

NUTRITIONIST PROFESSION. ASPECTS REGARDING THE NEED AND SOCIAL IMPLICATIONS

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Abstract: In recent years there has been a steady trend and an upward trend from the Romanians on nutrition. This is not only about informing the population about the structure and composition of foods, but also about the influence of food behaviour, combined with its effects in the body, to ensure a nutritional balance. Understanding the importance of the nutritional field, the population is continuously documenting and constantly informing about this, looking for specialized help, wanting to prevent the illnesses that can be caused by inadequate nutrition and to understand the implications.

INTRODUCTION

Overweight and obesity, as shown by WHO studies, have reached epidemic levels so that 1 in 3 adults may be overweight or obese. Alarming is the rise in childhood obesity at a very young age with extremely serious consequences on the physical and psychological health of these children.(1)

The nutritionist/dietician is the specialist who has the decisive contribution to ensuring healthy eating behavior. The nutritionist/dietician carries out his work in public or private health services and collaborates with specialized physicians to ensure a balanced nutrition, according to the latest medical findings in the field.

The work of the nutritionist is very close to that of the dietician, and the role of the nutritionist is assimilated by the dietician, according to Law no. 256/2015, on the exercise of the profession of dietician.(2) The fundamental feature of the two specialties, nutritionist and dietician is that the nutritionist mainly deals with people and groups of healthy people to prevent diseases, while the dietitian focuses further on his work and curative activities for individuals already suffering from problems linked to diet, or that can be helped by recommending a particular diet.

The profession of nutritionist/dietician is legislatively regulated as unique, unrelated to similar ones, whose term is “nutritionist physician”, but which is part of the category of physicians with additional specialization in nutrition (basic medical specialization in diabetes and diseases nutrition), but also by physicians with other specializations (general medicine, endocrinology and others), who have made a specialization in nutrition. The associated risks of this profession have arisen through the provision of nutritional services by individuals, and sometimes even legal persons, with no specialist skills, which prescribe diets, diet and nutritional supplements to all age groups.

Although the theoretical knowledge of scientific nutritional methods is known, the problem arises in putting them into practice. The level of family income, time spent with the child, the toxic life environment, the multitude of gadgets, the destructive behavior of children’s free time lead to a substantial increase in disorganized and chaotic nutrition, which in fact represents the basic factors of childhood obesity. Adding to the above mentioned genetic predisposition and sedentarism, which also make a considerable contribution to the appearance and

development of obesity. Another issue is the transition from kindergarten to child’s school, from a play program, with regular meals to a static program with fluctuating meals, to a change in both eating plan and physical activity plan.(3)

It is very important to keep in mind that the regulation of the Nutritionist profession is based on improving the health and nutrition of mother and child.(4)

MATERIALS AND METHODS

The research has been conducted in Constanța County, over 2 years, covering both urban and rural areas. A qualitative research was carried out as research tools using the questionnaire.

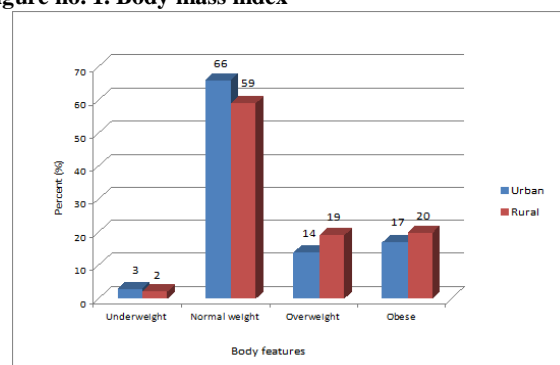
A total of 280 parents, with children between the ages of 10 and 12, participated in the research. The questionnaire contained 32 answer questions of choice and open-ended questions.

RESULTS

In our days, the first clues to the diagnosis of obesity are the measurements that help calculate BMI. This indicates the body weight, but because the inflammatory condition that occurs in obesity leads to co-morbidities associated with this disease, the discordance of these co-morbidities requires many other blood tests that are costly and unfriendly.

Research has shown that both overweight and obese children in urban and rural areas are about 30%.

