

MEDDAC Regulation 40-34

Medical Services

Nutrition Assessment of Patients

**Headquarters
U.S. Army Medical Department Activity
Fort George G. Meade
2480 Llewellyn Avenue
Fort George G. Meade, MD 20755-5800
7 November 2002**

Unclassified

SUMMARY of CHANGE

MEDDAC REG 40-34
Nutrition Assessment of Patients

Medical Services

Nutrition Assessment of Patients

FOR THE COMMANDER:

DAVID A. BITTERMAN
LTC, MS
Deputy Commander for
Administration

Official:



JOHN SCHNEIDER
Adjutant

Summary. This regulation establishes policies and procedures for nutrition screening, guidelines for outpatient nutrition screening, and referral to appropriate nutritional care assets.

Applicability. This regulation applies to Headquarters, U.S. Army Medical Department Activity, Fort George G. Meade (MEDDAC) (that is, Kimbrough Ambulatory Care Center (KACC), and Barquist, Dunham and Kirk U.S. Army health clinics (USAHCs).

History. This is the initial publication of this regulation.

Supplementation. Supplementation of this regulation is prohibited.

Proponent. The proponent of this regulation is the Chief, Department of Primary Care (DPC).

Suggested improvements. Users of this publication are invited to send comments and suggested improvements, by memorandum, directly to the Commander, U.S. Army Medical Department Activity, ATTN: MCXR-DPC, Fort George G. Meade, MD 20755-5800, or to the MEDDAC's Command Editor by fax to (301) 677-8088 or e-mail to john.schneider@na.amedd.army.mil.

Distribution. Distribution of this publication is by electronic medium only.

Contents (Listed by paragraph and page number)

Chapter 1

Introduction, *page 1*

- Purpose • 1-1, *page 1*
- References • 1-2, *page 1*
- Explanation of abbreviations • 1-3, *page 1*
- Responsibilities • 1-4, *page 1*

Chapter 2

Nutrition Assessments, *page 1*

- Guidelines for outpatient nutrition screening • 2-1, *page 1*
- Determining nutritional health • 2-3, *page 1*
- Referring patients • 2-3, *page 2*

Contents–continued

Appendixes

- A.** References, *page 3*
- B.** Body Mass Index (BMI) Table, *page 4*
- C.** Boys Body Mass Index-for-age Percentiles – 2 to 20 Years, *page 5*
- D.** Girls Body Mass Index-for-age Percentiles – 2 to 20 Years, *page 6*
- E.** Nutrition Warning Signs, *page 7*
- F.** Patient Nutritional Health Survey – Determine Your Nutritional Health, *page 8*
- G.** Healthy Diet Handout, *page 9*
- H.** Guidelines for Outpatient Nutrition Screening, *page 12*
- I.** Memorandum for KACC Appointment Clerks, *page 13*

Glossary

Chapter 1 Introduction

1-1. Purpose

This regulation mandates responsibilities, policies and procedures for nutritional assessment of patients seen by the MEDDAC's medical treatment facilities (MTFs).

1-2. References

Related publications are listed in appendix A.

1-3. Explanation of abbreviations

Abbreviations used in this regulation are explained in the glossary.

1-4. Responsibilities

a. *The Deputy Commander for Clinical Services (DCCS)*. The DCCS will ensure that all licensed independent practitioners (LIPs) understand this MEDDAC's policy regarding nutritional assessment and referral procedures for patients seen in the MEDDAC's primary care clinics, as set forth in this regulation.

b. *The Chief, DPC*. The Chief, DPC will ensure that all primary care clinics throughout the MEDDAC; that is, in all MEDDAC's MTF's that have primary care clinics, are in compliance with the standards established by this regulation.

Chapter 2 Nutrition Assessment

2-1. Guidelines for outpatient nutrition screening

a. If clinically indicated, patients will be screened for height and weight during their primary care appointments. A body mass index (BMI) determination will be made and documented. See appendix B, C and D for the BMI table and BMI-for-age percentile graphs for boys and girls, respectively.

b. The Joint Commission on Accreditation of Healthcare Organizations' Comprehensive Accreditation Manual for Ambulatory Care, Standard PE.1.2 (see page PE-7), states: "Nutritional status is assessed when warranted by the patient's needs or condition." The intent of this standard is to reinforce that a nutritional assessment of a patient will be completed when relevant to the patient's condition or needs. The assessment includes screening, observation, or examination to determine nutritional needs.

