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BEHAVIORAL HEALTH

Choice architecture interventions to change physical activity and sedentary behavior: A systematic review of effects on intention, behavior and health outcomes during and after intervention.

Landais L, Damman O, Schoonmade L, et al. Int J Behav Nutr Phys Act. 2020; https://doi.org/10.1186/s12966-020-00924-7.

The authors assessed microenvironmental choice architecture interventions related to physical activity and their effect on health outcomes. A systematic review of the literature was developed, using 88 studies. Of the studies sampled, 38 were conducted in the United States, 37 in Europe, six in Canada, four in China, and three in Australia. An experimental research design was applied in 33, with 18 using a pretest-posttest design, 11 a factorial design, two a cluster randomization design, one a posttest design, and one a crossover design. A comprehensive search was performed using PubMed, Embase, PsycINFO, and the Cochrane Library from inception through December 13, 2019. Studies were eligible for inclusion if they investigated the effect of a choice architecture intervention on physical activity or sedentary behavior as well as the intention to engage in these; studied an adult population older than 18 years; and contained an experimental or quasi-experimental study design. Studies were excluded if they were not written in English; the population consisted entirely of individuals with a communicable disease, psychiatric disorder, or cancer; or a combination of choice architecture and other behavioral change techniques was used. High heterogeneity between studies with regard to design, intervention characteristics, type of outcome measured, and outcome measure assessment prevented a meta-analysis. Data were extracted narratively by summarizing the characteristics, quality, and findings of the included studies. The synthesis was structured around the choice architecture techniques identified and their effectiveness. The authors report that findings suggest that prompting can effectively encourage stair use in adults.

BUSINESS & INDUSTRY

Barriers and facilitators to implementation of menu labelling interventions from a food service industry perspective: A mixed methods systematic review.

Kerins C, McHugh S, McSharry J, et al. Int J Behav Nutr Phys Act. 2020; https://doi.org/10.1186/s12966-020-00948-1.

The investigators synthesized existing research on the perceived barriers and facilitators to implementation of menu labeling interventions from the perspective of the food service industry and mapped these to the Consolidated Framework for Implementation Research (CFIR) constructs. A systematic review was designed to address this question, using a sample of 17 studies. The sample contained eight studies using quantitative data collection methods, seven using qualitative, and two using mixed methods. Two studies used an explicit theory, the Diffusion of Innovation Theory. Inclusion criteria included samples representing direct supply-side stakeholders with a role in menu labeling implementation; interventions with no menu labeling format; all primary research studies using qualitative, quantitative, or mixed methods approaches; no restrictions on language or publication year; and outcomes measuring any barrier or facilitator to the implementation of menu labeling. Exclusion criteria were samples using demand-side stakeholders and indirect supply-side stakeholders, policy makers, guideline developers, health professionals; and interventions using menu labeling as part of a multicomponent intervention. The investigators searched PubMed, EMBASE, Cochrane Library, and the World Health Organization International Clinical Trial Registry Platform from 1988 through May 2019. Combinations of search terms included resistant starch, resistant maltodextrin, resistant dextrin, indigestible dextrin, indigestible starch, high amylose starch, slowly digestible starch, inflammation, C-reactive protein, and tumor necrosis factor. Researchers used the Jadad Scale and the Downs and Black assessment tools to evaluate quality. Funnel plots were used to visually inspect for publication bias along with Begg’s rank correlation and Egger’s linear regression tests. All analyses were performed using Stata software. The researchers reported evidence suggesting that higher consumption of resistant starch caused a significant reduction in the interleukin 6 and tumor necrosis factor alpha. However, no significant changes were found in the C-reactive protein concentration factors.

CULINARY

Food groups and the likelihood of non-alcoholic fatty liver disease: A systematic review and meta-analysis.

He K, Li Y, Guo X, et al. Br J Nutr. 2020; https://doi.org/10.1017/S0007114520000914.

The authors assessed the relationship between 11 food groups and
A systematic review and meta-analysis was designed, using a sample of 24 studies. The sample contained 15 cross-sectional and nine case-controlled studies. Seventeen of the studies were conducted in Asian nations, five in European nations, and two in the United States. An electronic search was conducted in the MEDLINE, Embase, and Web of Science databases without restrictions to time or language, using words and terms surrounding NAFLD and the targeted food groups: Refined grains, whole grains, red meat, fish, vegetables, fruits, dairy products, legumes, eggs, nuts, and soft drinks. Inclusion criteria included adult participants; observational studies that investigate food groups in relation to likelihood of NAFLD; and diagnosis of NAFLD. Excluded were animal studies; adolescents or pregnant women; present hepatitis B surface antigens, antibody against hepatitis C or human immunodeficiency virus; excess consumption of alcohol; and diagnosed malignancy. The authors employed the PICO format (population intervention, comparison, outcome) in considering the relationship between the individual food groups and NAFLD. Statistical analysis was performed using Stata version 15.1 (StataCorp, 2017). The authors report findings that included a positive association between red meat consumption and NAFLD, as well as with soft drinks. An inverse relationship was found with nut consumption.