Figure no. 1. Body mass index



Also, data analysis revealed that 2/3 of the subjects

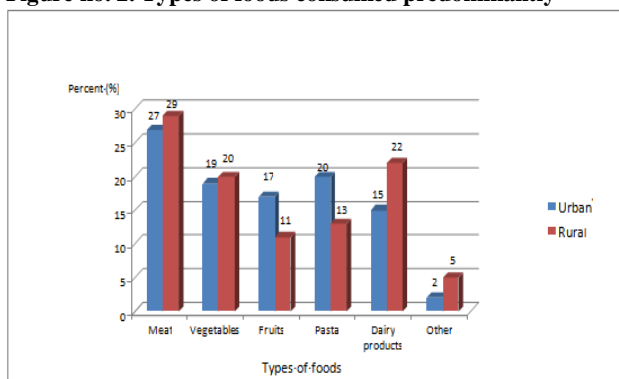
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regularly serve 3 main meals per day, but half of them consume fast food before mass. This indicates that the idea of main meals is inoculated, but it is not associated with the distinction of “quality” foods consumed in conjunction with the age-specific calorie requirement.

The detailed analysis of the meals consumed at the main meals demonstrates the widespread use of the standard structure for sausage, dairy, jam and breakfast bread, soups, soups, cooked meals and salads at the main meal and “light” at the evening meal. However, the fact that 30% of subjects are overweight or obese induces the idea that foods are served in a larger quantity than required; meals are served while the subjects watch TV, phones or play on them, not forgetting to mention that fast food consumed between meals changes the quality of the eating process.

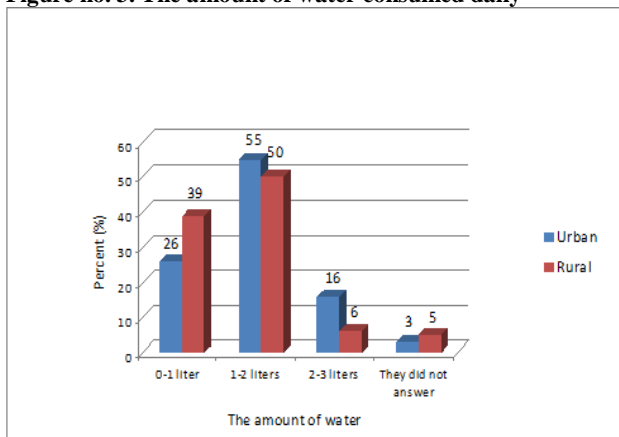
Another perspective offered by the questionnaire data analysis revealed that the main types of foods are present in the children’s daily menu, in a relatively symmetrical distribution.

Figure no. 2. Types of foods consumed predominantly



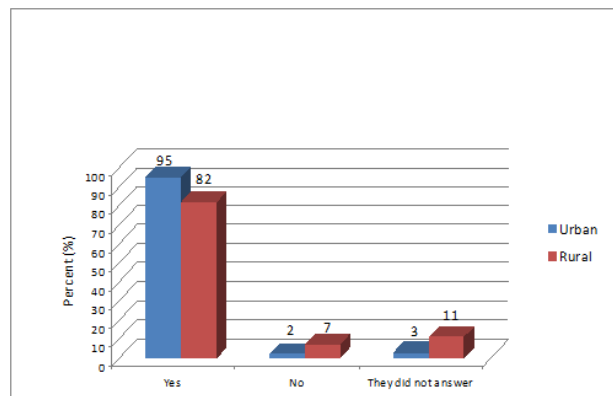
Dehydration is a common problem in children. The risk of dehydration is higher than in adults because children can lose more fluids in a shorter time. Thus, to provide adequate hydration, it is necessary to consume a quantity of 1.5-2 liters of water per day. From the data of this study, 55% of urban subjects and 50% of rural people consume about 2 liters of water daily. It is also relevant that only 1/3 of the subjects participating in the study consume less than 1 liter of water per day.

Figure no. 3. The amount of water consumed daily



A substantial percentage of the interviewed parents positively appreciated the need to develop and implement within the related health services the profession of nutritionist and dietician, regulated by the legislation in force, easily accessible by all social media.