2-2. Determining nutritional health

a. The American Academy of Family Physicians suggests using the "DETERMINE" checklist to remind the LIP of nutritional warning signs. (See appendix E).

b. When the LIP determines that the patient may be at risk nutritionally, the LIP will refer the patient to a nutrition care specialist or dietitian. A useful 11-question screening tool for the patient to complete is at appendix F.

c. A healthy diet handout is in appendix G. This handout will be given to patients who require basic nutrition information. Print copies from the electronic regulation as they are needed; this is the

only way to obtain the handout.

2-3. Processes for managing quality

a. A table summarizing the guidelines for outpatient nutrition screening and referral pathways is at appendix H.

b. Referral pathways.

(1) KACC. Refer to the memorandum in appendix I, Scheduling Patients for Nutrition Clinic Appointments, for further guidance.

(2) Barquist USAHC. Schedule the patient to be seen by the nutritionist working in the clinic as part of the Outcomes Management Initiative project.

(3) Dunham USAHC. Schedule the patient to be seen by the U.S. Army War College dietitian.

(4) Kirk USAHC. Schedule the patient to participate in the monthly video-conference with Walter Reed Army Medical Center's Wellness Center, which is conducted from 0900 to 1000 on the second Thursday of each month.

**Appendix A
References**

**Section I
Required Publications**

This section contains no entries.

**Section II
Related Publications**

A related publication is merely a source of additional information. It is not necessary to read it to understand this publication.

Comprehensive Accreditation Manual for Ambulatory Care. Published by the Joint Com-

mission on Accreditation of Healthcare Organizations and available through the Quality Management Office.

**Section III
Prescribed Forms**

This section contains no entries.

**Section IV
Referenced Forms**

This section contains no entries.

Appendix B
Body Mass Index (BMI) Table

BMI	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
<i>Height</i>	<i>Weight (in pounds)</i>																
4' 10" (58")	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167
4' 11" (59")	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173
5' (60")	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179
5' 1" (61")	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185
5' 2" (62")	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191
5' 3" (63")	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197
5' 4" (64")	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204
5' 5" (65")	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210
5' 6" (66")	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216
5' 7" (67")	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223
5' 8" (68")	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230
5' 9" (69")	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236
5' 10" (70")	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243
5' 11" (71")	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250
6' (72")	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258
6' 1" (73")	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265
6' 2" (74")	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272
6' 3" (75")	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279

Source: Evidence Report of Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults, 1998. National Institute of Health/National Heart, Lung, and Blood Institute.

Appendix E

Nutrition Warning Signs

“DETERMINE”

DISEASE

Any disease, illness or chronic condition, which causes you to change the way you eat, or makes it hard for you to eat, puts your nutritional health at risk. Four out of five adults have chronic diseases that are affected by diet. Confusion or memory loss that keeps getting worse is estimated to affect what, when or if you've eaten. Feeling sad or depressed, which happens to about one in eight older adults, can cause big changes in appetite, digestion, energy level, weight and well-being.

EATING POORLY

Eating too little and eating too much both lead to poor health. Eating the same foods day after day or not eating fruit, vegetables, and milk products daily will also cause poor nutritional health. One in five adults skip meals daily. Only 13% of adults eat the minimum amount of fruit and vegetables needed. One in four older adults drink too much alcohol. Many health problems become worse if you drink more than one or two alcoholic beverages per day.

TOOTH LOSS AND MOUTH PAIN

A healthy mouth, teeth and gums are needed to eat. Missing, loose or rotten teeth or dentures which don't fit well or cause mouth sores make it hard to eat.

ECONOMIC HARDSHIP

As many as 40% of older Americans have incomes of less than \$6,000 per year. Having less—or choosing to spend less—than \$25–30 per week for food makes it very hard to get the foods you need to stay healthy.

REDUCED SOCIAL CONTACT

One-third of all older people live alone. Being with people daily has a positive effect on morale, well being and eating.

MULTIPLE MEDICINES

Many older Americans must take medicines for health problems. Almost half of older Americans take multiple medicines daily. Growing old may change the way we respond to drugs. The more medicines you take, the greater the chance for side effects such as increased or decreased appetite, change in taste, constipation, weakness, drowsiness, diarrhea, nausea, and others. Vitamins or minerals when taken in large doses act like drugs and can cause harm. Alert your doctor to everything you take.

