more focused on technology than the other wires. To browse the latest press releases by topic, such as alternative medicine, biotechnology, fitness, healthcare, legal, nutrition, and pharmaceuticals, access Market Wire's Medical/Health channel at http://www.marketwire.com/mw/release_index?channel=MedicalHealth. Or simply go to Market Wire's home page at <http://www.marketwire.com/mw/home>, type "dietetics" (or synonyms) into the search box, and click on "Search News." As this service is technology oriented, you may wish to use it when searching for press releases covering diagnostic procedures or tests.

Search Engines

Medical news is also available in the news sections of commercial Internet search engines. See the health news page at Yahoo (http://dir.yahoo.com/Health/News_and_Media/), or you can use this Web site's general news search page at <http://news.yahoo.com/>. Type in "dietetics" (or synonyms). If you know the name of a company that is relevant to dietetics, you can go to any stock trading Web site (such as <http://www.etrade.com/>) and search for the company name there. News items across various news sources are reported on indicated hyperlinks. Google offers a similar service at <http://news.google.com/>.

BBC

Covering news from a more European perspective, the British Broadcasting Corporation (BBC) allows the public free access to their news archive located at <http://www.bbc.co.uk/>. Search by "dietetics" (or synonyms).

Newsletter Articles

Use the Combined Health Information Database, and limit your search criteria to "newsletter articles." Again, you will need to use the "Detailed Search" option. Go directly to the following hyperlink: <http://chid.nih.gov/detail/detail.html>. Go to the bottom of the search page where "You may refine your search by." Select the dates and language that you prefer. For the format option, select "Newsletter Article." Type "dietetics" (or synonyms) into the "For these words:" box. You should check back periodically with this database as it is updated every three months. The following is a typical result when searching for newsletter articles on dietetics:

- **Excessive Exercise: Understanding the Addiction**

Source: SCAN's Pulse. 20(1):16-17. Winter 2001.

Contact: Sports, Cardiovascular, and Wellness Nutritionists, HOD/Practice Operations Team, the American Dietetic Association, 216 W. Jackson Blvd., Suite 800, Chicago, IL 60606-6995.

Summary: Although there is not a standard definition for excessive exercise, this term is included in the diagnostic criteria for anorexia nervosa and bulimia. How much exercise is 'too much' depends on the individual. Elite athletes are known for their strenuous and prolonged workouts. This article states that those who exercise for more than an hour each day for the 'sole purpose of burning calories' may be exercising for the wrong reasons. A consistent feature of excessive exercise is mood disorder, manifested by depression, anger, and irritability brought about when a person is unable to exercise. Another trait that distinguishes a person who exercises compulsively from one who exercises for good health is the physical price (in injury or pain) the excessive exerciser pays. The authors explore the link between excessive exercise and disordered eating and note research suggesting that excessive physical activity should be carefully examined as a forerunner to anorexia nervosa. Excessive exercising may be treated with cognitive behavioral therapy, interpersonal psychotherapy, and medication. The role of the **dietetics** professional includes evaluating the client's food intake, providing nutrition guidance and support, identifying disordered eating patterns, and dispelling misconceptions about diet and exercise. Dietetic practitioners may have little knowledge of complex exercise behaviors and should seek advice from an allied professional who specializes in this area. A sidebar lists the components of the Exercise Habits Inventory, an instrument to measure exercise dependence.

- **Enteral Feedings for Renal Patients: A Primer**

Source: Renal Nutrition Forum. 16(2): 1-3, 8. Spring 1997.

Contact: Available from Renal Nutrition Forum. 2246 Poinciana Road, Winter Park, FL 32792.

Summary: This article, from a professional newsletter for renal dietitians, presents an overview of the basics of feeding and monitoring renal patients with enteral nutrition. Enteral tube feeding is indicated for patients who cannot or will not eat enough by mouth, but whose gastrointestinal (GI) tracts are functional. It is considered safe and more cost effective than parenteral nutrition. Patients with renal disease may require enteral feedings during periods of acute illness or for longterm conditions. When enteral feedings are to be administered on a shortterm basis (less than 30 days), a small bore nasogastric tube can be inserted into the stomach or small bowel for feedings. More typically, semipermanent feeding tubes are placed directly into the stomach or jejunum for longterm tube feeding. Gastrostomy or percutaneous endoscopic gastrostomy (PEG) tubes are not normally placed in patients on peritoneal dialysis (PD) because of the risk of peritonitis. The primary concern in formula selection is providing adequate calories and protein in a limited amount of fluid. The author stresses that **dietetics** professionals should be aware of both metabolic and mechanical complications of enteral feedings. Metabolic or physical complications of enteral feedings include diarrhea, aspiration, and electrolyte imbalances. Mechanical complications include occluded tubes, dislodged tubes, infection, bleeding, and leaking (externally or intra-abdominally). The author focuses on tube occlusion as a complication that **dietetics** professionals can help to decrease. The article concludes with a brief discussion of assessing and monitoring nutritional status. 1 figure. 12 references. (AA-M).

Academic Periodicals covering Dietetics

Numerous periodicals are currently indexed within the National Library of Medicine's PubMed database that are known to publish articles relating to dietetics. In addition to these sources, you can search for articles covering dietetics that have been published by any of the periodicals listed in previous chapters. To find the latest studies published, go to <http://www.ncbi.nlm.nih.gov/pubmed>, type the name of the periodical into the search box, and click "Go."

If you want complete details about the historical contents of a journal, you can also visit the following Web site: <http://www.ncbi.nlm.nih.gov/entrez/jrbrowser.cgi>. Here, type in the name of the journal or its abbreviation, and you will receive an index of published articles. At <http://locatorplus.gov/>, you can retrieve more indexing information on medical periodicals (e.g. the name of the publisher). Select the button "Search LOCATORplus." Then type in the name of the journal and select the advanced search option "Journal Title Search."

APPENDICES

APPENDIX A. PHYSICIAN RESOURCES

Overview

In this chapter, we focus on databases and Internet-based guidelines and information resources created or written for a professional audience.

NIH Guidelines

Commonly referred to as “clinical” or “professional” guidelines, the National Institutes of Health publish physician guidelines for the most common diseases. Publications are available at the following by relevant Institute⁵:

- Office of the Director (OD); guidelines consolidated across agencies available at <http://www.nih.gov/health/consumer/conkey.htm>
- National Institute of General Medical Sciences (NIGMS); fact sheets available at <http://www.nigms.nih.gov/news/facts/>
- National Library of Medicine (NLM); extensive encyclopedia (A.D.A.M., Inc.) with guidelines: <http://www.nlm.nih.gov/medlineplus/healthtopics.html>
- National Cancer Institute (NCI); guidelines available at <http://www.cancer.gov/cancerinfo/list.aspx?viewid=5f35036e-5497-4d86-8c2c-714a9f7c8d25>
- National Eye Institute (NEI); guidelines available at <http://www.nei.nih.gov/order/index.htm>
- National Heart, Lung, and Blood Institute (NHLBI); guidelines available at <http://www.nhlbi.nih.gov/guidelines/index.htm>
- National Human Genome Research Institute (NHGRI); research available at <http://www.genome.gov/page.cfm?pageID=10000375>
- National Institute on Aging (NIA); guidelines available at <http://www.nia.nih.gov/health/>

⁵ These publications are typically written by one or more of the various NIH Institutes.

- National Institute on Alcohol Abuse and Alcoholism (NIAAA); guidelines available at <http://www.niaaa.nih.gov/publications/publications.htm>
- National Institute of Allergy and Infectious Diseases (NIAID); guidelines available at <http://www.niaid.nih.gov/publications/>
- National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS); fact sheets and guidelines available at <http://www.niams.nih.gov/hi/index.htm>
- National Institute of Child Health and Human Development (NICHD); guidelines available at <http://www.nichd.nih.gov/publications/pubskey.cfm>
- National Institute on Deafness and Other Communication Disorders (NIDCD); fact sheets and guidelines at <http://www.nidcd.nih.gov/health/>
- National Institute of Dental and Craniofacial Research (NIDCR); guidelines available at <http://www.nidr.nih.gov/health/>
- National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK); guidelines available at <http://www.niddk.nih.gov/health/health.htm>
- National Institute on Drug Abuse (NIDA); guidelines available at <http://www.nida.nih.gov/DrugAbuse.html>
- National Institute of Environmental Health Sciences (NIEHS); environmental health information available at <http://www.niehs.nih.gov/external/facts.htm>
- National Institute of Mental Health (NIMH); guidelines available at <http://www.nimh.nih.gov/practitioners/index.cfm>
- National Institute of Neurological Disorders and Stroke (NINDS); neurological disorder information pages available at http://www.ninds.nih.gov/health_and_medical/disorder_index.htm
- National Institute of Nursing Research (NINR); publications on selected illnesses at <http://www.nih.gov/ninr/news-info/publications.html>
- National Institute of Biomedical Imaging and Bioengineering; general information at http://grants.nih.gov/grants/becon/becon_info.htm
- Center for Information Technology (CIT); referrals to other agencies based on keyword searches available at http://kb.nih.gov/www_query_main.asp
- National Center for Complementary and Alternative Medicine (NCCAM); health information available at <http://nccam.nih.gov/health/>
- National Center for Research Resources (NCRR); various information directories available at <http://www.ncrr.nih.gov/publications.asp>
- Office of Rare Diseases; various fact sheets available at http://rarediseases.info.nih.gov/html/resources/rep_pubs.html
- Centers for Disease Control and Prevention; various fact sheets on infectious diseases available at <http://www.cdc.gov/publications.htm>

NIH Databases

In addition to the various Institutes of Health that publish professional guidelines, the NIH has designed a number of databases for professionals.⁶ Physician-oriented resources provide a wide variety of information related to the biomedical and health sciences, both past and present. The format of these resources varies. Searchable databases, bibliographic citations, full-text articles (when available), archival collections, and images are all available. The following are referenced by the National Library of Medicine:⁷

- **Bioethics:** Access to published literature on the ethical, legal, and public policy issues surrounding healthcare and biomedical research. This information is provided in conjunction with the Kennedy Institute of Ethics located at Georgetown University, Washington, D.C.: http://www.nlm.nih.gov/databases/databases_bioethics.html
- **HIV/AIDS Resources:** Describes various links and databases dedicated to HIV/AIDS research: <http://www.nlm.nih.gov/pubs/factsheets/aidsinfs.html>
- **NLM Online Exhibitions:** Describes “Exhibitions in the History of Medicine”: <http://www.nlm.nih.gov/exhibition/exhibition.html>. Additional resources for historical scholarship in medicine: <http://www.nlm.nih.gov/hmd/hmd.html>
- **Biotechnology Information:** Access to public databases. The National Center for Biotechnology Information conducts research in computational biology, develops software tools for analyzing genome data, and disseminates biomedical information for the better understanding of molecular processes affecting human health and disease: <http://www.ncbi.nlm.nih.gov/>
- **Population Information:** The National Library of Medicine provides access to worldwide coverage of population, family planning, and related health issues, including family planning technology and programs, fertility, and population law and policy: http://www.nlm.nih.gov/databases/databases_population.html
- **Cancer Information:** Access to cancer-oriented databases: http://www.nlm.nih.gov/databases/databases_cancer.html
- **Profiles in Science:** Offering the archival collections of prominent twentieth-century biomedical scientists to the public through modern digital technology: <http://www.profiles.nlm.nih.gov/>
- **Chemical Information:** Provides links to various chemical databases and references: <http://sis.nlm.nih.gov/Chem/ChemMain.html>
- **Clinical Alerts:** Reports the release of findings from the NIH-funded clinical trials where such release could significantly affect morbidity and mortality: http://www.nlm.nih.gov/databases/alerts/clinical_alerts.html
- **Space Life Sciences:** Provides links and information to space-based research (including NASA): http://www.nlm.nih.gov/databases/databases_space.html
- **MEDLINE:** Bibliographic database covering the fields of medicine, nursing, dentistry, veterinary medicine, the healthcare system, and the pre-clinical sciences: http://www.nlm.nih.gov/databases/databases_medline.html

⁶ Remember, for the general public, the National Library of Medicine recommends the databases referenced in MEDLINEplus (<http://medlineplus.gov/> or <http://www.nlm.nih.gov/medlineplus/databases.html>).

⁷ See <http://www.nlm.nih.gov/databases/databases.html>.

- **Toxicology and Environmental Health Information (TOXNET):** Databases covering toxicology and environmental health: <http://sis.nlm.nih.gov/Tox/ToxMain.html>
- **Visible Human Interface:** Anatomically detailed, three-dimensional representations of normal male and female human bodies:
http://www.nlm.nih.gov/research/visible/visible_human.html

The NLM Gateway⁸

The NLM (National Library of Medicine) Gateway is a Web-based system that lets users search simultaneously in multiple retrieval systems at the U.S. National Library of Medicine (NLM). It allows users of NLM services to initiate searches from one Web interface, providing one-stop searching for many of NLM's information resources or databases.⁹ To use the NLM Gateway, simply go to the search site at <http://gateway.nlm.nih.gov/gw/Cmd>. Type "dietetics" (or synonyms) into the search box and click "Search." The results will be presented in a tabular form, indicating the number of references in each database category.

Results Summary

Category	Items Found
Journal Articles	4901
Books / Periodicals / Audio Visual	877
Consumer Health	319
Meeting Abstracts	2
Other Collections	1
Total	6100

HSTAT¹⁰

HSTAT is a free, Web-based resource that provides access to full-text documents used in healthcare decision-making.¹¹ These documents include clinical practice guidelines, quick-reference guides for clinicians, consumer health brochures, evidence reports and technology assessments from the Agency for Healthcare Research and Quality (AHRQ), as well as AHRQ's Put Prevention Into Practice.¹² Simply search by "dietetics" (or synonyms) at the following Web site: <http://text.nlm.nih.gov>.

⁸ Adapted from NLM: <http://gateway.nlm.nih.gov/gw/Cmd?Overview.x>.

⁹ The NLM Gateway is currently being developed by the Lister Hill National Center for Biomedical Communications (LHNCBC) at the National Library of Medicine (NLM) of the National Institutes of Health (NIH).

¹⁰ Adapted from HSTAT: <http://www.nlm.nih.gov/pubs/factsheets/hstat.html>.

¹¹ The HSTAT URL is <http://hstat.nlm.nih.gov/>.

¹² Other important documents in HSTAT include: the National Institutes of Health (NIH) Consensus Conference Reports and Technology Assessment Reports; the HIV/AIDS Treatment Information Service (ATIS) resource documents; the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment (SAMHSA/CSAT) Treatment Improvement Protocols (TIP) and Center for Substance Abuse Prevention (SAMHSA/CSAP) Prevention Enhancement Protocols System (PEPS); the Public Health Service (PHS) Preventive Services Task Force's *Guide to Clinical Preventive Services*; the independent, nonfederal Task Force on Community Services' *Guide to Community Preventive Services*; and the Health Technology Advisory Committee (HTAC) of the Minnesota Health Care Commission (MHCC) health technology evaluations.

Coffee Break: Tutorials for Biologists¹³

Coffee Break is a general healthcare site that takes a scientific view of the news and covers recent breakthroughs in biology that may one day assist physicians in developing treatments. Here you will find a collection of short reports on recent biological discoveries. Each report incorporates interactive tutorials that demonstrate how bioinformatics tools are used as a part of the research process. Currently, all Coffee Breaks are written by NCBI staff.¹⁴ Each report is about 400 words and is usually based on a discovery reported in one or more articles from recently published, peer-reviewed literature.¹⁵ This site has new articles every few weeks, so it can be considered an online magazine of sorts. It is intended for general background information. You can access the Coffee Break Web site at the following hyperlink: <http://www.ncbi.nlm.nih.gov/Coffeebreak/>.

Other Commercial Databases

In addition to resources maintained by official agencies, other databases exist that are commercial ventures addressing medical professionals. Here are some examples that may interest you:

- **CliniWeb International:** Index and table of contents to selected clinical information on the Internet; see <http://www.ohsu.edu/clinweb/>.
- **Medical World Search:** Searches full text from thousands of selected medical sites on the Internet; see <http://www.mwsearch.com/>.

¹³ Adapted from <http://www.ncbi.nlm.nih.gov/Coffeebreak/Archive/FAQ.html>.

¹⁴ The figure that accompanies each article is frequently supplied by an expert external to NCBI, in which case the source of the figure is cited. The result is an interactive tutorial that tells a biological story.

¹⁵ After a brief introduction that sets the work described into a broader context, the report focuses on how a molecular understanding can provide explanations of observed biology and lead to therapies for diseases. Each vignette is accompanied by a figure and hypertext links that lead to a series of pages that interactively show how NCBI tools and resources are used in the research process.

APPENDIX B. PATIENT RESOURCES

Overview

Official agencies, as well as federally funded institutions supported by national grants, frequently publish a variety of guidelines written with the patient in mind. These are typically called “Fact Sheets” or “Guidelines.” They can take the form of a brochure, information kit, pamphlet, or flyer. Often they are only a few pages in length. Since new guidelines on dietetics can appear at any moment and be published by a number of sources, the best approach to finding guidelines is to systematically scan the Internet-based services that post them.

Patient Guideline Sources

The remainder of this chapter directs you to sources which either publish or can help you find additional guidelines on topics related to dietetics. Due to space limitations, these sources are listed in a concise manner. Do not hesitate to consult the following sources by either using the Internet hyperlink provided, or, in cases where the contact information is provided, contacting the publisher or author directly.

The National Institutes of Health

The NIH gateway to patients is located at <http://health.nih.gov/>. From this site, you can search across various sources and institutes, a number of which are summarized below.

Topic Pages: MEDLINEplus

The National Library of Medicine has created a vast and patient-oriented healthcare information portal called MEDLINEplus. Within this Internet-based system are “health topic pages” which list links to available materials relevant to dietetics. To access this system, log on to <http://www.nlm.nih.gov/medlineplus/healthtopics.html>. From there you can either search using the alphabetical index or browse by broad topic areas. Recently, MEDLINEplus listed the following when searched for “dietetics”:

Diabetic Diet

<http://www.nlm.nih.gov/medlineplus/diabeticdiet.html>

Health Occupations

<http://www.nlm.nih.gov/medlineplus/healthoccupations.html>

Weight Loss and Dieting

<http://www.nlm.nih.gov/medlineplus/weightlossanddieting.html>

You may also choose to use the search utility provided by MEDLINEplus at the following Web address: <http://www.nlm.nih.gov/medlineplus/>. Simply type a keyword into the search box and click "Search." This utility is similar to the NIH search utility, with the exception that it only includes materials that are linked within the MEDLINEplus system (mostly patient-oriented information). It also has the disadvantage of generating unstructured results. We recommend, therefore, that you use this method only if you have a very targeted search.

The Combined Health Information Database (CHID)

CHID Online is a reference tool that maintains a database directory of thousands of journal articles and patient education guidelines on dietetics. CHID offers summaries that describe the guidelines available, including contact information and pricing. CHID's general Web site is <http://chid.nih.gov/>. To search this database, go to <http://chid.nih.gov/detail/detail.html>. In particular, you can use the advanced search options to look up pamphlets, reports, brochures, and information kits. The following was recently posted in this archive:

- **Welcome to NCND, the National Center for Nutrition and Dietetics**

Source: Chicago, IL: National Center for Nutrition and Dietetics, American Dietetic Association. 199x. 9 p.

Contact: Available from National Center for Nutrition and Dietetics. American Dietetic Association, 216 West Jackson Boulevard, Chicago, IL 60606-6995. (312) 899-0040, ext. 4653 or (800) 366-1655. PRICE: Single copy free.