Figure no. 4. The necessity of the Nutrition profession in Romania



DISCUSSIONS

The nutritionist specialist works in health care institutions, personalizing the belts to existing conditions, based on basic nutritional principles, patient history, and latest developments in the field. His duties include preparing menus, supervising and observing food standards, computing energy and biological values of food, establishing and serving distinct food for each patient, supervising the correctness of food preparation, adherence to hygiene rules during meals, informing patients about menu changes during treatment, in order to comply with the rules of balanced nutrition.

The nutritionist/dietician can establish the beginning of a personalized diet, with the medical history of the patient. This personalized diet should contain the calorie consumption related to burns, their distribution over a day, the quantitative level of fats and sugars, the intake of minerals or vitamins in the diet.

Children with fluctuations in weight (underweight, overweight or obese) throughout the growth period have the effect of deteriorating multi-level (physical, mental) quality of life.(5) That is why there is a high degree of this category of children at the age of adolescence/adulthood to develop more easily infectious diseases, diabetes, cardiovascular diseases, digestive disorders, hormonal problems, infertility problems, complications during pregnancy, births premature.(6)

A nutritionist has the competence to develop and establish personalized diets for children, taking into account certain standards of their dietary needs such as lowering sugar (increasing appetite, assimilation in the form of adipose tissue if the child is not subjected to an effort physically high); minimizing the consumption of fried in oil, fatty meat, fast food, sausages; decreasing the intake of pasta and bread (containing fast-absorbing carbohydrates that accumulate in the form of adipocytes); recommending the introduction of more consistent amounts of protein-rich foods and gradually lowering those rich in carbohydrates; the use of spices; combining proteins with carbohydrates; combining proteins with healthy fats.

CONCLUSIONS

The analysis of the data resulted in the prevalence of information, learning and adoption of healthy nutrition rules in the life of the school-age child. Along with the new rules to regulate dietician’s law, the Nutritionist/ Dietician profession is being implemented as a distinct branch. Awareness of this as a profession by the population and the application of the nutritionists in the daily activities will lead to the proper adoption by the population of a balanced and healthy nutritional lifestyle that automatically leads to the decrease of the

prophylactic incidence of illnesses having as a factor the inadequate nutrition. At the social level, the existence of a well-implemented legal/ nutrition profession has the following benefits:

1. Accessibility to the services of a professional;
2. Trust in the person you are teaching, being bound by membership in a college to be aware of the scientific novelties in the field (continuous education);
3. Preventing illnesses that start from inappropriate nutrition;
4. Nutritionally Supported Scientific Information;
5. Education and information programs for the population;
6. Development of specialized studies and nutrition research by specialists.

The nutritionist specialist is specialized in medicine, biology, nutrition, pharmacy or chemistry. Its activities include a wide range of consulting services, namely health centers, hospitals, sanatoriums, health resorts, schools, kindergartens, public or private public catering organizations, charities, research institutes, companies consultants, food companies, grocery stores, etc.

REFERENCES

1. Pîrsean C, Neguț C, Stefan-van Staden R-I, Dinu-Pirvu CE, Armean P, Udeanu DI. The salivary levels of leptin and interleukin-6 as potential inflammatory markers in children obesity. PLoS ONE. 2019;14(1):e0210288. <https://doi.org/10.1371/journal.pone.0210288>.
2. Official Monitor of Romania, part 1, no 825/05.11.2015, <https://lege5.ro/MonitorOficial/monge3tqojqhe/monitorul-oficial-partea-i-nr-825-05-11-2015>.
3. Pérez-Rodrigo C, Aranceta J. School-based nutrition education: lessons learned and new perspectives. Public Health Nutr; 2001.
4. Ministry of Health of Romania, National Health Strategy 2014-2020, Action Plan <http://www.ms.ro/?Pag=13> Accessed on 30.03.2016.
5. Black RE, Victora CG, Walker SP. Maternal and child undernutrition and overweight in low-income and middle-income countries. Lancet. 2013 Aug 3;382(9890):427-451. doi: 10.1016/S0140-6736(13)60937-X. Epub 2013 Jun 6.
6. Han Z, Mulla S, Beyene J, Liao G, McDonald SD. Maternal underweight and the risk of preterm birth and low birth weight: a systematic review and meta-analyses. Int J Epidemiol. 2011 Feb;40(1):65-101. doi: 10.1093/ije/dyq195. Epub 2010 Nov 22.