INVOLUNTARY WEIGHT LOSS OR GAIN

Losing or gaining a lot of weight when you are not trying to do so is an important warning sign that must not be ignored. Being overweight or underweight also increases your chance of poor health.

NEEDS ASSISTANCE IN SELF CARE

Although most older people are able to eat, one of every five have trouble walking, shopping, buying and cooking food, especially as they get older.

ELDER YEARS ABOVE AGE 80

Most older people lead full and productive lives. But as age increases, risk of frailty and health problems increase. Checking your nutritional health regularly makes good sense.

Taken from the American Academy of Family Physicians website: <http://www.aafp.org/nsi>.

**Appendix F
Patient Nutritional Health Survey – Determine Your Nutritional Health**

**The warning signs of poor nutritional health are often overlooked.
Use this checklist to find out if you are at nutritional risk.**

Read the statement below. Circle the number in the “yes” column for each statement that applies to you, then total your nutritional score.

	<u>Yes</u>
1. I eat few fruits, vegetables or milk products	2
2. I eat fewer than two meals per day	3
3. I exceed the weight listed for my height on the Body Mass Index (BMI) Table at appendix B by greater than 20%	3
4. I have been diagnosed with high cholesterol and haven't seen a physician for the problem for one year or longer	3
5. I have three or more drinks of beer, liquor or wine almost every day	2
6. I have an illness or condition that makes me change the kind or amount of food that I eat ...	2
7. I am not always physically able to shop, cook and or feed myself.....	2
8. I have tooth, mouth or denture problems that make it hard for me to eat	2
9. I don't always have enough money to buy the food I need	4
10. I eat alone most of the time	1
11. Without wanting to, I have lost or gained 10 or more pounds in the last six months	2
<hr style="width: 10%; margin-left: auto; margin-right: 0;"/>	
TOTAL:	

Based on the American Association of Family Practice's, American Diabetes Association's and the National Council on the Aging's Incorporating Screening and Interventions into Medical Practice.

If your total score is—

- 0 – 2 Good! Recheck your nutritional score in six months.

- 3 – 5 You are at moderate nutritional risk. As the health staff for a nutritional handout and read the areas that pertain to you. See what can be done to improve your eating habits. Recheck your nutritional score in three months.

- >=6 You are a high nutritional risk. Take this form to the health care staff for further evaluation. Bring up any additional nutritional problems you think you may have.

Appendix G

Healthy Diet Handout

General

A healthy diet requires you to eat a wide **variety** of foods in the **correct amounts** to provide your body the nutrients, vitamins, and energy it needs. It also requires that substances that we eat or drink that can be harmful to our bodies be limited. A large number of medical studies show that if we eat healthy, we can delay or prevent a wide variety of diseases. In the event we become sick or hospitalized, healing occurs more quickly and with less complications if we have good nutritional status.

Sometimes we have changes in our health that affect our ability to eat or breakdown food. For instance, as we age our sense of smell and taste decrease, often causing less appetite. Sometimes diseases make us housebound or physically unable to prepare or eat meals. Many medicines can affect appetite or affect the lining of the mouth and tongue making it less enjoyable to eat. Sometimes our coordination is impaired. The loss of teeth or dentures can make eating an unpleasant experience.

For some people, changes in social structures make eating a healthy diet more difficult. Some people don't always have enough money to eat correctly. Others have the money but lack the physical ability to shop, cook or feed themselves. People that eat alone are more likely to skip meals or to prepare inadequate meals.

A wide variety of resources are available to help you for each of these problems. If you find that one of the following categories you should discuss it with your health care team.