Summary: This brochure describes the activities of the National Center for Nutrition and **Dietetics** (NCND). Programs covered include the Nutrition InfoCenter, the Consumer Nutrition Hot Line, the Resource Library, Project LEAN, NCND's outreach activities, National Nutrition Month, and organization publications. Included in a pocket of the brochure are separate printed materials, including an application form for membership, punch-out Rolodex cards for the organization's telephone numbers and address, a fee schedule, and a list of contributors.

- **Patient Education Materials and Instructor's Guide: Supplement to the Manual of Clinical Dietetics**

Source: Chicago, IL: American Dietetic Association. 1996. 32 p.

Contact: Available from American Dietetic Association. 216 West Jackson Boulevard, Suite 800, Chicago, IL 60606-6995. (800) 877-1600, ext. 5000 or (312) 899-0040. Fax (312) 899-4899. PRICE: \$15.00 for members, \$18.00 for nonmembers. ISBN: 0880911557.

Summary: This supplement to the American Dietetic Association's 'Manual of Clinical Dietetics' is intended to assist dietitians with the difficult task of diet and nutrition counseling. The guide has 2 main parts: patient education sheets, each offering

therapeutic diet instructions based on nutrition information from the 'Manual of Clinical Dietetics'; and an instructor's guide that helps dietitians to use the patient education sheets effectively. A pocket at the back of the supplement includes one reproducible patient education sheet (written at the seventh grade reading level) for each of 16 diets. Diets covered include a high-fiber diet; a diet for gastroesophageal reflux; diets following ostomy placement or gastric surgery; a mechanically altered diet; a high-calorie and high-protein diet; diets with increased calcium or iron; and diets restricted in fiber and residue, gluten and gliadin, lactose, fat, sodium, purine, or tyramine. The instructor's guide gives background information about each of the diets and offers counseling strategies to help individualize diets to patient lifestyles and improve adherence. Topics include target audience, modifications, counseling considerations, and additional resources. Four appendices provide creative counseling tips, strategies for promoting adherence, counseling tips for special audiences (low literacy adults, children, senior citizens, and multicultural patients), and cultural food charts (Mexican, Chinese, African American, and Asian Indian). (AA-M).

The NIH Search Utility

The NIH search utility allows you to search for documents on over 100 selected Web sites that comprise the NIH-WEB-SPACE. Each of these servers is "crawled" and indexed on an ongoing basis. Your search will produce a list of various documents, all of which will relate in some way to dietetics. The drawbacks of this approach are that the information is not organized by theme and that the references are often a mix of information for professionals and patients. Nevertheless, a large number of the listed Web sites provide useful background information. We can only recommend this route, therefore, for relatively rare or specific disorders, or when using highly targeted searches. To use the NIH search utility, visit the following Web page: <http://search.nih.gov/index.html>.

Additional Web Sources

A number of Web sites are available to the public that often link to government sites. These can also point you in the direction of essential information. The following is a representative sample:

- AOL: <http://search.aol.com/cat.adp?id=168&layer=&from=subcats>
- Family Village: <http://www.familyvillage.wisc.edu/specific.htm>
- Google: http://directory.google.com/Top/Health/Conditions_and_Diseases/
- Med Help International: <http://www.medhelp.org/HealthTopics/A.html>
- Open Directory Project: http://dmoz.org/Health/Conditions_and_Diseases/
- Yahoo.com: http://dir.yahoo.com/Health/Diseases_and_Conditions/
- WebMD®Health: http://my.webmd.com/health_topics

Finding Associations

There are several Internet directories that provide lists of medical associations with information on or resources relating to dietetics. By consulting all of associations listed in

this chapter, you will have nearly exhausted all sources for patient associations concerned with dietetics.

The National Health Information Center (NHIC)

The National Health Information Center (NHIC) offers a free referral service to help people find organizations that provide information about dietetics. For more information, see the NHIC's Web site at <http://www.health.gov/NHIC/> or contact an information specialist by calling 1-800-336-4797.

Directory of Health Organizations

The Directory of Health Organizations, provided by the National Library of Medicine Specialized Information Services, is a comprehensive source of information on associations. The Directory of Health Organizations database can be accessed via the Internet at <http://www.sis.nlm.nih.gov/Dir/DirMain.html>. It is composed of two parts: DIRLINE and Health Hotlines.

The DIRLINE database comprises some 10,000 records of organizations, research centers, and government institutes and associations that primarily focus on health and biomedicine. To access DIRLINE directly, go to the following Web site: <http://dirline.nlm.nih.gov/>. Simply type in "dietetics" (or a synonym), and you will receive information on all relevant organizations listed in the database.

Health Hotlines directs you to toll-free numbers to over 300 organizations. You can access this database directly at <http://www.sis.nlm.nih.gov/hotlines/>. On this page, you are given the option to search by keyword or by browsing the subject list. When you have received your search results, click on the name of the organization for its description and contact information.

The Combined Health Information Database

Another comprehensive source of information on healthcare associations is the Combined Health Information Database. Using the "Detailed Search" option, you will need to limit your search to "Organizations" and "dietetics". Type the following hyperlink into your Web browser: <http://chid.nih.gov/detail/detail.html>. To find associations, use the drop boxes at the bottom of the search page where "You may refine your search by." For publication date, select "All Years." Then, select your preferred language and the format option "Organization Resource Sheet." Type "dietetics" (or synonyms) into the "For these words:" box. You should check back periodically with this database since it is updated every three months.

The National Organization for Rare Disorders, Inc.

The National Organization for Rare Disorders, Inc. has prepared a Web site that provides, at no charge, lists of associations organized by health topic. You can access this database at the following Web site: <http://www.rarediseases.org/search/orgsearch.html>. Type "dietetics" (or a synonym) into the search box, and click "Submit Query."

APPENDIX C. FINDING MEDICAL LIBRARIES

Overview

In this Appendix, we show you how to quickly find a medical library in your area.

Preparation

Your local public library and medical libraries have interlibrary loan programs with the National Library of Medicine (NLM), one of the largest medical collections in the world. According to the NLM, most of the literature in the general and historical collections of the National Library of Medicine is available on interlibrary loan to any library. If you would like to access NLM medical literature, then visit a library in your area that can request the publications for you.¹⁶

Finding a Local Medical Library

The quickest method to locate medical libraries is to use the Internet-based directory published by the National Network of Libraries of Medicine (NN/LM). This network includes 4626 members and affiliates that provide many services to librarians, health professionals, and the public. To find a library in your area, simply visit <http://nnlm.gov/members/adv.html> or call 1-800-338-7657.

Medical Libraries in the U.S. and Canada

In addition to the NN/LM, the National Library of Medicine (NLM) lists a number of libraries with reference facilities that are open to the public. The following is the NLM's list and includes hyperlinks to each library's Web site. These Web pages can provide information on hours of operation and other restrictions. The list below is a small sample of

¹⁶ Adapted from the NLM: <http://www.nlm.nih.gov/psd/cas/interlibrary.html>.

libraries recommended by the National Library of Medicine (sorted alphabetically by name of the U.S. state or Canadian province where the library is located)¹⁷:

- **Alabama:** Health InfoNet of Jefferson County (Jefferson County Library Cooperative, Lister Hill Library of the Health Sciences), <http://www.uab.edu/infonet/>
- **Alabama:** Richard M. Scrushy Library (American Sports Medicine Institute)
- **Arizona:** Samaritan Regional Medical Center: The Learning Center (Samaritan Health System, Phoenix, Arizona), <http://www.samaritan.edu/library/bannerlibs.htm>
- **California:** Kris Kelly Health Information Center (St. Joseph Health System, Humboldt), <http://www.humboldt1.com/~kkhic/index.html>
- **California:** Community Health Library of Los Gatos, <http://www.healthlib.org/orgresources.html>
- **California:** Consumer Health Program and Services (CHIPS) (County of Los Angeles Public Library, Los Angeles County Harbor-UCLA Medical Center Library) - Carson, CA, <http://www.colapublib.org/services/chips.html>
- **California:** Gateway Health Library (Sutter Gould Medical Foundation)
- **California:** Health Library (Stanford University Medical Center), <http://www-med.stanford.edu/healthlibrary/>
- **California:** Patient Education Resource Center - Health Information and Resources (University of California, San Francisco), <http://sfguide.ucsf.edu/barnett/PERC/default.asp>
- **California:** Redwood Health Library (Petaluma Health Care District), <http://www.phcd.org/rdwlib.html>
- **California:** Los Gatos PlaneTree Health Library, <http://planetreesanjose.org/>
- **California:** Sutter Resource Library (Sutter Hospitals Foundation, Sacramento), <http://suttermedicalcenter.org/library/>
- **California:** Health Sciences Libraries (University of California, Davis), <http://www.lib.ucdavis.edu/healthsci/>
- **California:** ValleyCare Health Library & Ryan Comer Cancer Resource Center (ValleyCare Health System, Pleasanton), <http://gaelnet.stmarys-ca.edu/other.libs/gbal/east/vchl.html>
- **California:** Washington Community Health Resource Library (Fremont), <http://www.healthlibrary.org/>
- **Colorado:** William V. Gervasini Memorial Library (Exempla Healthcare), <http://www.saintjosephdenver.org/yourhealth/libraries/>
- **Connecticut:** Hartford Hospital Health Science Libraries (Hartford Hospital), <http://www.harthosp.org/library/>
- **Connecticut:** Healthnet: Connecticut Consumer Health Information Center (University of Connecticut Health Center, Lyman Maynard Stowe Library), <http://library.uchc.edu/departm/hnet/>

¹⁷ Abstracted from <http://www.nlm.nih.gov/medlineplus/libraries.html>.

- **Connecticut:** Waterbury Hospital Health Center Library (Waterbury Hospital, Waterbury), <http://www.waterburyhospital.com/library/consumer.shtml>
- **Delaware:** Consumer Health Library (Christiana Care Health System, Eugene du Pont Preventive Medicine & Rehabilitation Institute, Wilmington), http://www.christianacare.org/health_guide/health_guide_pmri_health_info.cfm
- **Delaware:** Lewis B. Flinn Library (Delaware Academy of Medicine, Wilmington), <http://www.delamed.org/chls.html>
- **Georgia:** Family Resource Library (Medical College of Georgia, Augusta), http://cmc.mcg.edu/kids_families/fam_resources/fam_res_lib/frl.htm
- **Georgia:** Health Resource Center (Medical Center of Central Georgia, Macon), <http://www.mccg.org/hrc/hrchome.asp>
- **Hawaii:** Hawaii Medical Library: Consumer Health Information Service (Hawaii Medical Library, Honolulu), <http://hml.org/CHIS/>
- **Idaho:** DeArmond Consumer Health Library (Kootenai Medical Center, Coeur d'Alene), <http://www.nicon.org/DeArmond/index.htm>
- **Illinois:** Health Learning Center of Northwestern Memorial Hospital (Chicago), http://www.nmh.org/health_info/hlc.html
- **Illinois:** Medical Library (OSF Saint Francis Medical Center, Peoria), <http://www.osfsaintfrancis.org/general/library/>
- **Kentucky:** Medical Library - Services for Patients, Families, Students & the Public (Central Baptist Hospital, Lexington), <http://www.centralbap.com/education/community/library.cfm>
- **Kentucky:** University of Kentucky - Health Information Library (Chandler Medical Center, Lexington), <http://www.mc.uky.edu/PatientEd/>
- **Louisiana:** Alton Ochsner Medical Foundation Library (Alton Ochsner Medical Foundation, New Orleans), <http://www.ochsner.org/library/>
- **Louisiana:** Louisiana State University Health Sciences Center Medical Library-Shreveport, <http://lib-sh.lsuhscc.edu/>
- **Maine:** Franklin Memorial Hospital Medical Library (Franklin Memorial Hospital, Farmington), <http://www.fchn.org/fmh/lib.htm>
- **Maine:** Gerrish-True Health Sciences Library (Central Maine Medical Center, Lewiston), <http://www.cmmc.org/library/library.html>
- **Maine:** Hadley Parrot Health Science Library (Eastern Maine Healthcare, Bangor), <http://www.emh.org/hll/hpl/guide.htm>
- **Maine:** Maine Medical Center Library (Maine Medical Center, Portland), <http://www.mmc.org/library/>
- **Maine:** Parkview Hospital (Brunswick), <http://www.parkviewhospital.org/>
- **Maine:** Southern Maine Medical Center Health Sciences Library (Southern Maine Medical Center, Biddeford), <http://www.smmc.org/services/service.php3?choice=10>
- **Maine:** Stephens Memorial Hospital's Health Information Library (Western Maine Health, Norway), <http://www.wmhcc.org/Library/>

- **Manitoba, Canada:** Consumer & Patient Health Information Service (University of Manitoba Libraries), <http://www.umanitoba.ca/libraries/units/health/reference/chis.html>
- **Manitoba, Canada:** J.W. Crane Memorial Library (Deer Lodge Centre, Winnipeg), http://www.deerlodge.mb.ca/crane_library/about.asp
- **Maryland:** Health Information Center at the Wheaton Regional Library (Montgomery County, Dept. of Public Libraries, Wheaton Regional Library), <http://www.mont.lib.md.us/healthinfo/hic.asp>
- **Massachusetts:** Baystate Medical Center Library (Baystate Health System), <http://www.baystatehealth.com/1024/>
- **Massachusetts:** Boston University Medical Center Alumni Medical Library (Boston University Medical Center), <http://med-libwww.bu.edu/library/lib.html>
- **Massachusetts:** Lowell General Hospital Health Sciences Library (Lowell General Hospital, Lowell), <http://www.lowellgeneral.org/library/HomePageLinks/WWW.htm>
- **Massachusetts:** Paul E. Woodard Health Sciences Library (New England Baptist Hospital, Boston), http://www.nebh.org/health_lib.asp
- **Massachusetts:** St. Luke's Hospital Health Sciences Library (St. Luke's Hospital, Southcoast Health System, New Bedford), <http://www.southcoast.org/library/>
- **Massachusetts:** Treadwell Library Consumer Health Reference Center (Massachusetts General Hospital), <http://www.mgh.harvard.edu/library/chrcindex.html>
- **Massachusetts:** UMass HealthNet (University of Massachusetts Medical School, Worcester), <http://healthnet.umassmed.edu/>
- **Michigan:** Botsford General Hospital Library - Consumer Health (Botsford General Hospital, Library & Internet Services), <http://www.botsfordlibrary.org/consumer.htm>
- **Michigan:** Helen DeRoy Medical Library (Providence Hospital and Medical Centers), <http://www.providence-hospital.org/library/>
- **Michigan:** Marquette General Hospital - Consumer Health Library (Marquette General Hospital, Health Information Center), <http://www.mgh.org/center.html>
- **Michigan:** Patient Education Resource Center - University of Michigan Cancer Center (University of Michigan Comprehensive Cancer Center, Ann Arbor), <http://www.cancer.med.umich.edu/learn/leares.htm>
- **Michigan:** Sladen Library & Center for Health Information Resources - Consumer Health Information (Detroit), <http://www.henryford.com/body.cfm?id=39330>
- **Montana:** Center for Health Information (St. Patrick Hospital and Health Sciences Center, Missoula)
- **National:** Consumer Health Library Directory (Medical Library Association, Consumer and Patient Health Information Section), <http://caphis.mlanet.org/directory/index.html>
- **National:** National Network of Libraries of Medicine (National Library of Medicine) - provides library services for health professionals in the United States who do not have access to a medical library, <http://nnlm.gov/>
- **National:** NN/LM List of Libraries Serving the Public (National Network of Libraries of Medicine), <http://nnlm.gov/members/>

- **Nevada:** Health Science Library, West Charleston Library (Las Vegas-Clark County Library District, Las Vegas), http://www.lvcld.org/special_collections/medical/index.htm
- **New Hampshire:** Dartmouth Biomedical Libraries (Dartmouth College Library, Hanover), <http://www.dartmouth.edu/~biomed/resources.html#conshealth.html#d/>
- **New Jersey:** Consumer Health Library (Rahway Hospital, Rahway), <http://www.rahwayhospital.com/library.htm>
- **New Jersey:** Dr. Walter Phillips Health Sciences Library (Englewood Hospital and Medical Center, Englewood), <http://www.englewoodhospital.com/links/index.htm>
- **New Jersey:** Meland Foundation (Englewood Hospital and Medical Center, Englewood), <http://www.geocities.com/ResearchTriangle/9360/>
- **New York:** Choices in Health Information (New York Public Library) - NLM Consumer Pilot Project participant, <http://www.nypl.org/branch/health/links.html>
- **New York:** Health Information Center (Upstate Medical University, State University of New York, Syracuse), <http://www.upstate.edu/library/hic/>
- **New York:** Health Sciences Library (Long Island Jewish Medical Center, New Hyde Park), <http://www.lij.edu/library/library.html>
- **New York:** ViaHealth Medical Library (Rochester General Hospital), <http://www.nyam.org/library/>
- **Ohio:** Consumer Health Library (Akron General Medical Center, Medical & Consumer Health Library), <http://www.akrongeneral.org/hwlibrary.htm>
- **Oklahoma:** The Health Information Center at Saint Francis Hospital (Saint Francis Health System, Tulsa), <http://www.sfh-tulsa.com/services/healthinfo.asp>
- **Oregon:** Planetree Health Resource Center (Mid-Columbia Medical Center, The Dalles), <http://www.mcmc.net/phrc/>
- **Pennsylvania:** Community Health Information Library (Milton S. Hershey Medical Center, Hershey), <http://www.hmc.psu.edu/commhealth/>
- **Pennsylvania:** Community Health Resource Library (Geisinger Medical Center, Danville), <http://www.geisinger.edu/education/commlib.shtml>
- **Pennsylvania:** HealthInfo Library (Moses Taylor Hospital, Scranton), <http://www.mth.org/healthwellness.html>
- **Pennsylvania:** Hopwood Library (University of Pittsburgh, Health Sciences Library System, Pittsburgh), http://www.hsls.pitt.edu/guides/chi/hopwood/index_html
- **Pennsylvania:** Koop Community Health Information Center (College of Physicians of Philadelphia), <http://www.collphyphil.org/kooppg1.shtml>
- **Pennsylvania:** Learning Resources Center - Medical Library (Susquehanna Health System, Williamsport), <http://www.shscares.org/services/lrc/index.asp>
- **Pennsylvania:** Medical Library (UPMC Health System, Pittsburgh), <http://www.upmc.edu/passavant/library.htm>
- **Quebec, Canada:** Medical Library (Montreal General Hospital), <http://www.mghlib.mcgill.ca/>

- **South Dakota:** Rapid City Regional Hospital Medical Library (Rapid City Regional Hospital), <http://www.rcrh.org/Services/Library/Default.asp>
- **Texas:** Houston HealthWays (Houston Academy of Medicine-Texas Medical Center Library), <http://hhw.library.tmc.edu/>
- **Washington:** Community Health Library (Kittitas Valley Community Hospital), <http://www.kvch.com/>
- **Washington:** Southwest Washington Medical Center Library (Southwest Washington Medical Center, Vancouver), <http://www.swmedicalcenter.com/body.cfm?id=72>

ONLINE GLOSSARIES

The Internet provides access to a number of free-to-use medical dictionaries. The National Library of Medicine has compiled the following list of online dictionaries:

- ADAM Medical Encyclopedia (A.D.A.M., Inc.), comprehensive medical reference:
<http://www.nlm.nih.gov/medlineplus/encyclopedia.html>
- MedicineNet.com Medical Dictionary (MedicineNet, Inc.):
<http://www.medterms.com/Script/Main/hp.asp>
- Merriam-Webster Medical Dictionary (Inteli-Health, Inc.):
<http://www.intelihealth.com/IH/>
- Multilingual Glossary of Technical and Popular Medical Terms in Eight European Languages (European Commission) - Danish, Dutch, English, French, German, Italian, Portuguese, and Spanish: <http://allserv.rug.ac.be/~rvdstich/eugloss/welcome.html>
- On-line Medical Dictionary (CancerWEB): <http://cancerweb.ncl.ac.uk/omd/>
- Rare Diseases Terms (Office of Rare Diseases):
<http://ord.aspensys.com/asp/diseases/diseases.asp>
- Technology Glossary (National Library of Medicine) - Health Care Technology:
<http://www.nlm.nih.gov/nichsr/ta101/ta10108.htm>

Beyond these, MEDLINEplus contains a very patient-friendly encyclopedia covering every aspect of medicine (licensed from A.D.A.M., Inc.). The ADAM Medical Encyclopedia can be accessed at <http://www.nlm.nih.gov/medlineplus/encyclopedia.html>. ADAM is also available on commercial Web sites such as drkoop.com (<http://www.drkoop.com/>) and Web MD (http://my.webmd.com/adam/asset/adam_disease_articles/a_to_z/a).

