

DEVELOPMENTAL ISSUES

A publication of
Dietetics in Developmental and Psychiatric Disorders (DDPD)
A dietetic practice group of the American Dietetic Association

Summer 2003

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DevelopMental Issues is published quarterly (Winter, Spring, Summer, Fall) as a publication of *Dietetics in Developmental and Psychiatric Disorders*, a dietetic practice group of the American Dietetic Association.

The views expressed in this publication are those of the author and are not necessarily those of the American Dietetic Association.

Articles about successful programs, research interventions, evaluations and treatment strategies, meeting announcements and information about educational programs are welcome and should be sent to the editor by the next deadline.

Future Deadlines

Fall August 17, 2003

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Healthy Living: A Novel Weight Control Program for Overweight and Obese Seriously and Persistently Mentally Ill Adults on Atypical Antipsychotic Medication

Maria Sakowitz, R.D. and Betty Vreeland, MSN, RN, NP-C, CS.

The following is a summary of the information presented at a poster session at the Food & Nutrition Conference & Exhibition of the American Dietetic Association's convention in Philadelphia in October, 2002. The specific nutritional interventions were written by Maria Sakowitz, R. D. in detail for assisting other registered dietitians with teaching their clients. The body of information was written by the Principal Investigator of the research project, the advanced practice nurse, Betty Vreeland, MSN, RN, NP-C, CS.

Atypical antipsychotic medications have revolutionized treatment for individuals with serious mental illness. However, weight gain secondary to medication, and the complications associated with weight gain, have been receiving critical attention. There is little known about how to manage this problem.

Interventions to deal with excess weight in patients with psychiatric disorders such as schizophrenia or

schizoaffective disorder are beginning to emerge and require special attention. These illnesses are frequently accompanied by deficits in attention, motivation and memory that could directly impact their ability to benefit from weight reduction programs. However, data have been emerging to suggest that adults treated with atypical antipsychotic medications can benefit from both weight gain prevention strategies and weight loss interventions

Wirshing et al. reported success utilizing a step-wise approach for patients who gained weight on atypical antipsychotics. Patients with the most difficulty maintaining their weight were referred to a "Wellness Clinic," which involved a rigorous evaluation of both exercise and dietary habits. Additionally, education, exercise, and group support were added if an initial referral to the nutritionist was not successful. The authors reported that clozapine's effect on weight gain was sustained and

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From the Chair

Susan S. Zabriskie RD, MS

Working with people who have developmental and psychiatric disorders has been a privilege I've had for almost nine years. I live and work in Watertown, New York at the Jefferson Rehabilitation Center, an agency for people with developmental disabilities. I assume that many of you have shared my experience of having friends express that they could "never work in a place like that," indicating in some way that it would be too much of a heartbreak to spend the day with people who are in one or many ways limited. The low expectations that people have of those who are disabled is their greatest barrier. My work with developmentally disabled adults brings me in regular contact with an almost daily round of smiles, hugs, and pleasant conversation—people who share their feelings openly and have very full lives that include jobs, responsibilities, family and friends. They do not see tragedy in their days, nor do the people whose lives they share. My guess is that many of the adults who "could never work there" would have trouble imagining that. One of the young women in our agency recently told me, I hate being told I can't ____". She knows she is fully entitled to try whatever experiences intrigue her and as a JRC client she gets many opportunities to travel, work and engage in community activities. Many adults with developmental disabilities are denied that chance.

I hope that we get a chance to talk with each other at FNCE 2003 in San Antonio. This year our practice group business meeting will include a breakfast and program sponsored by Dupont Protein Technologies. Our speaker, Dr. Amy Rothenberg will address the topic of PMS-related mood disorder in her talk, "OK Hand Over the Chocolate and No one Gets Hurt!" It will be a lively and informative program and a great chance for us to get together!

As a relatively small practice group DDPD has had a strong core of members who have worked in this area for many years. I have had the chance to meet some of you and I am always impressed by the intelli-

gence and competence of our members. Two of our board members have been very influential for me and I am profoundly gratified that they consider me a colleague: Ruth Ann Foiles and Judith Amundson. Their level of professionalism and commitment to dietetics continues to guide my efforts in every area of practice. I would not feel at all able to serve as chair were these mentors not available to me at this time. So to Judith and Ruth Ann, thank you! I encourage all of you to learn from their examples by continuing your professional growth and by sharing you thoughts and experiences with our practice group.

Many of our members have devoted themselves to a specific area of practice that would qualify them as experts in their subspecialty—please let us know you are out there. This communication will soon be facilitated: in an effort to bring us in closer contact as professional colleagues we will initiate a DDPD listserv. Our webmaster, Lynn Grieger has been working to get this in place and it will be given a six month trial to see how well it is utilized. Because we are relatively small in number it should not become burdensome. Hopefully just the opposite—that it will enable us to connect with each other in times of a professional need.

Thank you for entrusting the role of DDPD chair to me this year. Mary Ellen Posthauer has been a wonderful chair for us this past year. It has been a delight to work with her and it will be a challenge to follow in her footsteps.