Healthy Foods

A healthy diet depends on eating a variety of foods. The more varied the diet the more likely you are to get all of the vitamins and nutrient you need. Your diet should include the following:

- **Proteins:** Proteins form the basic structure of body tissue and organs. The body uses proteins for growth and repair of cells. Proteins are found in meats, fish, beans, peas, cheese and nuts. At least 15% of your daily calories should come from protein.
- **Carbohydrates:** Carbohydrates are the body's main source of energy. They are found in potatoes, bread, cereals, pasta, milk, yogurt, vegetables and fruit. They should make up at least half of your daily calories.
- **Fats:** Used for maintenance, growth and repair of tissues. They are found in nuts and olives, cheese, meat, butter and mayonnaise. Fats should contribute no more than one-third of your daily calories.
- **Fiber:** Fiber is found in plants and is not digested by the body. It helps control the digestion of nutrients and helps prevent constipation. It may help to prevent colon cancer. Fruits, vegetables and cereals are good sources of fiber. It is recommended that you eat 20 to 35 grams of fiber per day.
- **Water:** It is recommended you drink 6 to 8 glasses of water each day.

Some foods contain very little nutritional value or have ingredients that can cause disease. Eating healthy doesn't mean giving up sweets, salts, snacks or alcohol. It does mean eating certain things in moderation. The foods and food ingredients you need to limit include fat, cholesterol, sodium (salt), alcohol and sugar. Eating foods high in saturated fat and cholesterol can lead to narrowing of blood vessels by buildup of fatty and cholesterol deposits. These deposits lead to heart attacks, strokes, aneurysms, high blood pressure and other diseases. However, eating foods with monounsaturated fats may help prevent some of these problems. Additionally, fats are high in calories. One gram of fat contains two and one-half times the calories that are in a gram of protein or carbohydrate. For these reasons it is recommended that we limit fat. However, fats are required to maintain our body cells, to help us keep adequate levels of the good type of cholesterol (HDL) and to help us absorb certain vitamins. Moderation is the key with fat intake.

A general goal for fat intake is that no more than one-third of your total recommended daily calories be from fat. Of these calories, the larger the percentage of monounsaturated fats the better. Some easy ways to change your fat intake are to limit the use of butters, margarines and dressings that you eat. Choose lean cuts of meat and remove the skin. If you decide to use oil for cooking consider using olive, soy or canola oil.

It is also recommended that we limit the intake of simple sugars in our diet. These are things that we typically think of as being sweets. Instead it is recommended that we eat foods where the sugars are bound up in complex forms – carbohydrates. These carbohydrates are best found in vegetables.

Meal Frequency

It is recommended that we eat at least two meals per day. Eating frequent small meals helps with weight control and helps avoid large fluctuations in blood sugar. As we become older our ability to eat large meals may decrease, making this particularly important.

Weight Gain

Weight will vary day to day based on our body liquid content. Sometimes a better measure of obesity is how our clothes fit. If we are above our desired body weight we require our heart to work harder and frequently we feel fatigued. Our primary goal when losing weight should be to feel healthier. Strategies to lose weight include decreasing calorie intake and increasing calorie use.

Ways to decrease our calorie intake include changing our diets to include less fat and decreasing in between meal snacks. Decreasing your amount of intake too drastically may reset your body metabolism to a lower level leading to weight gain in the long run or even illness from inadequate nutrient intake. For this reason it is recommended that your goal for weight loss be 1 to 2 pounds per week. (Usually, this equates to decreasing your calorie intake by no more than 500 calories per day.)

We can also lose weight by increasing our use of calories. Regular exercise is usually the most effective means of losing weight. Additionally, **exercise** is an important part of keeping our heart, muscles and bones healthy and improves our mental health.

Aerobic activity is good for burning calories during exercise. Also, after aerobic exercise is completed, our body's metabolism remains elevated for many hours, which consumes more calories. It is presently recommended that we do some sort of aerobic activity at least 3 times per week for 30 minutes.

Exercise that builds muscle is also very helpful for weight loss. Muscle requires a continuous supply of calories. Increasing your muscle mass will increase your calorie use throughout the entire day and night. In addition, it helps prevent or reverse many of the infirmities that may occur with aging.

Before starting an exercise program you should be evaluated by your health care provider. When starting a program remember to start slow and gradually increase the length and intensity of exercise. People who increase activity level by more than 10% per week are particularly prone to injury.

If you have tried the above measures and are unable to lose weight or continue to gain weight, you may have a medical problem that affects your metabolism such as thyroid disease. In this case it is particularly important that a health care provider evaluate you.

High Cholesterol

The number 1 cause of death in the U.S. is heart disease. One of the major risk factors for heart disease is increased cholesterol. Cholesterol is broken down into several different fractions: the bad cholesterol (LDL), which promotes plaque formation in arteries, and good cholesterol (HDL), which prevents plaque formation. If you have been diagnosed with high cholesterol in the past it is recommended that you have a fasting cholesterol level yearly. Genetics, diet and exercise all play an important role in the levels of these cholesterol in your blood.