Online Dictionary Directories

The following are additional online directories compiled by the National Library of Medicine, including a number of specialized medical dictionaries:

- Medical Dictionaries: Medical & Biological (World Health Organization):
<http://www.who.int/hlt/virtuallibrary/English/diction.htm#Medical>
- MEL-Michigan Electronic Library List of Online Health and Medical Dictionaries (Michigan Electronic Library): <http://mel.lib.mi.us/health/health-dictionaries.html>
- Patient Education: Glossaries (DMOZ Open Directory Project):
http://dmoz.org/Health/Education/Patient_Education/Glossaries/
- Web of Online Dictionaries (Bucknell University):
<http://www.yourdictionary.com/diction5.html#medicine>

DIETETICS DICTIONARY

The definitions below are derived from official public sources, including the National Institutes of Health [NIH] and the European Union [EU].

Abdominal: Having to do with the abdomen, which is the part of the body between the chest and the hips that contains the pancreas, stomach, intestines, liver, gallbladder, and other organs. [NIH]

Abdominal fat: Fat (adipose tissue) that is centrally distributed between the thorax and pelvis and that induces greater health risk. [NIH]

Abdominal Pain: Sensation of discomfort, distress, or agony in the abdominal region. [NIH]

Abscess: A localized, circumscribed collection of pus. [NIH]

Acceptor: A substance which, while normally not oxidized by oxygen or reduced by hydrogen, can be oxidized or reduced in presence of a substance which is itself undergoing oxidation or reduction. [NIH]

Acculturation: Process of cultural change in which one group or members of a group assimilates various cultural patterns from another. [NIH]

Acute renal: A condition in which the kidneys suddenly stop working. In most cases, kidneys can recover from almost complete loss of function. [NIH]

Adaptation: 1. The adjustment of an organism to its environment, or the process by which it enhances such fitness. 2. The normal ability of the eye to adjust itself to variations in the intensity of light; the adjustment to such variations. 3. The decline in the frequency of firing of a neuron, particularly of a receptor, under conditions of constant stimulation. 4. In dentistry, (a) the proper fitting of a denture, (b) the degree of proximity and interlocking of restorative material to a tooth preparation, (c) the exact adjustment of bands to teeth. 5. In microbiology, the adjustment of bacterial physiology to a new environment. [EU]

Adenosine: A nucleoside that is composed of adenine and d-ribose. Adenosine or adenosine derivatives play many important biological roles in addition to being components of DNA and RNA. Adenosine itself is a neurotransmitter. [NIH]

Adipose Tissue: Connective tissue composed of fat cells lodged in the meshes of areolar tissue. [NIH]

Adjustment: The dynamic process wherein the thoughts, feelings, behavior, and biophysiological mechanisms of the individual continually change to adjust to the environment. [NIH]

Adjuvant: A substance which aids another, such as an auxiliary remedy; in immunology, nonspecific stimulator (e.g., BCG vaccine) of the immune response. [EU]

Adolescence: The period of life beginning with the appearance of secondary sex characteristics and terminating with the cessation of somatic growth. The years usually referred to as adolescence lie between 13 and 18 years of age. [NIH]

Adrenal Glands: Paired glands situated in the retroperitoneal tissues at the superior pole of each kidney. [NIH]

Adrenergic: Activated by, characteristic of, or secreting epinephrine or substances with similar activity; the term is applied to those nerve fibres that liberate norepinephrine at a synapse when a nerve impulse passes, i.e., the sympathetic fibres. [EU]

Adverse Effect: An unwanted side effect of treatment. [NIH]

Affinity: 1. Inherent likeness or relationship. 2. A special attraction for a specific element, organ, or structure. 3. Chemical affinity; the force that binds atoms in molecules; the tendency of substances to combine by chemical reaction. 4. The strength of noncovalent chemical binding between two substances as measured by the dissociation constant of the complex. 5. In immunology, a thermodynamic expression of the strength of interaction between a single antigen-binding site and a single antigenic determinant (and thus of the stereochemical compatibility between them), most accurately applied to interactions among simple, uniform antigenic determinants such as haptens. Expressed as the association constant (K litres mole⁻¹), which, owing to the heterogeneity of affinities in a population of antibody molecules of a given specificity, actually represents an average value (mean intrinsic association constant). 6. The reciprocal of the dissociation constant. [EU]

Agar: A complex sulfated polymer of galactose units, extracted from *Gelidium cartilagineum*, *Gracilaria confervoides*, and related red algae. It is used as a gel in the preparation of solid culture media for microorganisms, as a bulk laxative, in making emulsions, and as a supporting medium for immunodiffusion and immunoelectrophoresis. [NIH]

Age of Onset: The age or period of life at which a disease or the initial symptoms or manifestations of a disease appear in an individual. [NIH]

Algorithms: A procedure consisting of a sequence of algebraic formulas and/or logical steps to calculate or determine a given task. [NIH]

Alimentary: Pertaining to food or nutritive material, or to the organs of digestion. [EU]

Alkaline: Having the reactions of an alkali. [EU]

Allogeneic: Taken from different individuals of the same species. [NIH]

Alternative medicine: Practices not generally recognized by the medical community as standard or conventional medical approaches and used instead of standard treatments. Alternative medicine includes the taking of dietary supplements, megadose vitamins, and herbal preparations; the drinking of special teas; and practices such as massage therapy, magnet therapy, spiritual healing, and meditation. [NIH]

Aluminum: A metallic element that has the atomic number 13, atomic symbol Al, and atomic weight 26.98. [NIH]

Ambulatory Care: Health care services provided to patients on an ambulatory basis, rather than by admission to a hospital or other health care facility. The services may be a part of a hospital, augmenting its inpatient services, or may be provided at a free-standing facility. [NIH]

Amenorrhea: Absence of menstruation. [NIH]

Ammonia: A colorless alkaline gas. It is formed in the body during decomposition of organic materials during a large number of metabolically important reactions. [NIH]

Ampulla: A sac-like enlargement of a canal or duct. [NIH]

Amyloid: A general term for a variety of different proteins that accumulate as extracellular fibrils of 7-10 nm and have common structural features, including a beta-pleated sheet conformation and the ability to bind such dyes as Congo red and thioflavine (Kandel, Schwartz, and Jessel, *Principles of Neural Science*, 3rd ed). [NIH]

Amyloidosis: A group of diseases in which protein is deposited in specific organs (localized amyloidosis) or throughout the body (systemic amyloidosis). Amyloidosis may be either primary (with no known cause) or secondary (caused by another disease, including some types of cancer). Generally, primary amyloidosis affects the nerves, skin, tongue, joints, heart, and liver; secondary amyloidosis often affects the spleen, kidneys, liver, and adrenal glands. [NIH]

Anal: Having to do with the anus, which is the posterior opening of the large bowel. [NIH]

Anaphylatoxins: The family of peptides C3a, C4a, C5a, and C5a des-arginine produced in the serum during complement activation. They produce smooth muscle contraction, mast cell histamine release, affect platelet aggregation, and act as mediators of the local inflammatory process. The order of anaphylatoxin activity from strongest to weakest is C5a, C3a, C4a, and C5a des-arginine. The latter is the so-called "classical" anaphylatoxin but shows no spasmogenic activity though it contains some chemotactic ability. [NIH]

Anatomical: Pertaining to anatomy, or to the structure of the organism. [EU]

Anemia: A reduction in the number of circulating erythrocytes or in the quantity of hemoglobin. [NIH]

Anions: Negatively charged atoms, radicals or groups of atoms which travel to the anode or positive pole during electrolysis. [NIH]

Anorexia: Lack or loss of appetite for food. Appetite is psychologic, dependent on memory and associations. Anorexia can be brought about by unattractive food, surroundings, or company. [NIH]

Anorexia Nervosa: The chief symptoms are inability to eat, weight loss, and amenorrhea. [NIH]

Anthropology: The science devoted to the comparative study of man. [NIH]

Anthropometric measurements: Measurements of human body height, weight, and size of component parts, including skinfold measurement. Used to study and compare the relative proportions under normal and abnormal conditions. [NIH]

Anthropometry: The technique that deals with the measurement of the size, weight, and proportions of the human or other primate body. [NIH]

Antibody: A type of protein made by certain white blood cells in response to a foreign substance (antigen). Each antibody can bind to only a specific antigen. The purpose of this binding is to help destroy the antigen. Antibodies can work in several ways, depending on the nature of the antigen. Some antibodies destroy antigens directly. Others make it easier for white blood cells to destroy the antigen. [NIH]

Anticarcinogenic: Pertaining to something that prevents or delays the development of cancer. [NIH]

Anticoagulant: A drug that helps prevent blood clots from forming. Also called a blood thinner. [NIH]

Antigen: Any substance which is capable, under appropriate conditions, of inducing a specific immune response and of reacting with the products of that response, that is, with specific antibody or specifically sensitized T-lymphocytes, or both. Antigens may be soluble substances, such as toxins and foreign proteins, or particulate, such as bacteria and tissue cells; however, only the portion of the protein or polysaccharide molecule known as the antigenic determinant (q.v.) combines with antibody or a specific receptor on a lymphocyte. Abbreviated Ag. [EU]

Antigen-Antibody Complex: The complex formed by the binding of antigen and antibody molecules. The deposition of large antigen-antibody complexes leading to tissue damage causes immune complex diseases. [NIH]

Antioxidant: A substance that prevents damage caused by free radicals. Free radicals are highly reactive chemicals that often contain oxygen. They are produced when molecules are split to give products that have unpaired electrons. This process is called oxidation. [NIH]

Anus: The opening of the rectum to the outside of the body. [NIH]

Arterial: Pertaining to an artery or to the arteries. [EU]

Arteries: The vessels carrying blood away from the heart. [NIH]

Artery: Vessel-carrying blood from the heart to various parts of the body. [NIH]

Ascites: Accumulation or retention of free fluid within the peritoneal cavity. [NIH]

Aspiration: The act of inhaling. [NIH]

Asymptomatic: Having no signs or symptoms of disease. [NIH]

Autoantibodies: Antibodies that react with self-antigens (autoantigens) of the organism that produced them. [NIH]

Autodigestion: Autolysis; a condition found in disease of the stomach: the stomach wall is digested by the gastric juice. [NIH]

Bacteria: Unicellular prokaryotic microorganisms which generally possess rigid cell walls, multiply by cell division, and exhibit three principal forms: round or coccil, rodlike or bacillary, and spiral or spirochetal. [NIH]

Bacterial Physiology: Physiological processes and activities of bacteria. [NIH]

Bacterium: Microscopic organism which may have a spherical, rod-like, or spiral unicellular or non-cellular body. Bacteria usually reproduce through asexual processes. [NIH]

Base: In chemistry, the nonacid part of a salt; a substance that combines with acids to form salts; a substance that dissociates to give hydroxide ions in aqueous solutions; a substance whose molecule or ion can combine with a proton (hydrogen ion); a substance capable of donating a pair of electrons (to an acid) for the formation of a coordinate covalent bond. [EU]

Beta-pleated: Particular three-dimensional pattern of amyloidoses. [NIH]

Bezoar: A ball of food, mucus, vegetable fiber, hair, or other material that cannot be digested in the stomach. Bezoars can cause blockage, ulcers, and bleeding. [NIH]

Bile: An emulsifying agent produced in the liver and secreted into the duodenum. Its composition includes bile acids and salts, cholesterol, and electrolytes. It aids digestion of fats in the duodenum. [NIH]

Bile Acids: Acids made by the liver that work with bile to break down fats. [NIH]

Bile Acids and Salts: Steroid acids and salts. The primary bile acids are derived from cholesterol in the liver and usually conjugated with glycine or taurine. The secondary bile acids are further modified by bacteria in the intestine. They play an important role in the digestion and absorption of fat. They have also been used pharmacologically, especially in the treatment of gallstones. [NIH]

Bile duct: A tube through which bile passes in and out of the liver. [NIH]

Biliary: Having to do with the liver, bile ducts, and/or gallbladder. [NIH]

Biliary Tract: The gallbladder and its ducts. [NIH]

Biochemical: Relating to biochemistry; characterized by, produced by, or involving chemical reactions in living organisms. [EU]

Biological Factors: Compounds made by living organisms that contribute to or influence a phenomenon or process. They have biological or physiological activities. [NIH]

Biopsy: Removal and pathologic examination of specimens in the form of small pieces of tissue from the living body. [NIH]

Biosynthesis: The building up of a chemical compound in the physiologic processes of a living organism. [EU]

Biotechnology: Body of knowledge related to the use of organisms, cells or cell-derived

constituents for the purpose of developing products which are technically, scientifically and clinically useful. Alteration of biologic function at the molecular level (i.e., genetic engineering) is a central focus; laboratory methods used include transfection and cloning technologies, sequence and structure analysis algorithms, computer databases, and gene and protein structure function analysis and prediction. [NIH]

Bladder: The organ that stores urine. [NIH]

Bloating: Fullness or swelling in the abdomen that often occurs after meals. [NIH]

Blood Coagulation: The process of the interaction of blood coagulation factors that results in an insoluble fibrin clot. [NIH]

Blood Glucose: Glucose in blood. [NIH]

Blood pressure: The pressure of blood against the walls of a blood vessel or heart chamber. Unless there is reference to another location, such as the pulmonary artery or one of the heart chambers, it refers to the pressure in the systemic arteries, as measured, for example, in the forearm. [NIH]

Blood vessel: A tube in the body through which blood circulates. Blood vessels include a network of arteries, arterioles, capillaries, venules, and veins. [NIH]

Body Fluids: Liquid components of living organisms. [NIH]

Body Mass Index: One of the anthropometric measures of body mass; it has the highest correlation with skinfold thickness or body density. [NIH]

Bone Marrow: The soft tissue filling the cavities of bones. Bone marrow exists in two types, yellow and red. Yellow marrow is found in the large cavities of large bones and consists mostly of fat cells and a few primitive blood cells. Red marrow is a hematopoietic tissue and is the site of production of erythrocytes and granular leukocytes. Bone marrow is made up of a framework of connective tissue containing branching fibers with the frame being filled with marrow cells. [NIH]

Bowel: The long tube-shaped organ in the abdomen that completes the process of digestion. There is both a small and a large bowel. Also called the intestine. [NIH]

Bowel Movement: Body wastes passed through the rectum and anus. [NIH]

Bulimia: Episodic binge eating. The episodes may be associated with the fear of not being able to stop eating, depressed mood, or self-deprecating thoughts (binge-eating disorder) and may frequently be terminated by self-induced vomiting (bulimia nervosa). [NIH]

Bullous: Pertaining to or characterized by bullae. [EU]

Bypass: A surgical procedure in which the doctor creates a new pathway for the flow of body fluids. [NIH]

Cachexia: General ill health, malnutrition, and weight loss, usually associated with chronic disease. [NIH]

Calcium: A basic element found in nearly all organized tissues. It is a member of the alkaline earth family of metals with the atomic symbol Ca, atomic number 20, and atomic weight 40. Calcium is the most abundant mineral in the body and combines with phosphorus to form calcium phosphate in the bones and teeth. It is essential for the normal functioning of nerves and muscles and plays a role in blood coagulation (as factor IV) and in many enzymatic processes. [NIH]

Calcium Oxalate: The calcium salt of oxalic acid, occurring in the urine as crystals and in certain calculi. [NIH]

Calculi: An abnormal concretion occurring mostly in the urinary and biliary tracts, usually composed of mineral salts. Also called stones. [NIH]

Caloric intake: Refers to the number of calories (energy content) consumed. [NIH]

Carbohydrate: An aldehyde or ketone derivative of a polyhydric alcohol, particularly of the pentahydric and hexahydric alcohols. They are so named because the hydrogen and oxygen are usually in the proportion to form water, $(\text{CH}_2\text{O})_n$. The most important carbohydrates are the starches, sugars, celluloses, and gums. They are classified into mono-, di-, tri-, poly- and heterosaccharides. [EU]

Carcinogenic: Producing carcinoma. [EU]

Cardiac: Having to do with the heart. [NIH]

Cardiovascular: Having to do with the heart and blood vessels. [NIH]

Cardiovascular disease: Any abnormal condition characterized by dysfunction of the heart and blood vessels. CVD includes atherosclerosis (especially coronary heart disease, which can lead to heart attacks), cerebrovascular disease (e.g., stroke), and hypertension (high blood pressure). [NIH]

Causal: Pertaining to a cause; directed against a cause. [EU]

Celiac Disease: A disease characterized by intestinal malabsorption and precipitated by gluten-containing foods. The intestinal mucosa shows loss of villous structure. [NIH]

Cell: The individual unit that makes up all of the tissues of the body. All living things are made up of one or more cells. [NIH]

Cerebrovascular: Pertaining to the blood vessels of the cerebrum, or brain. [EU]

Character: In current usage, approximately equivalent to personality. The sum of the relatively fixed personality traits and habitual modes of response of an individual. [NIH]

Chemotactic Factors: Chemical substances that attract or repel cells or organisms. The concept denotes especially those factors released as a result of tissue injury, invasion, or immunologic activity, that attract leukocytes, macrophages, or other cells to the site of infection or insult. [NIH]

Chin: The anatomical frontal portion of the mandible, also known as the mentum, that contains the line of fusion of the two separate halves of the mandible (symphysis menti). This line of fusion divides inferiorly to enclose a triangular area called the mental protuberance. On each side, inferior to the second premolar tooth, is the mental foramen for the passage of blood vessels and a nerve. [NIH]

Cholesterol: The principal sterol of all higher animals, distributed in body tissues, especially the brain and spinal cord, and in animal fats and oils. [NIH]

Chronic: A disease or condition that persists or progresses over a long period of time. [NIH]

Chronic Disease: Disease or ailment of long duration. [NIH]

Chronic renal: Slow and progressive loss of kidney function over several years, often resulting in end-stage renal disease. People with end-stage renal disease need dialysis or transplantation to replace the work of the kidneys. [NIH]

Cirrhosis: A type of chronic, progressive liver disease. [NIH]

Clamp: A u-shaped steel rod used with a pin or wire for skeletal traction in the treatment of certain fractures. [NIH]

Claviceps: A genus of ascomycetous fungi, family Clavicipitaceae, order Hypocreales, parasitic on various grasses. The sclerotia contain several toxic alkaloids. Claviceps purpurea on rye causes ergotism. [NIH]

Clinical Clerkship: Undergraduate medical education programs for second-, third-, and fourth-year students in which the students receive clinical training and experience in

teaching hospitals or affiliated health centers. [NIH]

Clinical trial: A research study that tests how well new medical treatments or other interventions work in people. Each study is designed to test new methods of screening, prevention, diagnosis, or treatment of a disease. [NIH]

Cloning: The production of a number of genetically identical individuals; in genetic engineering, a process for the efficient replication of a great number of identical DNA molecules. [NIH]

Colitis: Inflammation of the colon. [NIH]

Colloidal: Of the nature of a colloid. [EU]