**NUTRITION SUPPORT**

Enteral nutrition protects children undergoing allogeneic hematopoietic stem cell transplantation from bloodstream infections.

Zama D, Muratore E, Biagi E, et al. Nutr J. 2020; https://doi.org/10.1186/s12937-020-00537-9.

The researchers evaluated the role of enteral nutrition (EN) in clinical and nutritional outcomes in pediatric Allogeneic Hematopoietic Stem Cell Transplantation (allo-HSCT) recipients and considered the impact of nutritional support on the main complications. A cross-sectional study was designed to address this question, using a sample of 42 participants. The sample had a mean age of 131.3 months and was 42% male. Participants were consecutive patients undergoing allo-HSCT for either malignant or nonmalignant disease within a hospital pediatric unit in Italy between January 2016 and July 2019. The sample was grouped into patients receiving EN for more than 7 days (n = 14) and those who received it for fewer (n = 28). To assess the effect of nutritional support on clinical and nutritional outcomes, data points were recorded from admission to discharge. Neutrophil and platelet engraftments, oral mucositis occurrence, and acute graft-vs-host disease were measured by training clinicians. Venocclusive disease, bloodstream infections, and body weight throughout the process were also documented. Qualitative variables were compared using Fisher’s exact test, and means were compared using the t test corrected in unequal variances. Variables associated with the incidence of outcomes were studied using univariate and multivariate analyses. The researchers report findings suggesting that EN is a feasible and nutritionally adequate method of nutritional support considering the clinical outcomes, although body mass index was no different between the two groups.

**PEDIATRIC**

Effectiveness and cost-effectiveness of The Daily Mile on childhood weight outcomes and wellbeing: A cluster randomized controlled trial.

Breheny K, Passmore S, Adab P, et al. Int J Obes. 2020; https://doi.org/10.1038/s41366-019-0511-0.

The researchers evaluated the clinical and cost effectiveness of an exercise
intervention on obesity prevention in schoolchildren relative to other health and well-being activities within schools. A cluster randomized controlled trial using 40 schools and 2,280 children was designed to address this question. The sample was pulled from all state-funded primary and junior high schools located in South Birmingham, England, with a minimum of 20 students. Children with disabilities preventing them from walking or running 15 minutes were excluded, as were those unable to have height and weight measured at baseline. The sample of students analyzed was 47.5% female, with a mean age of 8.9 years. Participating schools were randomized to either control or intervention. The intervention contained a total of 1,153 participants and assigned The Daily Mile, which was conducted by way of The Daily Mile website. Participants were taken from the classroom each day and allowed to either run or walk around a predefined route for 15 minutes, estimated to be a distance roughly equal to a mile. Participants were empowered to set their own pace. The 1,127 control participants received no active intervention. Primary outcome measure was body mass index z-score at the 12-month follow-up, with secondary outcomes being fitness and body fat percentage at the 4-month, then reported quality of life and teacher-rated academic attainment. Statistical analysis was conducted, using Stata version 13 (StataCorp, 2013). The researchers reported The Daily Mile had a small but nonsignificant effect on BMI z, greater in girls than boys.

PUBLIC HEALTH

Assessing diet in a university student population: A longitudinal food card transaction data approach.

Moms M, Wilkins E, Galazoula M, et al. Br J Nutr. 2020; https://doi.org/10.1017/S000711
4520000823.

The investigators aimed to study the utilization of food purchase transactions from all students living in catered residence halls and examined the differences between demographic characteristics across dietary patterns. A longitudinal study was designed to address this question, using a sample of 795 students who collectively conducted 107,723 transactions. The sample was derived from first-year students at the University of Leeds in the United Kingdom living in on-campus, catered residence halls. Students younger than 18 years or older than 24 years were excluded from the study. The sample was 53.7% female, with 49.3% age 18, 27.8% age 19, and 19.2% between 20 and 24. Investigators extracted food card data for the first semester of years between September 2016 and 2018. Food card data were used to derive 651 unique items. To explore demographic differences across dietary patterns, food card records were linked with university-held data on age and sex. Dietary patterns were clustered into groups: vegetarian; omnivores; dieters; dish-of-the-day; grab-and-go; carb lovers; and snackers. All data analysis and visualization were carried out using R Studio version 1.1.453 (R Studio Team, 2018) and R 3.5.0 (R Foundation, 2018). The investigators reported that females were significantly more likely to participate in the vegetarian and dieter cluster, with students older than 20 representing a high proportion of omnivores.

RESEARCH

Are obstructive sleep apnea and sleep improved in response to multidisciplinary weight loss interventions in youth with obesity? A systematic review and meta-analysis.

Roche J, Isacco L, Masurier J, et al. Int J Obes. 2020; https://doi.org/10.1038/s41366-019-0497-7.