Decreasing fat intake to less than 30% of total daily calories will generally improve LDL. To calculate your intake of calories it is necessary to look at product labels. These labels typically list the number of grams of fat per serving. Multiply the number of fat grams by 9 to figure the number of calories from fat per serving. (Some labels will give this number.) Next divide the number of fat calories by the total calories per serving and times by 100. This will give you the percentage of fat. In addition to reducing total fats, decreasing your saturated fats and increasing your unsaturated fats will be helpful. Increasing dietary fiber is often helpful.

Depending on your other cardiac risk factors, your health care provider will typically try diet prior to starting any medicines. Your health care provider will also recommend exercise unless you have a medical condition that prohibits this. Typical recommendations are aerobic activity (a brisk walk will do) at least 3 times per week.

Alcohol Intake

One in four adults drinks too much alcohol. Drinking more than 1 to 2 alcoholic beverages per day worsens many health problems and may lead to weight gain, and vitamin and nutritional deficiencies. Dependence is also a problem. Do you ever feel or have you been told you need to cut down on your drinking? Do you become annoyed when people talk about your drinking? Do you feel guilty about your drinking? Do you ever have an "eye-opener"? If any of the above statements characterize your drinking pattern you may have a drinking problem. Please make an appointment to see your health care provider to discuss your drinking.

Disease

Any disease, illness or chronic condition that causes you to change the way you eat or makes it hard for you to eat puts your nutritional health at risk. Four out of five adults have chronic diseases that are affected by nutrition. Confusion or memory loss that keeps getting worse is estimated to affect one out of five older adults. This can make it hard to remember what, when or if you have eaten. Feeling sad or depressed, which happens to about one in eight older adults can cause big changes in appetite, digestion, energy level, weight, and well being. Certain diseases may make you housebound or may require modifications of food preparation areas.

Physical Disability

Sometimes a change in our health status makes us unable to shop, prepare food or eat; further jeopardizing our health status. We may become homebound or our homes may require modifications to allow us to prepare food. There are many community groups set up to help with these problems. Contact your local **Army Community Service** for assistance. The **State of Maryland** runs a service that can help put you in touch with the appropriate resources, **(301-225-1100 or 800-243-3425)**.

Oral Health

A healthy mouth, teeth, and gums are needed to eat. Missing, loose or rotten teeth, or dentures, make it difficult to eat as well as cause mouth sores. Nutritional deficiencies and certain drugs may also cause mouth and tongue sores. If any of these problems are present, strongly consider seeing your dentist. If symptoms began soon after starting a medication, ask your health care provider if this could be a possible cause.

Economic Hardship

Studies estimate that as many as 40% of older Americans have incomes of less than \$6,000 per year. Trying to spend less on groceries makes it difficult to get the kinds and variety of foods necessary to stay healthy. Living in an apartment or house that does not have a stove or refrigerator also makes it difficult to eat a healthy diet. **Army Community Service** maintains a database of organizations that exist to help people with these problems. The **State of Maryland** also operates a help line that maybe useful, **(301-225-1100 or 800-243-3425)**.

Social Isolation

One third of older people live alone. It has been shown that being with other people has a positive effect on morale, well being, and eating. A frequent excuse for poor eating habits is "I didn't feel like taking the time to prepare a complex meal for only one person." A variety of programs have been established to help improve social interaction. Contact **Army Community Service** or **State of Maryland** at **(301-225-1100 or 800-243-3425)**.

Appendix H
Guidelines for Outpatient Nutritional Screening

Variable	Assessment	Referral Method
Weight	5% loss or gain within 30 days 10% loss or gain within 6 months BMI <18.5 BMI 25 to 30 with co morbidities BMI >30	Individual appointment with a registered dietitian
Primary diagnosis co morbidities (To include but not limited to)	Weight Control (active duty)	Refer to Active Duty Weight Class
	Hypertension	Refer to Hypertension Management Class
	Diabetes Weight Management (non-active duty) Crohn's Disease Gluten Enteropathy or Celiac Sprue Renal Disease Coronary heart disease	Individual appointment with a registered dietitian
Lab values	FBG 111 to 125 HgbA1C >8.0 Total Cholesterol >240 mg/dL LDL >100 mg/dL (with 1 co morbidity) LDL >130 mg/dL (with 2 co morbidities) LDL >160 mg/dL Triglycerides >400 Albumin <3.5	Individual appointment with a registered dietitian
Clinical Signs and Symptoms	Complaints of: Dehydration Poor appetite Difficulty chewing or swallowing (affecting optimal nutrition intake)	Individual appointment with a registered dietitian