Colon: The long, coiled, tubelike organ that removes water from digested food. The remaining material, solid waste called stool, moves through the colon to the rectum and leaves the body through the anus. [NIH]

Colostomy: An opening into the colon from the outside of the body. A colostomy provides a new path for waste material to leave the body after part of the colon has been removed. [NIH]

Competency: The capacity of the bacterium to take up DNA from its surroundings. [NIH]

Competency-Based Education: Educational programs designed to ensure that students attain prespecified levels of competence in a given field or training activity. Emphasis is on achievement or specified objectives. [NIH]

Complement: A term originally used to refer to the heat-labile factor in serum that causes immune cytolysis, the lysis of antibody-coated cells, and now referring to the entire functionally related system comprising at least 20 distinct serum proteins that is the effector not only of immune cytolysis but also of other biologic functions. Complement activation occurs by two different sequences, the classic and alternative pathways. The proteins of the classic pathway are termed 'components of complement' and are designated by the symbols C1 through C9. C1 is a calcium-dependent complex of three distinct proteins C1q, C1r and C1s. The proteins of the alternative pathway (collectively referred to as the properdin system) and complement regulatory proteins are known by semisystematic or trivial names. Fragments resulting from proteolytic cleavage of complement proteins are designated with lower-case letter suffixes, e.g., C3a. Inactivated fragments may be designated with the suffix 'i', e.g. C3bi. Activated components or complexes with biological activity are designated by a bar over the symbol e.g. C1 or C4b,2a. The classic pathway is activated by the binding of C1 to classic pathway activators, primarily antigen-antibody complexes containing IgM, IgG1, IgG3; C1q binds to a single IgM molecule or two adjacent IgG molecules. The alternative pathway can be activated by IgA immune complexes and also by nonimmunologic materials including bacterial endotoxins, microbial polysaccharides, and cell walls. Activation of the classic pathway triggers an enzymatic cascade involving C1, C4, C2 and C3; activation of the alternative pathway triggers a cascade involving C3 and factors B, D and P. Both result in the cleavage of C5 and the formation of the membrane attack complex. Complement activation also results in the formation of many biologically active complement fragments that act as anaphylatoxins, opsonins, or chemotactic factors. [EU]

Complementary and alternative medicine: CAM. Forms of treatment that are used in addition to (complementary) or instead of (alternative) standard treatments. These practices are not considered standard medical approaches. CAM includes dietary supplements, megadose vitamins, herbal preparations, special teas, massage therapy, magnet therapy, spiritual healing, and meditation. [NIH]

Complementary medicine: Practices not generally recognized by the medical community as standard or conventional medical approaches and used to enhance or complement the standard treatments. Complementary medicine includes the taking of dietary supplements,

megadose vitamins, and herbal preparations; the drinking of special teas; and practices such as massage therapy, magnet therapy, spiritual healing, and meditation. [NIH]

Compliance: Distensibility measure of a chamber such as the lungs (lung compliance) or bladder. Compliance is expressed as a change in volume per unit change in pressure. [NIH]

Computational Biology: A field of biology concerned with the development of techniques for the collection and manipulation of biological data, and the use of such data to make biological discoveries or predictions. This field encompasses all computational methods and theories applicable to molecular biology and areas of computer-based techniques for solving biological problems including manipulation of models and datasets. [NIH]

Computed tomography: CT scan. A series of detailed pictures of areas inside the body, taken from different angles; the pictures are created by a computer linked to an x-ray machine. Also called computerized tomography and computerized axial tomography (CAT) scan. [NIH]

Computer-Assisted Instruction: A self-learning technique, usually online, involving interaction of the student with programmed instructional materials. [NIH]

Computerized axial tomography: A series of detailed pictures of areas inside the body, taken from different angles; the pictures are created by a computer linked to an x-ray machine. Also called CAT scan, computed tomography (CT scan), or computerized tomography. [NIH]

Computerized tomography: A series of detailed pictures of areas inside the body, taken from different angles; the pictures are created by a computer linked to an x-ray machine. Also called computerized axial tomography (CAT) scan and computed tomography (CT scan). [NIH]

Concretion: Minute, hard, yellow masses found in the palpebral conjunctivae of elderly people or following chronic conjunctivitis, composed of the products of cellular degeneration retained in the depressions and tubular recesses in the conjunctiva. [NIH]

Confusion: A mental state characterized by bewilderment, emotional disturbance, lack of clear thinking, and perceptual disorientation. [NIH]

Connective Tissue: Tissue that supports and binds other tissues. It consists of connective tissue cells embedded in a large amount of extracellular matrix. [NIH]

Connective Tissue: Tissue that supports and binds other tissues. It consists of connective tissue cells embedded in a large amount of extracellular matrix. [NIH]

Consciousness: Sense of awareness of self and of the environment. [NIH]

Constipation: Infrequent or difficult evacuation of feces. [NIH]

Continuum: An area over which the vegetation or animal population is of constantly changing composition so that homogeneous, separate communities cannot be distinguished. [NIH]

Contraindications: Any factor or sign that it is unwise to pursue a certain kind of action or treatment, e. g. giving a general anesthetic to a person with pneumonia. [NIH]

Cookery: The art or practice of cooking. It includes the preparation of special foods for diets in various diseases. [NIH]

Coordination: Muscular or motor regulation or the harmonious cooperation of muscles or groups of muscles, in a complex action or series of actions. [NIH]

Coronary: Encircling in the manner of a crown; a term applied to vessels; nerves, ligaments, etc. The term usually denotes the arteries that supply the heart muscle and, by extension, a pathologic involvement of them. [EU]

Coronary heart disease: A type of heart disease caused by narrowing of the coronary arteries that feed the heart, which needs a constant supply of oxygen and nutrients carried by the blood in the coronary arteries. When the coronary arteries become narrowed or clogged by fat and cholesterol deposits and cannot supply enough blood to the heart, CHD results. [NIH]

Cost-benefit: A quantitative technique of economic analysis which, when applied to radiation practice, compares the health detriment from the radiation doses concerned with the cost of radiation dose reduction in that practice. [NIH]

Cost-Benefit Analysis: A method of comparing the cost of a program with its expected benefits in dollars (or other currency). The benefit-to-cost ratio is a measure of total return expected per unit of money spent. This analysis generally excludes consideration of factors that are not measured ultimately in economic terms. Cost effectiveness compares alternative ways to achieve a specific set of results. [NIH]

Creatinine: A compound that is excreted from the body in urine. Creatinine levels are measured to monitor kidney function. [NIH]

Credentialing: The recognition of professional or technical competence through registration, certification, licensure, admission to association membership, the award of a diploma or degree, etc. [NIH]

Curative: Tending to overcome disease and promote recovery. [EU]

Cytokines: Non-antibody proteins secreted by inflammatory leukocytes and some non-leukocytic cells, that act as intercellular mediators. They differ from classical hormones in that they are produced by a number of tissue or cell types rather than by specialized glands. They generally act locally in a paracrine or autocrine rather than endocrine manner. [NIH]

Dairy Products: Raw and processed or manufactured milk and milk-derived products. These are usually from cows (bovine) but are also from goats, sheep, reindeer, and water buffalo. [NIH]

Data Collection: Systematic gathering of data for a particular purpose from various sources, including questionnaires, interviews, observation, existing records, and electronic devices. The process is usually preliminary to statistical analysis of the data. [NIH]

Dermatitis: Any inflammation of the skin. [NIH]

Dermatitis Herpetiformis: Rare, chronic, papulo-vesicular disease characterized by an intensely pruritic eruption consisting of various combinations of symmetrical, erythematous, papular, vesicular, or bullous lesions. The disease is strongly associated with the presence of HLA-B8 and HLA-DR3 antigens. A variety of different autoantibodies has been detected in small numbers in patients with dermatitis herpetiformis. [NIH]

Desensitization: The prevention or reduction of immediate hypersensitivity reactions by administration of graded doses of allergen; called also hyposensitization and immunotherapy. [EU]

Developing Countries: Countries in the process of change directed toward economic growth, that is, an increase in production, per capita consumption, and income. The process of economic growth involves better utilization of natural and human resources, which results in a change in the social, political, and economic structures. [NIH]

Diabetes Mellitus: A heterogeneous group of disorders that share glucose intolerance in common. [NIH]

Diagnostic procedure: A method used to identify a disease. [NIH]

Dialysate: A cleansing liquid used in the two major forms of dialysis--hemodialysis and peritoneal dialysis. [NIH]

Dialyzer: A part of the hemodialysis machine. (See hemodialysis under dialysis.) The dialyzer has two sections separated by a membrane. One section holds dialysate. The other holds the patient's blood. [NIH]

Diaphragm: The muscufibrous partition that separates the thoracic cavity from the abdominal cavity. Contraction of the diaphragm increases the volume of the thoracic cavity aiding inspiration. [NIH]

Diarrhea: Passage of excessively liquid or excessively frequent stools. [NIH]

Diastolic: Of or pertaining to the diastole. [EU]

Dietitian: An expert in nutrition who helps people plan what and how much food to eat. [NIH]

Diffusion: The tendency of a gas or solute to pass from a point of higher pressure or concentration to a point of lower pressure or concentration and to distribute itself throughout the available space; a major mechanism of biological transport. [NIH]

Digestion: The process of breakdown of food for metabolism and use by the body. [NIH]

Digestive tract: The organs through which food passes when food is eaten. These organs are the mouth, esophagus, stomach, small and large intestines, and rectum. [NIH]

Direct: 1. Straight; in a straight line. 2. Performed immediately and without the intervention of subsidiary means. [EU]

Discrete: Made up of separate parts or characterized by lesions which do not become blended; not running together; separate. [NIH]

Distal: Remote; farther from any point of reference; opposed to proximal. In dentistry, used to designate a position on the dental arch farther from the median line of the jaw. [EU]

Distention: The state of being distended or enlarged; the act of distending. [EU]

Diverticula: Plural form of diverticulum. [NIH]

Diverticulitis: Inflammation of a diverticulum or diverticula. [NIH]

Diverticulum: A pathological condition manifested as a pouch or sac opening from a tubular or sacular organ. [NIH]

Drug Interactions: The action of a drug that may affect the activity, metabolism, or toxicity of another drug. [NIH]

Drug Tolerance: Progressive diminution of the susceptibility of a human or animal to the effects of a drug, resulting from its continued administration. It should be differentiated from drug resistance wherein an organism, disease, or tissue fails to respond to the intended effectiveness of a chemical or drug. It should also be differentiated from maximum tolerated dose and no-observed-adverse-effect level. [NIH]

Duct: A tube through which body fluids pass. [NIH]

Dumping Syndrome: Gastrointestinal symptoms resulting from an absent or nonfunctioning pylorus. [NIH]

Duodenum: The first part of the small intestine. [NIH]

Dyes: Chemical substances that are used to stain and color other materials. The coloring may or may not be permanent. Dyes can also be used as therapeutic agents and test reagents in medicine and scientific research. [NIH]

Dyslipidemia: Disorders in the lipoprotein metabolism; classified as hypercholesterolemia, hypertriglyceridemia, combined hyperlipidemia, and low levels of high-density lipoprotein (HDL) cholesterol. All of the dyslipidemias can be primary or secondary. Both elevated levels of low-density lipoprotein (LDL) cholesterol and low levels of HDL cholesterol

predispose to premature atherosclerosis. [NIH]

Dyspepsia: Impaired digestion, especially after eating. [NIH]

Dysphagia: Difficulty in swallowing. [EU]

Eating Disorders: A group of disorders characterized by physiological and psychological disturbances in appetite or food intake. [NIH]

Edema: Excessive amount of watery fluid accumulated in the intercellular spaces, most commonly present in subcutaneous tissue. [NIH]

Effector: It is often an enzyme that converts an inactive precursor molecule into an active second messenger. [NIH]

Efficacy: The extent to which a specific intervention, procedure, regimen, or service produces a beneficial result under ideal conditions. Ideally, the determination of efficacy is based on the results of a randomized control trial. [NIH]

Elastic: Susceptible of resisting and recovering from stretching, compression or distortion applied by a force. [EU]

Electrolyte: A substance that dissociates into ions when fused or in solution, and thus becomes capable of conducting electricity; an ionic solute. [EU]

Electrons: Stable elementary particles having the smallest known negative charge, present in all elements; also called negatrons. Positively charged electrons are called positrons. The numbers, energies and arrangement of electrons around atomic nuclei determine the chemical identities of elements. Beams of electrons are called cathode rays or beta rays, the latter being a high-energy biproduct of nuclear decay. [NIH]

Empirical: A treatment based on an assumed diagnosis, prior to receiving confirmatory laboratory test results. [NIH]

Endometrial: Having to do with the endometrium (the layer of tissue that lines the uterus). [NIH]

Endometrium: The layer of tissue that lines the uterus. [NIH]

Endoscope: A thin, lighted tube used to look at tissues inside the body. [NIH]

Endoscopic: A technique where a lateral-view endoscope is passed orally to the duodenum for visualization of the ampulla of Vater. [NIH]

Endotoxic: Of, relating to, or acting as an endotoxin (= a heat-stable toxin, associated with the outer membranes of certain gram-negative bacteria. Endotoxins are not secreted and are released only when the cells are disrupted). [EU]

Endotoxins: Toxins closely associated with the living cytoplasm or cell wall of certain microorganisms, which do not readily diffuse into the culture medium, but are released upon lysis of the cells. [NIH]

End-stage renal: Total chronic kidney failure. When the kidneys fail, the body retains fluid and harmful wastes build up. A person with ESRD needs treatment to replace the work of the failed kidneys. [NIH]

Enteral Nutrition: Nutritional support given via the alimentary canal or any route connected to the gastrointestinal system (i.e., the enteral route). This includes oral feeding, sip feeding, and tube feeding using nasogastric, gastrostomy, and jejunostomy tubes. [NIH]

Enteritis: Inflammation of the intestine, applied chiefly to inflammation of the small intestine; see also enterocolitis. [EU]

Environmental Health: The science of controlling or modifying those conditions, influences, or forces surrounding man which relate to promoting, establishing, and maintaining health. [NIH]

Enzymatic: Phase where enzyme cuts the precursor protein. [NIH]

Enzyme: A protein that speeds up chemical reactions in the body. [NIH]

Epigastric: Having to do with the upper middle area of the abdomen. [NIH]

Epithelium: One or more layers of epithelial cells, supported by the basal lamina, which covers the inner or outer surfaces of the body. [NIH]

Ergot: Cataract due to ergot poisoning caused by eating of rye cereals contaminated by a fungus. [NIH]

Erythrocytes: Red blood cells. Mature erythrocytes are non-nucleated, biconcave disks containing hemoglobin whose function is to transport oxygen. [NIH]

Esophageal: Having to do with the esophagus, the muscular tube through which food passes from the throat to the stomach. [NIH]

Esophageal Stricture: A narrowing of the esophagus often caused by acid flowing back from the stomach. This condition may require surgery. [NIH]

Esophageal Ulcer: A sore in the esophagus. Caused by long-term inflammation or damage from the residue of pills. The ulcer may cause chest pain. [NIH]

Esophageal Varices: Stretched veins in the esophagus that occur when the liver is not working properly. If the veins burst, the bleeding can cause death. [NIH]

Esophagitis: Inflammation, acute or chronic, of the esophagus caused by bacteria, chemicals, or trauma. [NIH]

Esophagus: The muscular tube through which food passes from the throat to the stomach. [NIH]

Evacuation: An emptying, as of the bowels. [EU]

Exocrine: Secreting outwardly, via a duct. [EU]

Exogenous: Developed or originating outside the organism, as exogenous disease. [EU]

Extracellular: Outside a cell or cells. [EU]

Family Planning: Programs or services designed to assist the family in controlling reproduction by either improving or diminishing fertility. [NIH]

Fat: Total lipids including phospholipids. [NIH]

Fatigue: The state of weariness following a period of exertion, mental or physical, characterized by a decreased capacity for work and reduced efficiency to respond to stimuli. [NIH]

Fatty acids: A major component of fats that are used by the body for energy and tissue development. [NIH]

Febrile: Pertaining to or characterized by fever. [EU]

Feces: The excrement discharged from the intestines, consisting of bacteria, cells exfoliated from the intestines, secretions, chiefly of the liver, and a small amount of food residue. [EU]

Fibrin: A protein derived from fibrinogen in the presence of thrombin, which forms part of the blood clot. [NIH]

Fibrosis: Any pathological condition where fibrous connective tissue invades any organ, usually as a consequence of inflammation or other injury. [NIH]

Fistulas: An abnormal passage from one hollow structure of the body to another, or from a hollow structure to the surface, formed by an abscess, disease process, incomplete closure of a wound, or by a congenital anomaly. [NIH]

Flatulence: Production or presence of gas in the gastrointestinal tract which may be expelled

through the anus. [NIH]

Flatus: Gas passed through the rectum. [NIH]

Fluid Therapy: Therapy whose basic objective is to restore the volume and composition of the body fluids to normal with respect to water-electrolyte balance. Fluids may be administered intravenously, orally, by intermittent gavage, or by hypodermoclysis. [NIH]

Focus Groups: A method of data collection and a qualitative research tool in which a small group of individuals are brought together and allowed to interact in a discussion of their opinions about topics, issues, or questions. [NIH]

Food Preferences: The selection of one food over another. [NIH]

Food Services: Functions, equipment, and facilities concerned with the preparation and distribution of ready-to-eat food. [NIH]

Forearm: The part between the elbow and the wrist. [NIH]

Free Radicals: Highly reactive molecules with an unsatisfied electron valence pair. Free radicals are produced in both normal and pathological processes. They are proven or suspected agents of tissue damage in a wide variety of circumstances including radiation, damage from environment chemicals, and aging. Natural and pharmacological prevention of free radical damage is being actively investigated. [NIH]

Fungus: A general term used to denote a group of eukaryotic protists, including mushrooms, yeasts, rusts, moulds, smuts, etc., which are characterized by the absence of chlorophyll and by the presence of a rigid cell wall composed of chitin, mannans, and sometimes cellulose. They are usually of simple morphological form or show some reversible cellular specialization, such as the formation of pseudoparenchymatous tissue in the fruiting body of a mushroom. The dimorphic fungi grow, according to environmental conditions, as moulds or yeasts. [EU]

Gallbladder: The pear-shaped organ that sits below the liver. Bile is concentrated and stored in the gallbladder. [NIH]

Gas: Air that comes from normal breakdown of food. The gases are passed out of the body through the rectum (flatus) or the mouth (burp). [NIH]

Gastric: Having to do with the stomach. [NIH]

Gastric Acid: Hydrochloric acid present in gastric juice. [NIH]

Gastric Emptying: The evacuation of food from the stomach into the duodenum. [NIH]

Gastric Juices: Liquids produced in the stomach to help break down food and kill bacteria. [NIH]

Gastric Mucosa: Surface epithelium in the stomach that invaginates into the lamina propria, forming gastric pits. Tubular glands, characteristic of each region of the stomach (cardiac, gastric, and pyloric), empty into the gastric pits. The gastric mucosa is made up of several different kinds of cells. [NIH]

Gastric Outlet Obstruction: The hindering of output from the stomach to the small intestine. The source varies: peptic ulcer, foreign bodies, aging, neoplasms, etc. [NIH]

Gastritis: Inflammation of the stomach. [EU]

Gastroesophageal Reflux: Reflux of gastric juice and/or duodenal contents (bile acids, pancreatic juice) into the distal esophagus, commonly due to incompetence of the lower esophageal sphincter. Gastric regurgitation is an extension of this process with entry of fluid into the pharynx or mouth. [NIH]

Gastroesophageal Reflux Disease: Flow of the stomach's contents back up into the esophagus. Happens when the muscle between the esophagus and the stomach (the lower

esophageal sphincter) is weak or relaxes when it shouldn't. May cause esophagitis. Also called esophageal reflux or reflux esophagitis. [NIH]

