
Author

van Kats, Berry
Dietheek
Woerden, Rotterdam
The Netherlands

Title

Dietitians: how to participate in prevention plans decreasing cardiovascular disease risk

Abstract

Cardiovascular diseases (CVD) can be partially prevented or delayed by treating the risk factors for blood vessel abnormalities. The known CVD risk factors are: smoking, unhealthy diet, alcohol consumption, physical inactivity, high blood pressure, too high body mass index (BMI), excessive waist circumference and too high a cholesterol or glucose level in the blood. Cardiovascular care mainly takes place in general practice, where the practice assistant, dietitian, internist, cardiologist, and lifestyle consultant work closely together. A Chain Care contractor arranges this cooperation and ensures that the care happens in the right place: in the first line (i.e. in primary health care) if possible, in the second line (i.e. in the hospital) if necessary.

Dietitians make agreements with multidisciplinary treatment teams about the referral criteria and treatment goals whereby the dietitian can be switched for the treatment of the risk factors of CVD.

The dietitian's treatment goals are to reduce a patient's CVD risk by:

- lowering LDL cholesterol to <2.5 mmol/l
- supporting blood pressure regulation, aiming for a systolic blood pressure <140 mmHg
- reducing body weight in case of overweight/obesity; weight loss aim of 5-15% in the first year and weight maintenance over the next five years
- increasing the intake of vegetables, fruit, whole grain products and omega-3 fatty acids

When the patient visits the dietitian's practice a dietetic research will take place. Based on this research, a diet treatment plan is drawn up. Typically the patient follows 3-6 sessions with the dietitian. In these follow-ups the experiences of the patient with dietary treatment are evaluated. In addition, the patient and dietitian look at the results together. If necessary, the treatment goal is adjusted. The dietitian always reports the results to the treatment team with the consent of the patient.

Key references

- 1) <https://www.nhg.org/standaarden/samenvatting/cardiovasculair-risicomanagement>
- 2) <http://www.artsenwijzerdietetiek.nl/cvrm-en-hartfalen>
- 3) Evaluatie van het Cool-programma. Dr. ir. Hinke Kruijenga NTVD [Nieuws / 01/05/2018](#)

Key messages

- 1) Dietary treatment can achieve equivalent or sometimes even better results in primary cardiovascular risk management compared to medication.
- 2) Personalized nutrition education, following general information, is the most effective way to make the client aware of his options for self-management.

Questions

During round table discussion three questions will be central:

- 1) Are agreements about referral moments to the dietitian also observed in practice? How and how often are patients referred to the dietitian? What is needed to get a good reference?
- 2) What can the dietitian do to ensure that the advice to the patient comes to its fullest as efficiently as possible? How does the patient handle the advice of the dietitian?
- 3) How can general practitioners and practice nurses and dietitians best work together with a view to achieving the best treatment result with high risk CVD patients?