The investigators hypothesized that multidisciplinary weight loss interventions will effectively reduce obstructive sleep apnea (OSA) indicators such as the apnea-hypopnea index, oxygen desaturation index, and obstructive apnea-hypopnea index, and in improving sleep duration and sleep architecture. A systematic review and meta-analysis was designed to address this hypothesis, using a sample of 10 studies, with all 10 featured in the qualitative analysis and seven in the meta-analysis. The total sample contained 962 participants, 342 youth identified with OSA and 620 without OSA, and 35.4% male. All 10 were uncontrolled intervention studies. The investigators used PubMed, CENTRAL, and Embase search engines for studies providing pre- and post-multidisciplinary weight loss interventions results for OSA and overall sleep in youth. Searches were conducted between February 1 and May 10, 2019. Randomized controlled trials and uncontrolled interventional studies were eligible based on criteria including patients aged between 10 and 19 years; supervised multidisciplinary intervention including both diet and exercise training; no use of continuous positive airway pressure; both pre- and post-intervention results; and at least one of the most common OSA parameters. Studies published in English or French were accepted. The initial search yielded 841 studies, with two additional records identified through other sources. The pool was narrowed to 10 based on criteria. The Cochrane risk of bias tool was used to assess risk of bias. Statistical analyses were conducted using Stata software. The investigators reported evidence suggesting a decrease in OSA prevalence post-intervention and significant reductions in apnea-hypopnea index, as well as oxygen desaturation index.

WEIGHT MANAGEMENT

Comparison of dietary macronutrient patterns of 14 popular named dietary programmes for weight and cardiovascular risk factor reduction in adults: Systematic review and network meta-analysis of randomized trials.

Ge L, Sadeghirad B, Ball G, et al. BMJ. 2020; https://doi.org/10.1136/bmj.m699.

The authors assessed the effectiveness of 14 different dietary programs and macronutrient patterns among adults who are overweight or obese. A systematic review and meta-analysis was performed for this study, using 121 eligible trials with 21,942 patients. The sample of participants across the studies had a mean age of 49.0 years, a median of mean body mass index (BMI) of 35.0, a median of mean weight of 92.9 kg, a median proportion of women at 69%, and a median intervention duration of 26 weeks. The authors searched Medline, Embase, CINAHL (Cumulative Index to Nursing and Allied Health Literature), AMED (Allied and Complementary Medicine Database), and the Cochrane Central Register of Controlled Trials (CENTRAL) through September 2018. Search terms included controlled vocabulary and keyword searches related to randomized controlled trials, diets, weight loss, and cardiovascular risk factors. Eligible studies included randomized adults older than age 18 who were overweight (BMI of 25-29) or obese (BMI over 30) to an eligible popular named diet or alternative active or non-active control diet, reported weight loss, changes in lipid profile, blood pressure, or C-reactive protein levels at 3 months’ follow-up or longer. Reviewers focused on two sets of outcomes: weight loss and related markers of cardiovascular disease risk at the 6- and 12-month follow-ups. Statistical analysis was performed using Stata version 15.1 (StataCorp, 2017). The authors report, among other findings, significant weight and blood pressure reduction among Atkins and Zone diets.

WOMEN’S HEALTH

Hypothetical lifestyle strategies in middle-aged women and the long-term risk of stroke.

Jain P, Suemoto C, Rexrode K, et al. Stroke. 2020; https://doi.org/10.1161/STROKEAHA.119.026761.
The authors estimated the effects of lifestyle on stroke risk. A longitudinal study was designed to address this issue, using a sample of 59,727 participants. The sample was taken from the Nurses’ Health Study, a longitudinal study using a food frequency questionnaire, and surveys beginning in 1976 with 121,701 nurses aged 30 to 55 years, which was followed up every year via questionnaires. The authors excluded participants with missing data. Participants were drawn from those participating through June 2012 or diagnosis of stroke or death. The sample had a mean age of 52 years at baseline and was 95% white, 100% female, and 92% married. In addition to other medical events, at each questionnaire period, participants were asked whether they had a physician-diagnosed stroke. Diet was measured using a validated 131-item food frequency questionnaire, and surveys containing a novel alternative to anabolic steroids.

Quality of meals consumed by US adults at full-service and fast-food restaurants, 2003-2016: Persistent low quality and widening disparities. Lju J, Rehm C, Michca R, Mozaffarian D. J Nutr. 2020;150(4):873-883.

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Diagnosis and management of obstructive sleep apnea: A review. Gottlieb D, Punjabi N. J Am Med Assoc. 2020;323(14):1389-1400.

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CONSULTATIVE & PRIVATE PRACTICE
You can’t touch... or can you? Dietitians’ perceptions of expressive touch in client encounters.
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Asking young children to “do science” instead of “be scientists” increases science engagement in a randomized field experiment.
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How a malnutrition quality improvement initiative furthers malnutrition measurement and care: Results from a hospital learning collaborative.
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FROM THE ACADEMY

PUBLIC HEALTH

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WOMEN’S HEALTH

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