Gastrointestinal: Refers to the stomach and intestines. [NIH]

Gastrointestinal tract: The stomach and intestines. [NIH]

Gastroparesis: Nerve or muscle damage in the stomach. Causes slow digestion and emptying, vomiting, nausea, or bloating. Also called delayed gastric emptying. [NIH]

Gastrostomy: Creation of an artificial external opening into the stomach for nutritional support or gastrointestinal compression. [NIH]

Gene: The functional and physical unit of heredity passed from parent to offspring. Genes are pieces of DNA, and most genes contain the information for making a specific protein. [NIH]

General practitioner: A medical practitioner who does not specialize in a particular branch of medicine or limit his practice to a specific class of diseases. [NIH]

Gland: An organ that produces and releases one or more substances for use in the body. Some glands produce fluids that affect tissues or organs. Others produce hormones or participate in blood production. [NIH]

Gliadin: Simple protein, one of the prolamines, derived from the gluten of wheat, rye, etc. May be separated into 4 discrete electrophoretic fractions. It is the toxic factor associated with celiac disease. [NIH]

Glomerular: Pertaining to or of the nature of a glomerulus, especially a renal glomerulus. [EU]

Glucose: D-Glucose. A primary source of energy for living organisms. It is naturally occurring and is found in fruits and other parts of plants in its free state. It is used therapeutically in fluid and nutrient replacement. [NIH]

Glucose Intolerance: A pathological state in which the fasting plasma glucose level is less than 140 mg per deciliter and the 30-, 60-, or 90-minute plasma glucose concentration following a glucose tolerance test exceeds 200 mg per deciliter. This condition is seen frequently in diabetes mellitus but also occurs with other diseases. [NIH]

Glucose tolerance: The power of the normal liver to absorb and store large quantities of glucose and the effectiveness of intestinal absorption of glucose. The glucose tolerance test is a metabolic test of carbohydrate tolerance that measures active insulin, a hepatic function based on the ability of the liver to absorb glucose. The test consists of ingesting 100 grams of glucose into a fasting stomach; blood sugar should return to normal in 2 to 21 hours after ingestion. [NIH]

Glucose Tolerance Test: Determination of whole blood or plasma sugar in a fasting state before and at prescribed intervals (usually 1/2 hr, 1 hr, 3 hr, 4 hr) after taking a specified amount (usually 100 gm orally) of glucose. [NIH]

Glutamic Acid: A non-essential amino acid naturally occurring in the L-form. Glutamic acid (glutamate) is the most common excitatory neurotransmitter in the central nervous system. [NIH]

Glutamine: A non-essential amino acid present abundantly throughout the body and is involved in many metabolic processes. It is synthesized from glutamic acid and ammonia. It is the principal carrier of nitrogen in the body and is an important energy source for many cells. [NIH]

Gluten: The protein of wheat and other grains which gives to the dough its tough elastic character. [EU]

Glycogen: A sugar stored in the liver and muscles. It releases glucose into the blood when

cells need it for energy. Glycogen is the chief source of stored fuel in the body. [NIH]

Goats: Any of numerous agile, hollow-horned ruminants of the genus *Capra*, closely related to the sheep. [NIH]

Governing Board: The group in which legal authority is vested for the control of health-related institutions and organizations. [NIH]

Grade: The grade of a tumor depends on how abnormal the cancer cells look under a microscope and how quickly the tumor is likely to grow and spread. Grading systems are different for each type of cancer. [NIH]

Graft: Healthy skin, bone, or other tissue taken from one part of the body and used to replace diseased or injured tissue removed from another part of the body. [NIH]

Graft Rejection: An immune response with both cellular and humoral components, directed against an allogeneic transplant, whose tissue antigens are not compatible with those of the recipient. [NIH]

Health Policy: Decisions, usually developed by government policymakers, for determining present and future objectives pertaining to the health care system. [NIH]

Health Promotion: Encouraging consumer behaviors most likely to optimize health potentials (physical and psychosocial) through health information, preventive programs, and access to medical care. [NIH]

Heart attack: A seizure of weak or abnormal functioning of the heart. [NIH]

Heartburn: Substernal pain or burning sensation, usually associated with regurgitation of gastric juice into the esophagus. [NIH]

Hematology: A subspecialty of internal medicine concerned with morphology, physiology, and pathology of the blood and blood-forming tissues. [NIH]

Hemodialysis: The use of a machine to clean wastes from the blood after the kidneys have failed. The blood travels through tubes to a dialyzer, which removes wastes and extra fluid. The cleaned blood then flows through another set of tubes back into the body. [NIH]

Hemoglobin: One of the fractions of glycosylated hemoglobin A1c. Glycosylated hemoglobin is formed when linkages of glucose and related monosaccharides bind to hemoglobin A and its concentration represents the average blood glucose level over the previous several weeks. HbA1c levels are used as a measure of long-term control of plasma glucose (normal, 4 to 6 percent). In controlled diabetes mellitus, the concentration of glycosylated hemoglobin A is within the normal range, but in uncontrolled cases the level may be 3 to 4 times the normal concentration. Generally, complications are substantially lower among patients with Hb levels of 7 percent or less than in patients with HbA1c levels of 9 percent or more. [NIH]

Hemorrhage: Bleeding or escape of blood from a vessel. [NIH]

Hepatic: Refers to the liver. [NIH]

Hepatobiliary: Pertaining to the liver and the bile or the biliary ducts. [EU]

Hiatal Hernia: A small opening in the diaphragm that allows the upper part of the stomach to move up into the chest. Causes heartburn from stomach acid flowing back up through the opening. [NIH]

Homogeneous: Consisting of or composed of similar elements or ingredients; of a uniform quality throughout. [EU]

Hormone: A substance in the body that regulates certain organs. Hormones such as gastrin help in breaking down food. Some hormones come from cells in the stomach and small intestine. [NIH]

Hospital Information Systems: Integrated, computer-assisted systems designed to store, manipulate, and retrieve information concerned with the administrative and clinical aspects of providing medical services within the hospital. [NIH]

Humoral: Of, relating to, proceeding from, or involving a bodily humour - now often used of endocrine factors as opposed to neural or somatic. [EU]

Hybrid: Cross fertilization between two varieties or, more usually, two species of vines, see also crossing. [NIH]

Hydrogen: The first chemical element in the periodic table. It has the atomic symbol H, atomic number 1, and atomic weight 1. It exists, under normal conditions, as a colorless, odorless, tasteless, diatomic gas. Hydrogen ions are protons. Besides the common H1 isotope, hydrogen exists as the stable isotope deuterium and the unstable, radioactive isotope tritium. [NIH]

Hydrogen Peroxide: A strong oxidizing agent used in aqueous solution as a ripening agent, bleach, and topical anti-infective. It is relatively unstable and solutions deteriorate over time unless stabilized by the addition of acetanilide or similar organic materials. [NIH]

Hypercholesterolemia: Abnormally high levels of cholesterol in the blood. [NIH]

Hyperglycemia: Abnormally high blood sugar. [NIH]

Hyperlipidemia: An excess of lipids in the blood. [NIH]

Hypertension: Persistently high arterial blood pressure. Currently accepted threshold levels are 140 mm Hg systolic and 90 mm Hg diastolic pressure. [NIH]

Hypertriglyceridemia: Condition of elevated triglyceride concentration in the blood; an inherited form occurs in familial hyperlipoproteinemia IIb and hyperlipoproteinemia type IV. It has been linked to higher risk of heart disease and arteriosclerosis. [NIH]

Hypoglycemia: Abnormally low blood sugar [NIH]

Ileal: Related to the ileum, the lowest end of the small intestine. [NIH]

Ileostomy: Surgical creation of an external opening into the ileum for fecal diversion or drainage. Loop or tube procedures are most often employed. [NIH]

Ileum: The lower end of the small intestine. [NIH]

Immune response: The activity of the immune system against foreign substances (antigens). [NIH]

Immune system: The organs, cells, and molecules responsible for the recognition and disposal of foreign ("non-self") material which enters the body. [NIH]

Immunogenic: Producing immunity; evoking an immune response. [EU]

Immunologic: The ability of the antibody-forming system to recall a previous experience with an antigen and to respond to a second exposure with the prompt production of large amounts of antibody. [NIH]

Immunology: The study of the body's immune system. [NIH]

Immunosuppression: Deliberate prevention or diminution of the host's immune response. It may be nonspecific as in the administration of immunosuppressive agents (drugs or radiation) or by lymphocyte depletion or may be specific as in desensitization or the simultaneous administration of antigen and immunosuppressive drugs. [NIH]

Immunosuppressive: Describes the ability to lower immune system responses. [NIH]

Immunosuppressive Agents: Agents that suppress immune function by one of several mechanisms of action. Classical cytotoxic immunosuppressants act by inhibiting DNA synthesis. Others may act through activation of suppressor T-cell populations or by

inhibiting the activation of helper cells. While immunosuppression has been brought about in the past primarily to prevent rejection of transplanted organs, new applications involving mediation of the effects of interleukins and other cytokines are emerging. [NIH]

Immunosuppressive therapy: Therapy used to decrease the body's immune response, such as drugs given to prevent transplant rejection. [NIH]

Impairment: In the context of health experience, an impairment is any loss or abnormality of psychological, physiological, or anatomical structure or function. [NIH]

In vitro: In the laboratory (outside the body). The opposite of in vivo (in the body). [NIH]

In vivo: In the body. The opposite of in vitro (outside the body or in the laboratory). [NIH]

Incompetence: Physical or mental inadequacy or insufficiency. [EU]

Indigestion: Poor digestion. Symptoms include heartburn, nausea, bloating, and gas. Also called dyspepsia. [NIH]

Infection: 1. Invasion and multiplication of microorganisms in body tissues, which may be clinically unapparent or result in local cellular injury due to competitive metabolism, toxins, intracellular replication, or antigen-antibody response. The infection may remain localized, subclinical, and temporary if the body's defensive mechanisms are effective. A local infection may persist and spread by extension to become an acute, subacute, or chronic clinical infection or disease state. A local infection may also become systemic when the microorganisms gain access to the lymphatic or vascular system. 2. An infectious disease. [EU]

Infiltration: The diffusion or accumulation in a tissue or cells of substances not normal to it or in amounts of the normal. Also, the material so accumulated. [EU]

Inflammation: A pathological process characterized by injury or destruction of tissues caused by a variety of cytologic and chemical reactions. It is usually manifested by typical signs of pain, heat, redness, swelling, and loss of function. [NIH]

Inflammatory bowel disease: A general term that refers to the inflammation of the colon and rectum. Inflammatory bowel disease includes ulcerative colitis and Crohn's disease. [NIH]

Information Systems: Integrated set of files, procedures, and equipment for the storage, manipulation, and retrieval of information. [NIH]

Infusion: A method of putting fluids, including drugs, into the bloodstream. Also called intravenous infusion. [NIH]

Ingestion: Taking into the body by mouth [NIH]

Initiation: Mutation induced by a chemical reactive substance causing cell changes; being a step in a carcinogenic process. [NIH]

Insulin: A protein hormone secreted by beta cells of the pancreas. Insulin plays a major role in the regulation of glucose metabolism, generally promoting the cellular utilization of glucose. It is also an important regulator of protein and lipid metabolism. Insulin is used as a drug to control insulin-dependent diabetes mellitus. [NIH]

Insulin-dependent diabetes mellitus: A disease characterized by high levels of blood glucose resulting from defects in insulin secretion, insulin action, or both. Autoimmune, genetic, and environmental factors are involved in the development of type I diabetes. [NIH]

Intermittent: Occurring at separated intervals; having periods of cessation of activity. [EU]

Interstitial: Pertaining to or situated between parts or in the interspaces of a tissue. [EU]

Intervention Studies: Epidemiologic investigations designed to test a hypothesized cause-effect relation by modifying the supposed causal factor(s) in the study population. [NIH]

Intestinal: Having to do with the intestines. [NIH]

Intestinal Mucosa: The surface lining of the intestines where the cells absorb nutrients. [NIH]

Intestine: A long, tube-shaped organ in the abdomen that completes the process of digestion. There is both a large intestine and a small intestine. Also called the bowel. [NIH]

Intracellular: Inside a cell. [NIH]

Intramuscular: IM. Within or into muscle. [NIH]

Intravenous: IV. Into a vein. [NIH]

Ions: An atom or group of atoms that have a positive or negative electric charge due to a gain (negative charge) or loss (positive charge) of one or more electrons. Atoms with a positive charge are known as cations; those with a negative charge are anions. [NIH]

Irritable Bowel Syndrome: A disorder that comes and goes. Nerves that control the muscles in the GI tract are too active. The GI tract becomes sensitive to food, stool, gas, and stress. Causes abdominal pain, bloating, and constipation or diarrhea. Also called spastic colon or mucous colitis. [NIH]

Jejunostomy: Surgical formation of an opening through the abdominal wall into the jejunum, usually for enteral hyperalimentation. [NIH]

Jejunum: That portion of the small intestine which extends from the duodenum to the ileum; called also intestinum jejunum. [EU]

Kb: A measure of the length of DNA fragments, 1 Kb = 1000 base pairs. The largest DNA fragments are up to 50 kilobases long. [NIH]

Kidney Disease: Any one of several chronic conditions that are caused by damage to the cells of the kidney. People who have had diabetes for a long time may have kidney damage. Also called nephropathy. [NIH]

Kidney stone: A stone that develops from crystals that form in urine and build up on the inner surfaces of the kidney, in the renal pelvis, or in the ureters. [NIH]

Labile: 1. Gliding; moving from point to point over the surface; unstable; fluctuating. 2. Chemically unstable. [EU]

Large Intestine: The part of the intestine that goes from the cecum to the rectum. The large intestine absorbs water from stool and changes it from a liquid to a solid form. The large intestine is 5 feet long and includes the appendix, cecum, colon, and rectum. Also called colon. [NIH]

Laryngeal: Having to do with the larynx. [NIH]

Larynx: An irregularly shaped, musculocartilaginous tubular structure, lined with mucous membrane, located at the top of the trachea and below the root of the tongue and the hyoid bone. It is the essential sphincter guarding the entrance into the trachea and functioning secondarily as the organ of voice. [NIH]

Lesion: An area of abnormal tissue change. [NIH]

Ligaments: Shiny, flexible bands of fibrous tissue connecting together articular extremities of bones. They are pliant, tough, and inextensible. [NIH]

Lipid: Fat. [NIH]

Lipid A: Lipid A is the biologically active component of lipopolysaccharides. It shows strong endotoxic activity and exhibits immunogenic properties. [NIH]

Lipid Peroxidation: Peroxidase catalyzed oxidation of lipids using hydrogen peroxide as an electron acceptor. [NIH]

Lipopolysaccharides: Substance consisting of polysaccharide and lipid. [NIH]

Lipoprotein: Any of the lipid-protein complexes in which lipids are transported in the blood; lipoprotein particles consist of a spherical hydrophobic core of triglycerides or cholesterol esters surrounded by an amphipathic monolayer of phospholipids, cholesterol, and apolipoproteins; the four principal classes are high-density, low-density, and very-low-density lipoproteins and chylomicrons. [EU]

Liver: A large, glandular organ located in the upper abdomen. The liver cleanses the blood and aids in digestion by secreting bile. [NIH]

Localized: Cancer which has not metastasized yet. [NIH]

Longitudinal study: Also referred to as a "cohort study" or "prospective study"; the analytic method of epidemiologic study in which subsets of a defined population can be identified who are, have been, or in the future may be exposed or not exposed, or exposed in different degrees, to a factor or factors hypothesized to influence the probability of occurrence of a given disease or other outcome. The main feature of this type of study is to observe large numbers of subjects over an extended time, with comparisons of incidence rates in groups that differ in exposure levels. [NIH]

Long-Term Care: Care over an extended period, usually for a chronic condition or disability, requiring periodic, intermittent, or continuous care. [NIH]

Low-density lipoprotein: Lipoprotein that contains most of the cholesterol in the blood. LDL carries cholesterol to the tissues of the body, including the arteries. A high level of LDL increases the risk of heart disease. LDL typically contains 60 to 70 percent of the total serum cholesterol and both are directly correlated with CHD risk. [NIH]

Lower Esophageal Sphincter: The muscle between the esophagus and stomach. When a person swallows, this muscle relaxes to let food pass from the esophagus to the stomach. It stays closed at other times to keep stomach contents from flowing back into the esophagus. [NIH]

Lymph: The almost colorless fluid that travels through the lymphatic system and carries cells that help fight infection and disease. [NIH]

Lymph node: A rounded mass of lymphatic tissue that is surrounded by a capsule of connective tissue. Also known as a lymph gland. Lymph nodes are spread out along lymphatic vessels and contain many lymphocytes, which filter the lymphatic fluid (lymph). [NIH]

Lymphatic: The tissues and organs, including the bone marrow, spleen, thymus, and lymph nodes, that produce and store cells that fight infection and disease. [NIH]

Lymphatic system: The tissues and organs that produce, store, and carry white blood cells that fight infection and other diseases. This system includes the bone marrow, spleen, thymus, lymph nodes and a network of thin tubes that carry lymph and white blood cells. These tubes branch, like blood vessels, into all the tissues of the body. [NIH]

Lymphocyte Depletion: Immunosuppression by reduction of circulating lymphocytes or by T-cell depletion of bone marrow. The former may be accomplished in vivo by thoracic duct drainage or administration of antilymphocyte serum. The latter is performed ex vivo on bone marrow before its transplantation. [NIH]

Malabsorption: Impaired intestinal absorption of nutrients. [EU]

Malabsorption syndrome: A group of symptoms such as gas, bloating, abdominal pain, and diarrhea resulting from the body's inability to properly absorb nutrients. [NIH]

Malnutrition: A condition caused by not eating enough food or not eating a balanced diet. [NIH]

Manifest: Being the part or aspect of a phenomenon that is directly observable : concretely

expressed in behaviour. [EU]

Meat: The edible portions of any animal used for food including domestic mammals (the major ones being cattle, swine, and sheep) along with poultry, fish, shellfish, and game. [NIH]

MEDLINE: An online database of MEDLARS, the computerized bibliographic Medical Literature Analysis and Retrieval System of the National Library of Medicine. [NIH]

Membrane: A very thin layer of tissue that covers a surface. [NIH]

Memory: Complex mental function having four distinct phases: (1) memorizing or learning, (2) retention, (3) recall, and (4) recognition. Clinically, it is usually subdivided into immediate, recent, and remote memory. [NIH]

Mental: Pertaining to the mind; psychic. 2. (L. mentum chin) pertaining to the chin. [EU]

Mental Health: The state wherein the person is well adjusted. [NIH]

Mental Processes: Conceptual functions or thinking in all its forms. [NIH]

Metabolic disorder: A condition in which normal metabolic processes are disrupted, usually because of a missing enzyme. [NIH]

Microbe: An organism which cannot be observed with the naked eye; e. g. unicellular animals, lower algae, lower fungi, bacteria. [NIH]

Microbiology: The study of microorganisms such as fungi, bacteria, algae, archaea, and viruses. [NIH]

Micronutrients: Essential dietary elements or organic compounds that are required in only small quantities for normal physiologic processes to occur. [NIH]

Modeling: A treatment procedure whereby the therapist presents the target behavior which the learner is to imitate and make part of his repertoire. [NIH]

Modification: A change in an organism, or in a process in an organism, that is acquired from its own activity or environment. [NIH]

Modulator: A specific inductor that brings out characteristics peculiar to a definite region. [EU]

Molecular: Of, pertaining to, or composed of molecules : a very small mass of matter. [EU]

Molecule: A chemical made up of two or more atoms. The atoms in a molecule can be the same (an oxygen molecule has two oxygen atoms) or different (a water molecule has two hydrogen atoms and one oxygen atom). Biological molecules, such as proteins and DNA, can be made up of many thousands of atoms. [NIH]

