

TO THE EDITOR:

I was surprised and disappointed to see that, except in passing, the critical role of registered dietitian nutritionists (RDNs) as an integral part of a patient's health care team – and as a valuable partner for any physician – was not explored in the American Heart Association's Scientific Statement [*Rapid Diet Assessment Screening Tools for Cardiovascular Disease Risk Reduction Across Healthcare Settings*](#). It is well within the RDN's scope of practice to provide education and counseling for all barriers to a healthy diet.

Medical nutrition therapy provided by a qualified professional such as an RDN is linked to improved clinical outcomes for persons with cardiovascular disease, disorders of lipid metabolism and obesity/overweight. (1)

Patients correctly view physicians as a trusted source of information and treatment; physicians should determine the nutrition and obesity prevention and treatment messages they have the time and skill to provide to their patients. However, there is an important difference between advising patients on the basics and the in-depth counseling provided by an RDN who has the knowledge and skills needed to help individuals make changes that can affect outcomes.

The Academy of Nutrition and Dietetics maintains a national, searchable online referral service enabling consumers and clinicians to locate an RDN in their area (<https://www.eatright.org/find-an-expert>). It also offers a free continuing medical education–accredited webinar on how RDNs add value to physicians' practices (<https://www.eatrightstore.org/product-type/webinars-and-presentations/primary-care-plus-how-a-registered-dietitian-nutritionist-adds-value-to-your-practice>).

Referring patients to RDNs “could be one of the most important ways that health care professionals help patients learn about, implement and sustain behavior changes.” (2)

We support the quest to strengthen academic requirements and the inclusion of nutrition for medical professionals. However, our goal should not be to develop medical professionals who are nutrition experts. Rather, we need to develop medical professionals who understand the role of nutrition throughout the lifecycle and in the prevention and management of disease and know how to use the results of a quick screen to appropriately and effectively refer patients to the RDN.

Thank you very much.

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Response to Letter to the Editor

Farr stated she was “disappointed to see that, except in passing, the critical role of registered dietitian nutritionists... as an integral part of a patient’s health care team – and as a valuable partner for any physician – was not explored” in the American Heart Association’s Scientific Statement “Rapid Diet Assessment Screening Tools for Cardiovascular Disease Risk Reduction Across Healthcare Settings.”¹ To clarify, the objectives of this Scientific Statement were to provide a rationale for adopting a rapid diet assessment tool in clinical settings, to discuss the emerging role of clinicians and other members of the healthcare team in diet screening and counseling, and to provide an evidence-based assessment of tools currently available and feasible for integration into the electronic health record for chronic disease prevention and management in diverse clinical practice settings.¹ The objective of the statement was not to assign roles to individual members of the healthcare team, but to acknowledge that in different settings, opportunities to initiate conversations about lifestyle behaviors, including diet are essential, but vary.

There was no intent to minimize the expertise of registered dietitian nutritionists (RDNs). On the contrary, the goal was to establish the importance of initiating awareness of the need for diet assessment as a fundamental and essential component of clinical care in a feasible, efficient, and standardized manner achievable in most medical settings. As indicated in the statement, this is step one; if this rapid screening indicates that a patient is positive for nutrition risk, it is recommended that they be referred for more detailed dietary assessment. Had the intent of the statement been to promote the merits of in-depth dietary counseling for dietary change, the critical role of the RDN would have been promoted further. Highlighted instead for this initial Scientific Statement was how use of best practice alerts could prompt referrals to RDNs. We acknowledge the absence of routine dietary screening in most practice settings, so the widespread use of rapid diet assessment would likely increase the total number of referrals to RDNs.

In many settings, RDNs are not part of the healthcare team nor is dietary counseling a billable practice for many diet-related health conditions. As growing evidence documents that poor quality dietary patterns contribute to the disease and mortality burden,² an essential first step is to provide all members of the healthcare team with a tool they can use to rapidly screen for diet quality in conjunction with the evidence-based national dietary guidelines that patients can implement immediately. Inclusion of these dietary data in electronic health records can also be easily referenced at subsequent visits. It is our collective belief as authors of this Scientific Statement that the readership will recognize this inadequately addressed deficiency in healthcare practice, with further insight into feasible strategies to address this gap and initiate patient awareness and recognition of the importance of dietary change.

Sincerely,

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