Appendix I
Memorandum for KACC Appointment Clerks

MCXR-PM-C

17 May 2001

MEMORANDUM FOR Appointment Clerks

SUBJECT: Scheduling Patients for Nutrition Clinic Appointments

1. A health care provider must refer all patients requiring initial nutrition counseling, except for active duty service members in the Weight Control Program. (A referral is required for active duty service members not enrolled in the Weight Control Program.)
2. All classes are for adults only. Patients 18 years and younger will be scheduled for individual appointments.
3. For weight control and hypertension diagnosis, please schedule the patient for the appropriate class, not an individual appointment, except patients who are—
 - a. 18 years and younger.
 - b. Hearing impaired.
 - c. Have a language barrier.
 - d. Referred by a dietitian who recommended an individual appointment.
 - e. May benefit more from an individual appointment than a class (judgment call).
4. If a patient is scheduled for an individual appointment, please comment on the specific purpose of the visit.
5. Patients should be given the following information verbally:
 - a. That the dietitian is located on KACC's 3rd floor, in Community Health Nursing, in room 3B20.
 - b. That they should bring medical records to the appointment.
 - c. That they should arrive at least 15 minutes early for the class or appointment. People who are more than 10 minutes late for a class or appointment will need to reschedule.

6. The Dietitian offers the following classes, by appointment only. Due to time and space limitations, it is very important to schedule patients in the correct class.

a. Weight Control Class (Overview).

(1) Target group. This class is open to anyone who is eligible for military medical care. The first ten minutes will review the AR 600-9, The Army Weight Control Program, for the benefit of active duty Army personnel.

(2) Key words.

- (a) Weight loss.
- (b) Obesity.
- (c) Overweight.
- (d) AR 600-9.
- (e) Army Weight Control Program.
- (f) Flagged for being overweight.

b. Hypertension Management Class

(1) Target group. For individuals who have high blood pressure and will benefit from a team approach of education to enhance their medical plan of care. This education includes concepts of diet modification, stress reduction, exercise and medication management. This class is open to anyone who is eligible for military medical care. Retirees referred for Hypertension Management should be referred to this class prior to an individual appointment.

(2) Key Words.

- (a) High blood pressure.
- (b) Hypertension.
- (c) Dash diet.

c. Individual appointment.

(1) Target group. Open to all eligible healthcare beneficiaries who require specific nutrition counseling.

(2) Specific counseling includes but is not limited to the following:

(a) Diabetes.

1 Type I.

2 Type II.

3 Gestational.

4 Impaired glucose tolerance.

(b) Hypertension.

1 No added salt (NAS).

2 2 grams sodium.

3 4 grams sodium.

4 Dash diet.

(c) Weight gain.

(d) Weight management.

(e) Vegetarianism.

(f) Drug-nutrient interactions.

(g) Crohn's Disease.

(h) Gluten Enteropathy, Celia Sprue or Tropical Sprue.

(i) Renal disease.

- 1 Potassium restrictions.
 - 2 Phosphorus restrictions.
 - 3 Sodium restrictions.
 - 4 Protein restrictions.
 - 5 Gout.
- (j) Coronary heart disease.
- 1 Low fat (saturated/total).
 - 2 Low cholesterol.
 - 3 Low sodium.
 - 4 Weight management.
7. Any questions can be addressed to Amy Mastro at (301) 677-8324.

Amy Mastro, RD, LD
Clinical Dietitian

Glossary

Section I Abbreviations

BMI

body mass index

DCCS

Deputy Commander for Clinical Services

DPC

Department of Primary Care

KACC

Kimbrough Ambulatory Care Center

MEDDAC

U.S. Army Medical Department Activity, Fort George G. Meade

MTF

medical treatment facility

USAHC

U.S. Army health clinic

Section II Terms

This section contains no entries.