Monitor: An apparatus which automatically records such physiological signs as respiration, pulse, and blood pressure in an anesthetized patient or one undergoing surgical or other procedures. [NIH]

Monoamine: Enzyme that breaks down dopamine in the astrocytes and microglia. [NIH]

Motility: The ability to move spontaneously. [EU]

Motion Sickness: Sickness caused by motion, as sea sickness, train sickness, car sickness, and air sickness. [NIH]

Mucosa: A mucous membrane, or tunica mucosa. [EU]

Mucus: The viscous secretion of mucous membranes. It contains mucin, white blood cells, water, inorganic salts, and exfoliated cells. [NIH]

Nasogastric: The process of passing a small, flexible plastic tube through the nose or mouth into the stomach or small intestine. [NIH]

Nausea: An unpleasant sensation in the stomach usually accompanied by the urge to vomit. Common causes are early pregnancy, sea and motion sickness, emotional stress, intense pain, food poisoning, and various enteroviruses. [NIH]

Needs Assessment: Systematic identification of a population's needs or the assessment of individuals to determine the proper level of services needed. [NIH]

Neoplasms: New abnormal growth of tissue. Malignant neoplasms show a greater degree of anaplasia and have the properties of invasion and metastasis, compared to benign neoplasms. [NIH]

Nephropathy: Disease of the kidneys. [EU]

Nephrosis: Descriptive histopathologic term for renal disease without an inflammatory component. [NIH]

Nephrotic: Pertaining to, resembling, or caused by nephrosis. [EU]

Nephrotic Syndrome: Clinical association of heavy proteinuria, hypoalbuminemia, and generalized edema. [NIH]

Nervous System: The entire nerve apparatus composed of the brain, spinal cord, nerves and ganglia. [NIH]

Networks: Pertaining to a nerve or to the nerves, a meshlike structure of interlocking fibers or strands. [NIH]

Neurotoxicity: The tendency of some treatments to cause damage to the nervous system. [NIH]

Neurotransmitter: Any of a group of substances that are released on excitation from the axon terminal of a presynaptic neuron of the central or peripheral nervous system and travel across the synaptic cleft to either excite or inhibit the target cell. Among the many substances that have the properties of a neurotransmitter are acetylcholine, norepinephrine, epinephrine, dopamine, glycine, γ -aminobutyrate, glutamic acid, substance P, enkephalins, endorphins, and serotonin. [EU]

Nitrogen: An element with the atomic symbol N, atomic number 7, and atomic weight 14. Nitrogen exists as a diatomic gas and makes up about 78% of the earth's atmosphere by volume. It is a constituent of proteins and nucleic acids and found in all living cells. [NIH]

Nonverbal Communication: Transmission of emotions, ideas, and attitudes between individuals in ways other than the spoken language. [NIH]

Nucleic acid: Either of two types of macromolecule (DNA or RNA) formed by polymerization of nucleotides. Nucleic acids are found in all living cells and contain the information (genetic code) for the transfer of genetic information from one generation to the next. [NIH]

Nutrition Assessment: Evaluation and measurement of nutritional variables in order to assess the level of nutrition or the nutritional status of the individual. Nutrition surveys may be used in making the assessment. [NIH]

Nutritional Status: State of the body in relation to the consumption and utilization of nutrients. [NIH]

Nutritional Support: The administration of nutrients for assimilation and utilization by a patient by means other than normal eating. It does not include fluid therapy which normalizes body fluids to restore water-electrolyte balance. [NIH]

On-line: A sexually-reproducing population derived from a common parentage. [NIH]

Organ Transplantation: Transference of an organ between individuals of the same species or between individuals of different species. [NIH]

Osmotic: Pertaining to or of the nature of osmosis (= the passage of pure solvent from a solution of lesser to one of greater solute concentration when the two solutions are separated by a membrane which selectively prevents the passage of solute molecules, but is permeable to the solvent). [EU]

Osteoporosis: Reduction of bone mass without alteration in the composition of bone, leading to fractures. Primary osteoporosis can be of two major types: postmenopausal osteoporosis and age-related (or senile) osteoporosis. [NIH]

Ostomy: Surgical construction of an artificial opening (stoma) for external fistulization of a duct or vessel by insertion of a tube with or without a supportive stent. [NIH]

Otolaryngology: A surgical specialty concerned with the study and treatment of disorders of the ear, nose, and throat. [NIH]

Outpatient: A patient who is not an inmate of a hospital but receives diagnosis or treatment in a clinic or dispensary connected with the hospital. [NIH]

Overweight: An excess of body weight but not necessarily body fat; a body mass index of 25 to 29.9 kg/m². [NIH]

Oxalate: A chemical that combines with calcium in urine to form the most common type of kidney stone (calcium oxalate stone). [NIH]

Oxidation: The act of oxidizing or state of being oxidized. Chemically it consists in the increase of positive charges on an atom or the loss of negative charges. Most biological oxidations are accomplished by the removal of a pair of hydrogen atoms (dehydrogenation) from a molecule. Such oxidations must be accompanied by reduction of an acceptor molecule. Univalent o. indicates loss of one electron; divalent o., the loss of two electrons. [EU]

Oxidative Stress: A disturbance in the prooxidant-antioxidant balance in favor of the former, leading to potential damage. Indicators of oxidative stress include damaged DNA bases, protein oxidation products, and lipid peroxidation products (Sies, *Oxidative Stress*, 1991, p xv-xvi). [NIH]

Palliative: 1. Affording relief, but not cure. 2. An alleviating medicine. [EU]

Pancreas: A mixed exocrine and endocrine gland situated transversely across the posterior abdominal wall in the epigastric and hypochondriac regions. The endocrine portion is comprised of the Islets of Langerhans, while the exocrine portion is a compound acinar gland that secretes digestive enzymes. [NIH]

Pancreas Transplant: A surgical procedure that involves replacing the pancreas of a person who has diabetes with a healthy pancreas that can make insulin. The healthy pancreas comes from a donor who has just died or from a living relative. A person can donate half a pancreas and still live normally. [NIH]

Pancreas Transplantation: The transference of a pancreas from one human or animal to another. [NIH]

Pancreatic: Having to do with the pancreas. [NIH]

Pancreatic Fistula: Abnormal passage communicating with the pancreas. [NIH]

Pancreatic Insufficiency: Absence of or reduced pancreatic exocrine secretion into the duodenum and resultant poor digestion of lipids, vitamins, nitrogen, and carbohydrates. [NIH]

Pancreatic Juice: The fluid containing digestive enzymes secreted by the pancreas in response to food in the duodenum. [NIH]

Pancreatitis: Acute or chronic inflammation of the pancreas, which may be asymptomatic or symptomatic, and which is due to autodigestion of a pancreatic tissue by its own enzymes. It

is caused most often by alcoholism or biliary tract disease; less commonly it may be associated with hyperlipaemia, hyperparathyroidism, abdominal trauma (accidental or operative injury), vasculitis, or uraemia. [EU]

Parenteral: Not through the alimentary canal but rather by injection through some other route, as subcutaneous, intramuscular, intraorbital, intracapsular, intraspinal, intrasternal, intravenous, etc. [EU]

Parenteral Nutrition: The administering of nutrients for assimilation and utilization by a patient who cannot maintain adequate nutrition by enteral feeding alone. Nutrients are administered by a route other than the alimentary canal (e.g., intravenously, subcutaneously). [NIH]

Partnership Practice: A voluntary contract between two or more doctors who may or may not share responsibility for the care of patients, with proportional sharing of profits and losses. [NIH]

Pathologic: 1. Indicative of or caused by a morbid condition. 2. Pertaining to pathology (= branch of medicine that treats the essential nature of the disease, especially the structural and functional changes in tissues and organs of the body caused by the disease). [EU]

Pathophysiology: Altered functions in an individual or an organ due to disease. [NIH]

Patient Compliance: Voluntary cooperation of the patient in following a prescribed regimen. [NIH]

Patient Education: The teaching or training of patients concerning their own health needs. [NIH]

Peer Review: An organized procedure carried out by a select committee of professionals in evaluating the performance of other professionals in meeting the standards of their specialty. Review by peers is used by editors in the evaluation of articles and other papers submitted for publication. Peer review is used also in the evaluation of grant applications. It is applied also in evaluating the quality of health care provided to patients. [NIH]

Pelvis: The lower part of the abdomen, located between the hip bones. [NIH]

Pepsin: An enzyme made in the stomach that breaks down proteins. [NIH]

Peptic: Pertaining to pepsin or to digestion; related to the action of gastric juices. [EU]

Peptic Ulcer: An ulceration of the mucous membrane of the esophagus, stomach or duodenum, caused by the action of the acid gastric juice. [NIH]

Perception: The ability quickly and accurately to recognize similarities and differences among presented objects, whether these be pairs of words, pairs of number series, or multiple sets of these or other symbols such as geometric figures. [NIH]

Percutaneous: Performed through the skin, as injection of radiopaque material in radiological examination, or the removal of tissue for biopsy accomplished by a needle. [EU]

Perforation: 1. The act of boring or piercing through a part. 2. A hole made through a part or substance. [EU]

Peritoneal: Having to do with the peritoneum (the tissue that lines the abdominal wall and covers most of the organs in the abdomen). [NIH]

Peritoneal Cavity: The space enclosed by the peritoneum. It is divided into two portions, the greater sac and the lesser sac or omental bursa, which lies behind the stomach. The two sacs are connected by the foramen of Winslow, or epiploic foramen. [NIH]

Peritoneal Dialysis: Dialysis fluid being introduced into and removed from the peritoneal cavity as either a continuous or an intermittent procedure. [NIH]

Peritoneum: Endothelial lining of the abdominal cavity, the parietal peritoneum covering

the inside of the abdominal wall and the visceral peritoneum covering the bowel, the mesentery, and certain of the organs. The portion that covers the bowel becomes the serosal layer of the bowel wall. [NIH]

Peritonitis: Inflammation of the peritoneum; a condition marked by exudations in the peritoneum of serum, fibrin, cells, and pus. It is attended by abdominal pain and tenderness, constipation, vomiting, and moderate fever. [EU]

Pharmacologic: Pertaining to pharmacology or to the properties and reactions of drugs. [EU]

Pharynx: The hollow tube about 5 inches long that starts behind the nose and ends at the top of the trachea (windpipe) and esophagus (the tube that goes to the stomach). [NIH]

Phospholipids: Lipids containing one or more phosphate groups, particularly those derived from either glycerol (phosphoglycerides; glycerophospholipids) or sphingosine (sphingolipids). They are polar lipids that are of great importance for the structure and function of cell membranes and are the most abundant of membrane lipids, although not stored in large amounts in the system. [NIH]

Phosphorus: A non-metallic element that is found in the blood, muscles, nerves, bones, and teeth, and is a component of adenosine triphosphate (ATP; the primary energy source for the body's cells.) [NIH]

Physical Examination: Systematic and thorough inspection of the patient for physical signs of disease or abnormality. [NIH]

Physiologic: Having to do with the functions of the body. When used in the phrase "physiologic age," it refers to an age assigned by general health, as opposed to calendar age. [NIH]

Physiology: The science that deals with the life processes and functions of organisms, their cells, tissues, and organs. [NIH]

Plants: Multicellular, eukaryotic life forms of the kingdom Plantae. They are characterized by a mainly photosynthetic mode of nutrition; essentially unlimited growth at localized regions of cell divisions (meristems); cellulose within cells providing rigidity; the absence of organs of locomotion; absence of nervous and sensory systems; and an alteration of haploid and diploid generations. [NIH]

Plaque: A clear zone in a bacterial culture grown on an agar plate caused by localized destruction of bacterial cells by a bacteriophage. The concentration of infective virus in a fluid can be estimated by applying the fluid to a culture and counting the number of. [NIH]

Plasma: The clear, yellowish, fluid part of the blood that carries the blood cells. The proteins that form blood clots are in plasma. [NIH]

Plasma protein: One of the hundreds of different proteins present in blood plasma, including carrier proteins (such as albumin, transferrin, and haptoglobin), fibrinogen and other coagulation factors, complement components, immunoglobulins, enzyme inhibitors, precursors of substances such as angiotensin and bradykinin, and many other types of proteins. [EU]

Pneumonia: Inflammation of the lungs. [NIH]

Poisoning: A condition or physical state produced by the ingestion, injection or inhalation of, or exposure to a deleterious agent. [NIH]

Posterior: Situated in back of, or in the back part of, or affecting the back or dorsal surface of the body. In lower animals, it refers to the caudal end of the body. [EU]

Postmenopausal: Refers to the time after menopause. Menopause is the time in a woman's life when menstrual periods stop permanently; also called "change of life." [NIH]

Postoperative: After surgery. [NIH]

Postprandial: Occurring after dinner, or after a meal; postcibal. [EU]

Potassium: An element that is in the alkali group of metals. It has an atomic symbol K, atomic number 19, and atomic weight 39.10. It is the chief cation in the intracellular fluid of muscle and other cells. Potassium ion is a strong electrolyte and it plays a significant role in the regulation of fluid volume and maintenance of the water-electrolyte balance. [NIH]

Practice Guidelines: Directions or principles presenting current or future rules of policy for the health care practitioner to assist him in patient care decisions regarding diagnosis, therapy, or related clinical circumstances. The guidelines may be developed by government agencies at any level, institutions, professional societies, governing boards, or by the convening of expert panels. The guidelines form a basis for the evaluation of all aspects of health care and delivery. [NIH]

Prevalence: The total number of cases of a given disease in a specified population at a designated time. It is differentiated from incidence, which refers to the number of new cases in the population at a given time. [NIH]

Private Practice: Practice of a health profession by an individual, offering services on a person-to-person basis, as opposed to group or partnership practice. [NIH]

Problem Solving: A learning situation involving more than one alternative from which a selection is made in order to attain a specific goal. [NIH]

Problem-Based Learning: Instructional use of examples or cases to teach using problem-solving skills and critical thinking. [NIH]

Professional Practice: The use of one's knowledge in a particular profession. It includes, in the case of the field of biomedicine, professional activities related to health care and the actual performance of the duties related to the provision of health care. [NIH]

Program Evaluation: Studies designed to assess the efficacy of programs. They may include the evaluation of cost-effectiveness, the extent to which objectives are met, or impact. [NIH]

Programmed Instruction: Instruction in which learners progress at their own rate using workbooks, textbooks, or electromechanical devices that provide information in discrete steps, test learning at each step, and provide immediate feedback about achievement. (ERIC, Thesaurus of ERIC Descriptors, 1996). [NIH]

Progression: Increase in the size of a tumor or spread of cancer in the body. [NIH]

Progressive: Advancing; going forward; going from bad to worse; increasing in scope or severity. [EU]

Prospective study: An epidemiologic study in which a group of individuals (a cohort), all free of a particular disease and varying in their exposure to a possible risk factor, is followed over a specific amount of time to determine the incidence rates of the disease in the exposed and unexposed groups. [NIH]

Protein C: A vitamin-K dependent zymogen present in the blood, which, upon activation by thrombin and thrombomodulin exerts anticoagulant properties by inactivating factors Va and VIIIa at the rate-limiting steps of thrombin formation. [NIH]

Protein S: The vitamin K-dependent cofactor of activated protein C. Together with protein C, it inhibits the action of factors VIIIa and Va. A deficiency in protein S can lead to recurrent venous and arterial thrombosis. [NIH]

Proteins: Polymers of amino acids linked by peptide bonds. The specific sequence of amino acids determines the shape and function of the protein. [NIH]

Proteinuria: The presence of protein in the urine, indicating that the kidneys are not

working properly. [NIH]

Proteolytic: 1. Pertaining to, characterized by, or promoting proteolysis. 2. An enzyme that promotes proteolysis (= the splitting of proteins by hydrolysis of the peptide bonds with formation of smaller polypeptides). [EU]

Pruritic: Pertaining to or characterized by pruritus. [EU]

Psychic: Pertaining to the psyche or to the mind; mental. [EU]

Psychology: The science dealing with the study of mental processes and behavior in man and animals. [NIH]

Psychotherapy: A generic term for the treatment of mental illness or emotional disturbances primarily by verbal or nonverbal communication. [NIH]

Public Health: Branch of medicine concerned with the prevention and control of disease and disability, and the promotion of physical and mental health of the population on the international, national, state, or municipal level. [NIH]

Public Policy: A course or method of action selected, usually by a government, from among alternatives to guide and determine present and future decisions. [NIH]

Pulmonary: Relating to the lungs. [NIH]

Pulmonary Artery: The short wide vessel arising from the conus arteriosus of the right ventricle and conveying unaerated blood to the lungs. [NIH]

Pulse: The rhythmical expansion and contraction of an artery produced by waves of pressure caused by the ejection of blood from the left ventricle of the heart as it contracts. [NIH]

Pylorus: The opening in a vertebrate from the stomach into the intestine. [EU]

Quality of Health Care: The levels of excellence which characterize the health service or health care provided based on accepted standards of quality. [NIH]

Quality of Life: A generic concept reflecting concern with the modification and enhancement of life attributes, e.g., physical, political, moral and social environment. [NIH]

Race: A population within a species which exhibits general similarities within itself, but is both discontinuous and distinct from other populations of that species, though not sufficiently so as to achieve the status of a taxon. [NIH]

Radiation: Emission or propagation of electromagnetic energy (waves/rays), or the waves/rays themselves; a stream of electromagnetic particles (electrons, neutrons, protons, alpha particles) or a mixture of these. The most common source is the sun. [NIH]

Radiography: Examination of any part of the body for diagnostic purposes by means of roentgen rays, recording the image on a sensitized surface (such as photographic film). [NIH]

Radiological: Pertaining to radiodiagnostic and radiotherapeutic procedures, and interventional radiology or other planning and guiding medical radiology. [NIH]

Randomized: Describes an experiment or clinical trial in which animal or human subjects are assigned by chance to separate groups that compare different treatments. [NIH]

Receptor: A molecule inside or on the surface of a cell that binds to a specific substance and causes a specific physiologic effect in the cell. [NIH]

Rectum: The last 8 to 10 inches of the large intestine. [NIH]

Refer: To send or direct for treatment, aid, information, or decision. [NIH]

Reflux: The term used when liquid backs up into the esophagus from the stomach. [NIH]

Regimen: A treatment plan that specifies the dosage, the schedule, and the duration of

treatment. [NIH]

Regional enteritis: Inflammation of the intestines, but usually only of the small intestine. Also called Crohn's disease. [NIH]

Regional Medical Programs: Coordination of activities and programs among health care institutions within defined geographic areas for the purpose of improving delivery and quality of medical care to the patients. These programs are mandated under U.S. Public Law 89-239. [NIH]

Regurgitation: A backward flowing, as the casting up of undigested food, or the backward flowing of blood into the heart, or between the chambers of the heart when a valve is incompetent. [EU]

Renal failure: Progressive renal insufficiency and uremia, due to irreversible and progressive renal glomerular tubular or interstitial disease. [NIH]

Renal pelvis: The area at the center of the kidney. Urine collects here and is funneled into the ureter, the tube that connects the kidney to the bladder. [NIH]

Resection: Removal of tissue or part or all of an organ by surgery. [NIH]

Respiration: The act of breathing with the lungs, consisting of inspiration, or the taking into the lungs of the ambient air, and of expiration, or the expelling of the modified air which contains more carbon dioxide than the air taken in (Blakiston's Gould Medical Dictionary, 4th ed.). This does not include tissue respiration (= oxygen consumption) or cell respiration (= cell respiration). [NIH]

Retinoids: Derivatives of vitamin A. Used clinically in the treatment of severe cystic acne, psoriasis, and other disorders of keratinization. Their possible use in the prophylaxis and treatment of cancer is being actively explored. [NIH]

