

What is a Nutritional Lifestyle?

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Note from the Section Editor: Food can be yet one more troublesome part of our PH patients' lives. Providing resources can help them and their caregivers plan, obtain, prepare, and enjoy nutritious meals to optimize the quality of their lives. Registered dietitians are important members of our patients' team. Dr Mueller explains how to guide our patients in accessing information for their unique nutritional lifestyle.

Nourishment, nutrients, food, and eating are intertwined with both the science and pathophysiology of pulmonary artery hypertension; the interplay of these entities is currently unclear. However, it is exciting that basic science researchers are conducting tangential research in animals and astute clinicians in the field are observing intriguing effects in patients' clinical courses.¹⁻⁶

While waiting for the evidence to guide clinical practice, patients and their caregivers must adjust their activities to optimize the quality of their lives as much as possible. Medical nutrition therapy for each patient must be individualized, based on the known or unknown cause(s) of the pulmonary artery hypertension, woven with the patient's past health conditions and life intervening experiences, coupled with the patient's current status.

Food selections, preparation, and eating are crucial components of each and every day. There never is a respite. Generic suggestions generally do not help. Patients and caregivers have specific questions and want specific answers. Some examples: "Who will cook for me when I'm discharged?" "What do I eat today?" "What is the cost of these supplements, formulas, tubes, solutions, and lines?" "Where do I find these special foods and beverages?" "When am I to take my meds and do my treatments—before meals, with meals,

or how many hours after meals? Should this be taken with certain foods, or are there foods I need to absolutely avoid?" "How do I afford to buy healthy foods?" "How can I eat when I'm so worried and exhausted?" "Why am I supposed to eat and drink this, and not that?" Patients and caregivers need to be integral decision-makers for their care. Nowhere is this more important than being in charge of food choices and meal planning to ensure enjoyable eating, each and every day whether this be in a hospital setting, a rehabilitation center, at home, or when traveling.

Health care providers, therefore, need to be able to give specific resources to their patients. Often these resources are overlooked. Knowledgeable people include the chief financial officer of the institution, insurance reimbursement administrators, government and voluntary agencies' eligibility experts, neighborhood groups, as well as relatives and friends. Each can provide specific information and hands-on help. This includes finding the avenues available for providing the patient with sessions with a specialty-trained and experienced registered dietitian; or enrolling the patient (or caregiver) in public or private food programs like home delivered meals or congregate meal cen-

ters; or knowing about (and taking) cooking classes at the local senior center, or high school, or supermarket; or locating food pantries and supermarkets that deliver groceries at convenient times and at affordable prices. Support groups are invaluable since the members already have learned easy tips and tricks about food and eating, while grappling with it all on a daily basis—forever.

Some outpatient centers use bulletin boards for hanging appropriate colorful nutrition posters; display racks for easy-to-read nutrition brochures; and a filing cabinet full of delicious (usually patient-tested and often patient-developed) recipes, store coupons, and pamphlets listing locations and hours of (urban and suburban) farm markets. Some centers have computers and printers available for targeting valid nutrition and food websites, for assessing the nutrient balance of foods consumed (or preferred to be consumed), for watching videos, and for obtaining practical references while patients and caregivers are in the waiting rooms or consulting offices. Some supply suitable snacks for sampling.

Giving the patient and caregiver a travel journal of the written details (words and graphics) of each nutritional prescription is beneficial so the patient can refer to it afterward and show it to family visitors or home agency staff. This is worthwhile both in the inpatient and outpatient settings. Having a conversation about nutrition, foods, and eating is different from writing it down (or recording it) for later reading (or listening or viewing).

Each patient has a nutritional lifestyle. Sometimes a patient lives to eat, sometimes a patient eats to live, and sometimes a patient is in-between. The outcomes lie in the answers to each patient's pertinent questions that start with the words: Who, what, when, how, and why?

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Selected National Nutrition and Food Website Resources

Academy of Nutrition and Dietetics: <http://www.eatright.org>
Center for Nutrition Policy and Promotion: <http://www.cnpp.usda.gov>
Centers for Disease Control and Prevention: <http://www.cdc.gov/>
ChooseMyPlate Food and Nutrient Analysis: <http://www.choosemyplate.gov/>
Dietary Guidelines for Americans: <http://www.health.gov/DietaryGuidelines>
Farmers' Market Locator/usda: <http://search/ams.usda.gov/farmersmarket>
Food and Drug Administration (Food Labels): <http://www.fda.gov/Food/ResourcesForYou/>
Food and Nutrition Service/USDA: <http://www.fns.usda.gov/fns/>
Institute of Food Technologists: <http://www.ift.org>
Meals on Wheels Association of America: <http://www.mowaa.org/>
National Academy Press (Dietary Reference Intakes): <http://www.nap.edu>
USDA Nutrient Content of Foods: <http://www.ars.usda.gov/Services/docs.htm?docid=17477>

(Additional resources are available on regional, state, and local websites.)

All provide free or low cost attractive resources for professionals and consumers.

Some permit individualized adjustments, with credit.

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