Risk factor: A habit, trait, condition, or genetic alteration that increases a person's chance of developing a disease. [NIH]

Rod: A reception for vision, located in the retina. [NIH]

Rye: A hardy grain crop, *Secale cereale*, grown in northern climates. It is the most frequent host to ergot (claviceps), the toxic fungus. Its hybrid with wheat is triticale, another grain. [NIH]

Screening: Checking for disease when there are no symptoms. [NIH]

Scurvy: A deficiency disease due to lack of vitamin C in the diet. [NIH]

Secretion: 1. The process of elaborating a specific product as a result of the activity of a gland; this activity may range from separating a specific substance of the blood to the elaboration of a new chemical substance. 2. Any substance produced by secretion. [EU]

Senile: Relating or belonging to old age; characteristic of old age; resulting from infirmity of old age. [NIH]

Serum: The clear liquid part of the blood that remains after blood cells and clotting proteins have been removed. [NIH]

Serum Albumin: A major plasma protein that serves in maintaining the plasma colloidal osmotic pressure and transporting large organic anions. [NIH]

Sex Characteristics: Those characteristics that distinguish one sex from the other. The primary sex characteristics are the ovaries and testes and their related hormones. Secondary sex characteristics are those which are masculine or feminine but not directly related to reproduction. [NIH]

Short Bowel Syndrome: A malabsorption syndrome resulting from extensive operative resection of small bowel. [NIH]

Side effect: A consequence other than the one(s) for which an agent or measure is used, as the adverse effects produced by a drug, especially on a tissue or organ system other than the one sought to be benefited by its administration. [EU]

Skeletal: Having to do with the skeleton (boney part of the body). [NIH]

Skeleton: The framework that supports the soft tissues of vertebrate animals and protects many of their internal organs. The skeletons of vertebrates are made of bone and/or cartilage. [NIH]

Small intestine: The part of the digestive tract that is located between the stomach and the large intestine. [NIH]

Social Environment: The aggregate of social and cultural institutions, forms, patterns, and processes that influence the life of an individual or community. [NIH]

Social Work: The use of community resources, individual case work, or group work to promote the adaptive capacities of individuals in relation to their social and economic environments. It includes social service agencies. [NIH]

Sodium: An element that is a member of the alkali group of metals. It has the atomic symbol Na, atomic number 11, and atomic weight 23. With a valence of 1, it has a strong affinity for oxygen and other nonmetallic elements. Sodium provides the chief cation of the extracellular body fluids. Its salts are the most widely used in medicine. (From Dorland, 27th ed) Physiologically the sodium ion plays a major role in blood pressure regulation, maintenance of fluid volume, and electrolyte balance. [NIH]

Somatic: 1. Pertaining to or characteristic of the soma or body. 2. Pertaining to the body wall in contrast to the viscera. [EU]

Spastic: 1. Of the nature of or characterized by spasms. 2. Hypertonic, so that the muscles are stiff and the movements awkward. 3. A person exhibiting spasticity, such as occurs in spastic paralysis or in cerebral palsy. [EU]

Specialist: In medicine, one who concentrates on 1 special branch of medical science. [NIH]

Species: A taxonomic category subordinate to a genus (or subgenus) and superior to a subspecies or variety, composed of individuals possessing common characters distinguishing them from other categories of individuals of the same taxonomic level. In taxonomic nomenclature, species are designated by the genus name followed by a Latin or Latinized adjective or noun. [EU]

Sphincter: A ringlike band of muscle fibres that constricts a passage or closes a natural orifice; called also musculus sphincter. [EU]

Spinal cord: The main trunk or bundle of nerves running down the spine through holes in the spinal bone (the vertebrae) from the brain to the level of the lower back. [NIH]

Spleen: An organ that is part of the lymphatic system. The spleen produces lymphocytes, filters the blood, stores blood cells, and destroys old blood cells. It is located on the left side of the abdomen near the stomach. [NIH]

Sprue: A non febrile tropical disease of uncertain origin. [NIH]

Steatorrhea: A condition in which the body cannot absorb fat. Causes a buildup of fat in the stool and loose, greasy, and foul bowel movements. [NIH]

Steel: A tough, malleable, iron-based alloy containing up to, but no more than, two percent carbon and often other metals. It is used in medicine and dentistry in implants and instrumentation. [NIH]

Stenosis: Narrowing or stricture of a duct or canal. [EU]

Stent: A device placed in a body structure (such as a blood vessel or the gastrointestinal

tract) to provide support and keep the structure open. [NIH]

Stoma: A surgically created opening from an area inside the body to the outside. [NIH]

Stomach: An organ of digestion situated in the left upper quadrant of the abdomen between the termination of the esophagus and the beginning of the duodenum. [NIH]

Stool: The waste matter discharged in a bowel movement; feces. [NIH]

Stress: Forcibly exerted influence; pressure. Any condition or situation that causes strain or tension. Stress may be either physical or psychologic, or both. [NIH]

Stricture: The abnormal narrowing of a body opening. Also called stenosis. [NIH]

Stroke: Sudden loss of function of part of the brain because of loss of blood flow. Stroke may be caused by a clot (thrombosis) or rupture (hemorrhage) of a blood vessel to the brain. [NIH]

Subacute: Somewhat acute; between acute and chronic. [EU]

Subclinical: Without clinical manifestations; said of the early stage(s) of an infection or other disease or abnormality before symptoms and signs become apparent or detectable by clinical examination or laboratory tests, or of a very mild form of an infection or other disease or abnormality. [EU]

Subcutaneous: Beneath the skin. [NIH]

Substance P: An eleven-amino acid neurotransmitter that appears in both the central and peripheral nervous systems. It is involved in transmission of pain, causes rapid contractions of the gastrointestinal smooth muscle, and modulates inflammatory and immune responses. [NIH]

Substrate: A substance upon which an enzyme acts. [EU]

Support group: A group of people with similar disease who meet to discuss how better to cope with their cancer and treatment. [NIH]

Sympathomimetic: 1. Mimicking the effects of impulses conveyed by adrenergic postganglionic fibres of the sympathetic nervous system. 2. An agent that produces effects similar to those of impulses conveyed by adrenergic postganglionic fibres of the sympathetic nervous system. Called also adrenergic. [EU]

Symptomatic: Having to do with symptoms, which are signs of a condition or disease. [NIH]

Systemic: Affecting the entire body. [NIH]

Systolic: Indicating the maximum arterial pressure during contraction of the left ventricle of the heart. [EU]

Technology, Medical: The specialty related to the performance of techniques in clinical pathology such as those in hematology, microbiology, and other general clinical laboratory applications. [NIH]

Therapeutics: The branch of medicine which is concerned with the treatment of diseases, palliative or curative. [NIH]

Threshold: For a specified sensory modality (e. g. light, sound, vibration), the lowest level (absolute threshold) or smallest difference (difference threshold, difference limen) or intensity of the stimulus discernible in prescribed conditions of stimulation. [NIH]

Thrombin: An enzyme formed from prothrombin that converts fibrinogen to fibrin. (Dorland, 27th ed) EC 3.4.21.5. [NIH]

Thrombomodulin: A cell surface glycoprotein of endothelial cells that binds thrombin and serves as a cofactor in the activation of protein C and its regulation of blood coagulation. [NIH]

Thrombosis: The formation or presence of a blood clot inside a blood vessel. [NIH]

Thymus: An organ that is part of the lymphatic system, in which T lymphocytes grow and multiply. The thymus is in the chest behind the breastbone. [NIH]

Tissue: A group or layer of cells that are alike in type and work together to perform a specific function. [NIH]

Tolerance: 1. The ability to endure unusually large doses of a drug or toxin. 2. Acquired drug tolerance; a decreasing response to repeated constant doses of a drug or the need for increasing doses to maintain a constant response. [EU]

Tomography: Imaging methods that result in sharp images of objects located on a chosen plane and blurred images located above or below the plane. [NIH]

Tone: 1. The normal degree of vigour and tension; in muscle, the resistance to passive elongation or stretch; tonus. 2. A particular quality of sound or of voice. 3. To make permanent, or to change, the colour of silver stain by chemical treatment, usually with a heavy metal. [EU]

Tooth Preparation: Procedures carried out with regard to the teeth or tooth structures preparatory to specified dental therapeutic and surgical measures. [NIH]

Toxic: Having to do with poison or something harmful to the body. Toxic substances usually cause unwanted side effects. [NIH]

Toxicity: The quality of being poisonous, especially the degree of virulence of a toxic microbe or of a poison. [EU]

Toxicology: The science concerned with the detection, chemical composition, and pharmacologic action of toxic substances or poisons and the treatment and prevention of toxic manifestations. [NIH]

Toxin: A poison; frequently used to refer specifically to a protein produced by some higher plants, certain animals, and pathogenic bacteria, which is highly toxic for other living organisms. Such substances are differentiated from the simple chemical poisons and the vegetable alkaloids by their high molecular weight and antigenicity. [EU]

Traction: The act of pulling. [NIH]

Transfection: The uptake of naked or purified DNA into cells, usually eukaryotic. It is analogous to bacterial transformation. [NIH]

Transmitter: A chemical substance which effects the passage of nerve impulses from one cell to the other at the synapse. [NIH]

Transplantation: Transference of a tissue or organ, alive or dead, within an individual, between individuals of the same species, or between individuals of different species. [NIH]

Trauma: Any injury, wound, or shock, must frequently physical or structural shock, producing a disturbance. [NIH]

Triglyceride: A lipid carried through the blood stream to tissues. Most of the body's fat tissue is in the form of triglycerides, stored for use as energy. Triglycerides are obtained primarily from fat in foods. [NIH]

Tunica: A rather vague term to denote the lining coat of hollow organs, tubes, or cavities. [NIH]

Type 2 diabetes: Usually characterized by a gradual onset with minimal or no symptoms of metabolic disturbance and no requirement for exogenous insulin. The peak age of onset is 50 to 60 years. Obesity and possibly a genetic factor are usually present. [NIH]

Tyramine: An indirect sympathomimetic. Tyramine does not directly activate adrenergic receptors, but it can serve as a substrate for adrenergic uptake systems and monoamine oxidase so it prolongs the actions of adrenergic transmitters. It also provokes transmitter

release from adrenergic terminals. Tyramine may be a neurotransmitter in some invertebrate nervous systems. [NIH]

Ulcer: A localized necrotic lesion of the skin or a mucous surface. [NIH]

Ulceration: 1. The formation or development of an ulcer. 2. An ulcer. [EU]

Ulcerative colitis: Chronic inflammation of the colon that produces ulcers in its lining. This condition is marked by abdominal pain, cramps, and loose discharges of pus, blood, and mucus from the bowel. [NIH]

Uraemia: 1. An excess in the blood of urea, creatinine, and other nitrogenous end products of protein and amino acids metabolism; more correctly referred to as azotemia. 2. In current usage the entire constellation of signs and symptoms of chronic renal failure, including nausea, vomiting, anorexia, a metallic taste in the mouth, a uraemic odour of the breath, pruritus, uraemic frost on the skin, neuromuscular disorders, pain and twitching in the muscles, hypertension, edema, mental confusion, and acid-base and electrolyte imbalances. [EU]

Urea: A compound ($\text{CO}(\text{NH}_2)_2$), formed in the liver from ammonia produced by the deamination of amino acids. It is the principal end product of protein catabolism and constitutes about one half of the total urinary solids. [NIH]

Uremia: The illness associated with the buildup of urea in the blood because the kidneys are not working effectively. Symptoms include nausea, vomiting, loss of appetite, weakness, and mental confusion. [NIH]

Ureters: Tubes that carry urine from the kidneys to the bladder. [NIH]

Urethra: The tube through which urine leaves the body. It empties urine from the bladder. [NIH]

Urinary: Having to do with urine or the organs of the body that produce and get rid of urine. [NIH]

Urinary tract: The organs of the body that produce and discharge urine. These include the kidneys, ureters, bladder, and urethra. [NIH]

Urine: Fluid containing water and waste products. Urine is made by the kidneys, stored in the bladder, and leaves the body through the urethra. [NIH]

Urolithiasis: Stones in the urinary system. [NIH]

Uterus: The small, hollow, pear-shaped organ in a woman's pelvis. This is the organ in which a fetus develops. Also called the womb. [NIH]

Vaccine: A substance or group of substances meant to cause the immune system to respond to a tumor or to microorganisms, such as bacteria or viruses. [NIH]

Varices: Stretched veins such as those that form in the esophagus from cirrhosis. [NIH]

Vascular: Pertaining to blood vessels or indicative of a copious blood supply. [EU]

Vasculitis: Inflammation of a blood vessel. [NIH]

Vegetarianism: Dietary practice of consuming only vegetables, grains, and nuts. [NIH]

Vein: Vessel-carrying blood from various parts of the body to the heart. [NIH]

Vesicular: 1. Composed of or relating to small, saclike bodies. 2. Pertaining to or made up of vesicles on the skin. [EU]

Veterinary Medicine: The medical science concerned with the prevention, diagnosis, and treatment of diseases in animals. [NIH]

Villous: Of a surface, covered with villi. [NIH]

Virulence: The degree of pathogenicity within a group or species of microorganisms or

viruses as indicated by case fatality rates and/or the ability of the organism to invade the tissues of the host. [NIH]

Virus: Submicroscopic organism that causes infectious disease. In cancer therapy, some viruses may be made into vaccines that help the body build an immune response to, and kill, tumor cells. [NIH]

Vitamin A: A substance used in cancer prevention; it belongs to the family of drugs called retinoids. [NIH]

Vivo: Outside of or removed from the body of a living organism. [NIH]

White blood cell: A type of cell in the immune system that helps the body fight infection and disease. White blood cells include lymphocytes, granulocytes, macrophages, and others. [NIH]

Wound Healing: Restoration of integrity to traumatized tissue. [NIH]

X-ray: High-energy radiation used in low doses to diagnose diseases and in high doses to treat cancer. [NIH]

Zymogen: Inactive form of an enzyme which can then be converted to the active form, usually by excision of a polypeptide, e. g. trypsinogen is the zymogen of trypsin. [NIH]

INDEX

A

Abdominal, 4, 6, 62, 103, 112, 120, 121, 124, 125, 126, 133
 Abdominal fat, 4, 103
 Abdominal Pain, 62, 103, 120, 121, 126, 133
 Abscess, 103, 114
 Acceptor, 103, 120, 124
 Acculturation, 37, 54, 103
 Acute renal, 65, 75, 103
 Adaptation, 6, 74, 103
 Adenosine, 103, 126
 Adipose Tissue, 103
 Adjustment, 68, 74, 103
 Adjuvant, 5, 103
 Adolescence, 11, 103
 Adrenal Glands, 103, 104
 Adrenergic, 103, 131, 132
 Adverse Effect, 103, 130
 Affinity, 104, 130
 Agar, 104, 126
 Age of Onset, 104, 132
 Algorithms, 104, 107
 Alimentary, 104, 113, 125
 Alkaline, 104, 107
 Allogeneic, 104, 117
 Alternative medicine, 80, 104
 Aluminum, 7, 104
 Ambulatory Care, 104
 Amenorrhea, 104, 105
 Ammonia, 104, 116, 133
 Ampulla, 104, 113
 Amyloid, 7, 104
 Amyloidosis, 7, 104
 Anal, 15, 105, 121
 Anaphylatoxins, 105, 109
 Anatomical, 105, 108, 119
 Anemia, 66, 105
 Anions, 105, 120, 129
 Anorexia, 81, 105, 133
 Anorexia Nervosa, 81, 105
 Anthropology, 8, 105
 Anthropometric measurements, 64, 105
 Anthropometry, 71, 105
 Antibody, 104, 105, 109, 111, 118, 119
 Anticarcinogenic, 8, 105
 Anticoagulant, 105, 127
 Antigen, 104, 105, 109, 118, 119

Antigen-Antibody Complex, 105, 109
 Antioxidant, 8, 105, 124
 Anus, 105, 107, 109, 115
 Arterial, 106, 118, 127, 131
 Arteries, 70, 106, 107, 110, 111, 121
 Artery, 35, 106, 128
 Ascites, 72, 106
 Aspiration, 81, 106
 Asymptomatic, 106, 124
 Autoantibodies, 106, 111
 Autodigestion, 106, 124

B

Bacteria, 105, 106, 113, 114, 115, 122, 132, 133
 Bacterial Physiology, 103, 106
 Bacterium, 106, 109
 Base, 106, 120, 133
 Beta-pleated, 104, 106
 Bezoar, 74, 106
 Bile, 63, 106, 115, 117, 121
 Bile Acids, 106, 115
 Bile Acids and Salts, 106
 Bile duct, 106
 Biliary, 63, 106, 107, 117, 125
 Biliary Tract, 106, 107, 125
 Biochemical, 6, 71, 106
 Biological Factors, 8, 106
 Biopsy, 106, 125
 Biosynthesis, 7, 106
 Biotechnology, 12, 80, 87, 106
 Bladder, 107, 110, 129, 133
 Bloating, 63, 107, 116, 119, 120, 121
 Blood Coagulation, 107, 131
 Blood Glucose, 66, 67, 69, 70, 72, 74, 107, 117, 119
 Blood pressure, 5, 22, 68, 69, 70, 107, 108, 118, 122, 130
 Blood vessel, 107, 108, 121, 130, 131, 133
 Body Fluids, 107, 112, 115, 123, 130
 Body Mass Index, 107, 124
 Bone Marrow, 107, 121
 Bowel, 4, 67, 76, 81, 105, 107, 119, 120, 126, 129, 130, 131, 133
 Bowel Movement, 107, 130, 131
 Bulimia, 81, 107
 Bullous, 107, 111
 Bypass, 73, 107

C

Cachexia, 24, 107
 Calcium, 65, 68, 69, 93, 107, 109, 124
 Calcium Oxalate, 107, 124
 Calculi, 65, 107
 Caloric intake, 74, 108
 Carbohydrate, 6, 68, 69, 71, 74, 108, 116
 Carcinogenic, 108, 119
 Cardiac, 108, 115
 Cardiovascular, 9, 21, 53, 67, 70, 81, 108
 Cardiovascular disease, 9, 21, 70, 108
 Causal, 108, 119
 Celiac Disease, 62, 66, 108, 116
 Cell, 105, 106, 108, 109, 111, 113, 114, 115,
 118, 119, 120, 121, 123, 126, 128, 129,
 131, 132, 134
 Cerebrovascular, 108
 Character, 108, 116
 Chemotactic Factors, 108, 109
 Chin, 108, 122
 Cholesterol, 4, 14, 106, 108, 111, 112, 118,
 121
 Chronic, 5, 7, 11, 64, 66, 70, 75, 107, 108,
 110, 111, 113, 114, 119, 120, 121, 124,
 131, 133
 Chronic Disease, 5, 7, 11, 107, 108
 Chronic renal, 64, 75, 108, 133
 Cirrhosis, 108, 133
 Clamp, 6, 108
 Claviceps, 108, 129
 Clinical Clerkship, 10, 108
 Clinical trial, 5, 87, 109, 128
 Cloning, 107, 109
 Colitis, 109, 120
 Colloidal, 109, 129
 Colon, 67, 109, 119, 120, 133
 Colostomy, 76, 109
 Competency, 15, 36, 109
 Competency-Based Education, 15, 109
 Complement, 6, 105, 109, 126
 Complementary and alternative
 medicine, 53, 54, 56, 109
 Complementary medicine, 53, 109
 Compliance, 9, 110
 Computational Biology, 87, 110
 Computed tomography, 6, 110
 Computer-Assisted Instruction, 45, 110
 Computerized axial tomography, 110
 Computerized tomography, 110
 Concretion, 107, 110
 Confusion, 110, 133
 Connective Tissue, 107, 110, 114, 121

Consciousness, 41, 110
 Constipation, 67, 110, 120, 126
 Continuum, 44, 61, 110
 Contraindications, ii, 71, 110
 Cookery, 61, 110
 Coordination, 9, 110, 129
 Coronary, 35, 108, 110, 111
 Coronary heart disease, 108, 111
 Cost-benefit, 15, 16, 47, 111
 Cost-Benefit Analysis, 47, 111
 Creatinine, 64, 111, 133
 Credentialing, 16, 59, 111
 Curative, 111, 131
 Cytokines, 4, 111, 119

D

Dairy Products, 63, 111
 Data Collection, 111, 115
 Dermatitis, 62, 66, 111
 Dermatitis Herpetiformis, 62, 66, 111
 Desensitization, 111, 118
 Developing Countries, 29, 30, 111
 Diabetes Mellitus, 67, 70, 72, 74, 111, 116,
 117
 Diagnostic procedure, 80, 111
 Dialysate, 9, 111, 112
 Dialyzer, 9, 112, 117
 Diaphragm, 112, 117
 Diarrhea, 62, 63, 66, 74, 81, 112, 120, 121
 Diastolic, 112, 118
 Dietitian, 6, 40, 60, 112
 Diffusion, 112, 119
 Digestion, 62, 63, 66, 67, 74, 104, 106, 107,
 112, 113, 116, 119, 120, 121, 124, 125, 131
 Digestive tract, 112, 130
 Direct, iii, 66, 112, 128
 Discrete, 112, 116, 127
 Distal, 112, 115
 Distention, 62, 66, 112
 Diverticula, 112
 Diverticulitis, 67, 76, 112
 Diverticulum, 112
 Drug Interactions, 112
 Drug Tolerance, 112, 132
 Duct, 104, 112, 114, 121, 124, 130
 Dumping Syndrome, 73, 74, 112
 Duodenum, 106, 112, 113, 115, 120, 124,
 125, 131
 Dyes, 104, 112
 Dyslipidemia, 69, 112
 Dyspepsia, 113, 119
 Dysphagia, 73, 74, 113

E

Eating Disorders, 38, 113
 Edema, 70, 113, 123, 133
 Effector, 109, 113
 Efficacy, 5, 7, 113, 127
 Elastic, 113, 116
 Electrolyte, 65, 81, 113, 115, 123, 127, 130, 133
 Electrons, 105, 106, 113, 120, 124, 128
 Empirical, 17, 113
 Endometrial, 67, 113
 Endometrium, 113
 Endoscope, 113
 Endoscopic, 81, 113
 Endotoxic, 113, 120
 Endotoxins, 109, 113
 End-stage renal, 108, 113
 Enteral Nutrition, 21, 37, 71, 72, 81, 113
 Enteritis, 113
 Environmental Health, 86, 88, 113
 Enzymatic, 107, 109, 114
 Enzyme, 113, 114, 122, 125, 126, 128, 131, 134
 Epigastric, 114, 124
 Epithelium, 114, 115
 Ergot, 114, 129
 Erythrocytes, 105, 107, 114
 Esophageal, 64, 72, 74, 114, 116
 Esophageal Stricture, 64, 114
 Esophageal Ulcer, 64, 114
 Esophageal Varices, 72, 114
 Esophagitis, 64, 74, 114, 116
 Esophagus, 64, 74, 76, 112, 114, 115, 117, 121, 125, 126, 128, 131, 133
 Evacuation, 110, 114, 115
 Exocrine, 114, 124
 Exogenous, 114, 132
 Extracellular, 104, 110, 114, 130

F

Family Planning, 87, 114
 Fat, 4, 6, 25, 62, 63, 70, 71, 74, 93, 103, 106, 107, 111, 114, 120, 124, 130, 132
 Fatigue, 66, 72, 114
 Fatty acids, 4, 72, 114
 Febrile, 114, 130
 Feces, 110, 114, 131
 Fibrin, 107, 114, 126, 131
 Fibrosis, 63, 72, 114
 Fistulas, 72, 114
 Flatulence, 62, 63, 66, 114
 Flatus, 115
 Fluid Therapy, 115, 123

Focus Groups, 7, 115

Food Preferences, 7, 115

Food Services, 59, 115

Forearm, 107, 115

Free Radicals, 105, 115

Fungus, 114, 115, 129

G

Gallbladder, 103, 106, 115

Gas, 62, 104, 112, 114, 115, 118, 119, 120, 121, 123

Gastric, 64, 66, 72, 73, 74, 93, 106, 115, 116, 117, 125

Gastric Acid, 66, 115

Gastric Emptying, 115, 116

Gastric Juices, 115, 125

Gastric Mucosa, 66, 115

Gastric Outlet Obstruction, 74, 115

Gastritis, 74, 115

Gastroesophageal Reflux, 64, 70, 74, 93, 115

Gastroesophageal Reflux Disease, 64, 70, 74, 115

Gastrointestinal, 4, 29, 63, 67, 70, 71, 72, 74, 76, 81, 112, 113, 114, 116, 130, 131

Gastrointestinal tract, 67, 76, 114, 116, 131

Gastroparesis, 69, 116

Gastrostomy, 81, 113, 116

Gene, 107, 116

General practitioner, 27, 116

Gland, 116, 121, 124, 129

Gliadin, 62, 70, 93, 116

Glomerular, 116, 129

Glucose, 71, 73, 74, 107, 111, 116, 117, 119

Glucose Intolerance, 74, 111, 116

Glucose tolerance, 116

Glucose Tolerance Test, 116

Glutamic Acid, 116, 123

Glutamine, 72, 116

Gluten, 62, 66, 70, 93, 108, 116

Glycogen, 6, 116

Goats, 111, 117

Governing Board, 117, 127

Grade, 93, 117

Graft, 68, 117

Graft Rejection, 68, 117

H

Health Policy, 8, 117

Health Promotion, 3, 37, 117

Heart attack, 5, 108, 117

Heartburn, 64, 117, 119

Hematology, 117, 131

Hemodialysis, 64, 75, 111, 112, 117

- Hemoglobin, 105, 114, 117
- Hemorrhage, 117, 131
- Hepatic, 70, 116, 117
- Hepatobiliary, 62, 117
- Hiatal Hernia, 74, 117
- Homogeneous, 110, 117
- Hormone, 117, 119
- Hospital Information Systems, 18, 118
- Humoral, 117, 118
- Hybrid, 118, 129
- Hydrogen, 103, 106, 108, 118, 120, 122, 124
- Hydrogen Peroxide, 118, 120
- Hypercholesterolemia, 67, 112, 118
- Hyperglycemia, 69, 118
- Hyperlipidemia, 68, 69, 70, 75, 112, 118
- Hypertension, 4, 5, 68, 69, 75, 108, 118, 133
- Hypertriglyceridemia, 112, 118
- Hypoglycemia, 65, 66, 73, 74, 118
- I**
- Ileal, 63, 118
- Ileostomy, 76, 118
- Ileum, 118, 120
- Immune response, 103, 105, 117, 118, 119, 131, 134
- Immune system, 118, 133, 134
- Immunogenic, 118, 120
- Immunologic, 74, 108, 118
- Immunology, 103, 104, 118
- Immunosuppression, 69, 118, 119, 121
- Immunosuppressive, 68, 69, 75, 118, 119
- Immunosuppressive Agents, 118
- Immunosuppressive therapy, 68, 119
- Impairment, 8, 119
- In vitro, 119
- In vivo, 7, 119, 121
- Incompetence, 115, 119
- Indigestion, 4, 119
- Infection, 9, 69, 81, 108, 119, 121, 131, 134
- Infiltration, 6, 119
- Inflammation, 109, 111, 112, 113, 114, 115, 119, 124, 126, 129, 133
- Inflammatory bowel disease, 4, 72, 74, 76, 119
- Information Systems, 30, 33, 119
- Infusion, 6, 29, 119
- Ingestion, 4, 62, 66, 116, 119, 126
- Initiation, 8, 65, 119
- Insulin, 4, 6, 37, 38, 71, 72, 74, 116, 119, 124, 132
- Insulin-dependent diabetes mellitus, 37, 38, 119
- Intermittent, 115, 119, 121, 125
- Interstitial, 119, 129
- Intervention Studies, 7, 119
- Intestinal, 62, 63, 67, 76, 108, 116, 120, 121
- Intestinal Mucosa, 62, 108, 120
- Intestine, 67, 76, 106, 107, 113, 120, 128
- Intracellular, 6, 119, 120, 127
- Intramuscular, 120, 125
- Intravenous, 68, 119, 120, 125
- Ions, 106, 113, 118, 120
- Irritable Bowel Syndrome, 67, 120
- J**
- Jejunostomy, 113, 120
- Jejunum, 81, 120
- K**
- Kb, 86, 120
- Kidney Disease, 14, 86, 120
- Kidney stone, 65, 75, 120, 124
- L**
- Labile, 109, 120
- Large Intestine, 112, 120, 128, 130
- Laryngeal, 73, 120
- Larynx, 120
- Lesion, 120, 133
- Ligaments, 110, 120
- Lipid, 6, 7, 67, 71, 119, 120, 121, 124, 132
- Lipid A, 6, 120
- Lipid Peroxidation, 7, 120, 124
- Lipopolysaccharides, 120
- Lipoprotein, 112, 121
- Liver, 6, 63, 73, 103, 104, 106, 108, 114, 115, 116, 117, 121, 133
- Localized, 103, 104, 119, 121, 126, 133
- Longitudinal study, 13, 121
- Long-Term Care, 6, 11, 42, 121
- Low-density lipoprotein, 112, 121
- Lower Esophageal Sphincter, 115, 116, 121
- Lymph, 121
- Lymph node, 121
- Lymphatic, 62, 119, 121, 130, 132
- Lymphatic system, 62, 121, 130, 132
- Lymphocyte Depletion, 118, 121
- M**
- Malabsorption, 62, 63, 72, 74, 108, 121, 129
- Malabsorption syndrome, 62, 121, 129
- Malnutrition, 64, 71, 74, 107, 121
- Manifest, 72, 121
- Meat, 72, 122
- MEDLINE, 87, 122
- Membrane, 9, 109, 112, 120, 122, 124, 125, 126
- Memory, 105, 122

- Mental, iv, 5, 21, 44, 47, 86, 88, 108, 110, 114, 119, 122, 128, 133
- Mental Health, iv, 5, 21, 44, 47, 86, 88, 122, 128
- Mental Processes, 122, 128
- Metabolic disorder, 72, 122
- Microbe, 122, 132
- Microbiology, 103, 122, 131
- Micronutrients, 74, 122
- Modeling, 7, 10, 122
- Modification, 5, 10, 122, 128
- Modulator, 8, 122
- Molecular, 87, 89, 107, 110, 122, 132
- Molecule, 105, 106, 109, 113, 122, 124, 128
- Monitor, 5, 111, 122
- Monoamine, 122, 132
- Motility, 74, 122
- Motion Sickness, 122, 123
- Mucosa, 74, 115, 122
- Mucus, 106, 122, 133
- N**
- Nasogastric, 113, 122
- Nausea, 63, 116, 119, 123, 133
- Needs Assessment, 10, 123
- Neoplasms, 115, 123
- Nephropathy, 120, 123
- Nephrosis, 123
- Nephrotic, 69, 75, 123
- Nephrotic Syndrome, 69, 75, 123
- Nervous System, 116, 123, 131, 133
- Networks, 16, 123
- Neurotoxicity, 7, 123
- Neurotransmitter, 103, 116, 123, 131, 133
- Nitrogen, 68, 116, 123, 124
- Nonverbal Communication, 123, 128
- Nucleic acid, 123
- Nutrition Assessment, 71, 73, 123
- Nutritional Status, 4, 10, 65, 69, 81, 123
- Nutritional Support, 32, 72, 74, 116, 123
- O**
- On-line, 39, 101, 123
- Organ Transplantation, 75, 123
- Osmotic, 124, 129
- Osteoporosis, 69, 75, 124
- Ostomy, 70, 75, 93, 124
- Otolaryngology, 73, 124
- Outpatient, 124
- Overweight, 11, 50, 124
- Oxalate, 65, 124
- Oxidation, 103, 105, 120, 124
- Oxidative Stress, 7, 124
- P**
- Palliative, 124, 131
- Pancreas, 62, 69, 103, 119, 124
- Pancreas Transplant, 69, 124
- Pancreas Transplantation, 69, 124
- Pancreatic, 63, 69, 71, 72, 115, 124
- Pancreatic Fistula, 69, 124
- Pancreatic Insufficiency, 63, 124
- Pancreatic Juice, 115, 124
- Pancreatitis, 69, 72, 124
- Parenteral, 25, 71, 72, 81, 125
- Parenteral Nutrition, 25, 71, 81, 125
- Partnership Practice, 125, 127
- Pathologic, 106, 110, 125
- Pathophysiology, 71, 125
- Patient Compliance, 4, 65, 125
- Patient Education, 26, 61, 92, 96, 98, 101, 125
- Peer Review, 6, 49, 125
- Pelvis, 103, 125, 133
- Pepsin, 125
- Peptic, 64, 66, 70, 74, 115, 125
- Peptic Ulcer, 66, 70, 74, 115, 125
- Perception, 24, 38, 125
- Percutaneous, 81, 125
- Perforation, 72, 74, 125
- Peritoneal, 64, 75, 81, 106, 111, 125
- Peritoneal Cavity, 106, 125
- Peritoneal Dialysis, 64, 75, 81, 111, 125
- Peritoneum, 125, 126
- Peritonitis, 81, 126
- Pharmacologic, 72, 126, 132
- Pharynx, 115, 126
- Phospholipids, 114, 121, 126
- Phosphorus, 64, 68, 69, 107, 126
- Physical Examination, 73, 126
- Physiologic, 106, 122, 126, 128
- Physiology, 4, 6, 10, 54, 62, 63, 64, 65, 66, 70, 72, 73, 75, 76, 117, 126
- Plants, 116, 126, 132
- Plaque, 7, 126
- Plasma, 70, 116, 117, 126, 129
- Plasma protein, 126, 129
- Pneumonia, 110, 126
- Poisoning, 114, 123, 126
- Posterior, 105, 124, 126
- Postmenopausal, 124, 126
- Postoperative, 68, 69, 127
- Postprandial, 66, 67, 127
- Potassium, 65, 68, 127
- Practice Guidelines, 88, 127
- Prevalence, 38, 70, 127

Private Practice, 27, 60, 127
 Problem Solving, 21, 127
 Problem-Based Learning, 58, 127
 Professional Practice, 43, 45, 127
 Program Evaluation, 47, 127
 Programmed Instruction, 110, 127
 Progression, 8, 67, 70, 127
 Progressive, 108, 112, 127, 129
 Prospective study, 121, 127
 Protein C, 68, 69, 121, 127, 133
 Protein S, 107, 127
 Proteins, 104, 105, 109, 111, 122, 123, 125,
 126, 127, 128, 129
 Proteinuria, 70, 123, 127
 Proteolytic, 109, 128
 Pruritic, 111, 128
 Psychic, 122, 128
 Psychology, 8, 128
 Psychotherapy, 81, 128
 Public Health, 10, 30, 77, 88, 128
 Public Policy, 87, 128
 Pulmonary, 107, 128
 Pulmonary Artery, 107, 128
 Pulse, 81, 122, 128
 Pylorus, 112, 128
Q
 Quality of Health Care, 125, 128
 Quality of Life, 11, 128
R
 Race, 70, 128
 Radiation, 111, 115, 118, 128, 134
 Radiography, 22, 128
 Radiological, 125, 128
 Randomized, 7, 113, 128
 Receptor, 103, 105, 128
 Rectum, 105, 107, 109, 112, 115, 119, 120,
 128
 Refer, 1, 109, 128, 132
 Reflux, 64, 74, 115, 116, 128
 Regimen, 113, 125, 128
 Regional enteritis, 76, 129
 Regional Medical Programs, 23, 129
 Regurgitation, 115, 117, 129
 Renal failure, 23, 71, 129
 Renal pelvis, 120, 129
 Resection, 63, 72, 129
 Respiration, 122, 129
 Retinoids, 129, 134
 Risk factor, 70, 127, 129
 Rod, 106, 108, 129
 Rye, 62, 108, 114, 116, 129

S

Screening, 4, 109, 129
 Scurvy, 21, 129
 Secretion, 66, 74, 119, 122, 124, 129
 Senile, 124, 129
 Serum, 9, 64, 67, 105, 109, 121, 126, 129
 Serum Albumin, 9, 129
 Sex Characteristics, 103, 129
 Short Bowel Syndrome, 72, 74, 129
 Side effect, 68, 69, 75, 103, 130, 132
 Skeletal, 6, 108, 130
 Skeleton, 130
 Small intestine, 66, 74, 112, 113, 115, 117,
 118, 120, 122, 129, 130
 Social Environment, 128, 130
 Social Work, 9, 130
 Sodium, 65, 74, 93, 130
 Somatic, 103, 118, 130
 Spastic, 120, 130
 Specialist, 94, 130
 Species, 104, 118, 123, 128, 130, 132, 133
 Sphincter, 73, 120, 130
 Spinal cord, 108, 123, 130
 Spleen, 104, 121, 130
 Sprue, 63, 130
 Steatorrhea, 62, 63, 66, 73, 130
 Steel, 108, 130
 Stenosis, 67, 76, 130, 131
 Stent, 124, 130
 Stoma, 124, 131
 Stool, 62, 109, 120, 130, 131
 Stress, 4, 7, 120, 123, 124, 131
 Stricture, 130, 131
 Stroke, 5, 86, 108, 131
 Subacute, 119, 131
 Subclinical, 119, 131
 Subcutaneous, 6, 113, 125, 131
 Substance P, 129, 131
 Substrate, 131, 132
 Support group, 62, 131
 Sympathomimetic, 131, 132
 Symptomatic, 124, 131
 Systemic, 104, 107, 119, 131
 Systolic, 118, 131
T
 Technology, Medical, 28, 131
 Therapeutics, 131
 Threshold, 118, 131
 Thrombin, 114, 127, 131
 Thrombomodulin, 127, 131
 Thrombosis, 127, 131
 Thymus, 121, 132

- Tolerance, 66, 116, 132
Tomography, 132
Tone, 124, 132
Tooth Preparation, 103, 132
Toxic, iv, 108, 116, 129, 132
Toxicity, 8, 112, 132
Toxicology, 88, 132
Toxin, 113, 132
Traction, 108, 132
Transfection, 107, 132
Transmitter, 132
Transplantation, 64, 68, 69, 75, 108, 121, 132
Trauma, 114, 125, 132
Triglyceride, 63, 70, 118, 132
Tunica, 122, 132
Type 2 diabetes, 72, 74, 132
Tyramine, 93, 132
- U**
Ulcer, 66, 114, 133
Ulceration, 125, 133
Ulcerative colitis, 67, 76, 119, 133
Uraemia, 125, 133
Urea, 133
Uremia, 64, 129, 133
Ureters, 120, 133
Urethra, 133
- Urinary, 65, 107, 133
Urinary tract, 65, 133
Urine, 65, 70, 107, 111, 120, 124, 127, 129, 133
Urolithiasis, 65, 133
Uterus, 113, 133
- V**
Vaccine, 103, 133
Varices, 74, 133
Vascular, 119, 133
Vasculitis, 125, 133
Vegetarianism, 54, 133
Vein, 120, 133
Vesicular, 111, 133
Veterinary Medicine, 87, 133
Villous, 108, 133
Virulence, 132, 133
Virus, 126, 134
Vitamin A, 73, 134
Vivo, 7, 121, 134
- W**
White blood cell, 105, 121, 122, 134
Wound Healing, 69, 134
- X**
X-ray, 110, 134
- Z**
Zymogen, 127, 134