Working with developmental and psychiatric disorders is not without frustration. But as difficult as the work can be at times, it is also rewarding, and quite often a source of joy. The sacred purpose of each of our lives is absolutely equal. We are elevated as a profession and as a community when we include people of every ability in our policies and positions relating to all aspects of health care. There is really nothing heartbreaking about disability unless you forget that.

unresponsive to interventions, whereas the weight gain associated with olanzapine use was somewhat reversible with dietary and other behavioral interventions. Another retrospective study suggested that body weight in patients switched to an atypical antipsychotic could be controlled with diet and education (Aquila R., Emanuel, M.). Preliminary findings from another small pilot program further suggest that psycho educational interventions may prevent or limit atypical antipsychotic induced weight gain (Littrel et al.).

The National Heart, Lung, and Blood Institute (NHLBI) have developed Clinical Guidelines of the Identification Evaluation, and Treatment of Overweight and Obesity in Adults. Treatment of the overweight or obese patient is a two-step process: assessment and treatment management. Assessment includes assessing the body mass index (BMI), diet, waist circumference, risk status, and motivational level. Recommended treatment and strategies for weight loss and weight maintenance include modifications in diet, behavior, and physical activity. According to the guidelines, combined therapy, incorporating all three approaches is the most successful strategy for achieving weight loss and weight management. Other research findings also advocate the implementation of interventions to encourage weight control, healthy foods, and physical activity.

Research indicates that weight loss in overweight and obese individuals can effectively reduce the risk of complications associated with obesity, including diabetes and cardiovascular disease (CVD) and certain cancers. In addition, weight

loss reduces serum triglycerides and increases high-density lipoprotein cholesterol (HDL), and generally produces some reduction in total serum cholesterol and low-density lipoprotein cholesterol (LDL). Weight loss reduces blood glucose levels in overweight and obese person's potential of physical fitness as a rehabilitation intervention for persons with a severe mental illness. Faulkner and Biddle, in a review of the literature, found that exercise is a useful adjunct treatment in schizophrenia, improving negative systems in addition to depression and anxiety. Additionally, the use of exercise as a coping strategy for positive symptoms, such as auditory hallucination was suggested. There is also evidence to suggest that exercise improves mood, psychological well-being, self-esteem, and some work-related behaviors, and decreases depression, anxiety and stress. However, few data are available regarding the impact of an exercise program on these variables in patients with serious mental illness.

The Healthy Living Program was developed and designed to assist individuals with schizophrenia and schizoaffective disorders to make long-lasting lifestyle and behavioral changes that would affect weight loss and overall health. This pilot study tested the hypothesis that subjects who participated in a structured weight control program would lose more weight than patients who received only psychiatric care as usual.

METHODS

Thirty obese subjects with schizophrenia, with atypical antipsychotic-induced weight gain, from two partial care programs at the University of Medicine and Dentistry of New

Jersey-University Behavioral HealthCare in New Jersey participated in a 12 week, multi-modal weight control program. The criteria for participation in the study was a diagnosis of DSM-IV Schizophrenia or Schizoaffective disorder; a BMI of 26 or greater; on atypical antipsychotic medication; have a weight gain due to atypical antipsychotic medication; a self-reported weight gain of 5 pounds or more within 2 months of beginning the atypical medications. Measures of BMI, weight, hunger level, exercise level, nutrition and exercise knowledge, and were compared from baseline to endpoint. In addition, weight and BMI changes from 15 patients in a comparison, non-intervention, "treatment as usual" group were compared with pilot findings. In the intervention group were compared to changes in a non-intervention group.

THE INTERVENTION

A registered dietitian and an advanced practice nurse ran the pilot program at the two facilities along with two RNs at each of the partial care centers. As the registered dietitian in charge of teaching the nutrition classes, I wanted to directly involve the clients in the learning process. Knowing the effects of the multiple medications that they were on, they easily fell asleep if I just gave a didactic lecture with handouts. The 12 week session has 10 nutrition education classes (the first and last classes were used for the nutrition pre/post-test and all other materials that had to be filled out. For the actual nutrition classes I had the clients sit around a very large table rather than sit in chairs around the room. I had their attention and they all tried to participate. When I

did the class on fats in the diet I used a can of Crisco and empty snack bags of potato chips, cheese doodles, nachos, pretzels, etc. The clients, after the initial demonstration by myself, read to labels on the snack bags and I portioned out the amount of fat using the Crisco for each of their choices. When I did the class on portion control for carbohydrates, I brought in actual bowls of cooked rice, pasta and noodles. The clients portioned out the amount of food that they would take normally, and in their measuring cups, they measured the amounts of food that they took. I then converted this into carbohydrate servings and pointed out how to reduce caloric intake by cutting the size of the portions in half. I did the same with the sugar and salt lessons using the Nasco test tubes of sugar and salt for different foods. Like any other clients, they are amazed at how much sugar is in a can of soda and how much fat 15 grams really is!! They do not forget this picture so fast. Not only did they SEE the amounts of salt, sugar and fat that they were consuming, the hands-on work kept them busy and too interested to fall asleep. Half-way through the class I asked them to rise from the table to stand up. At first, they all balked, but did as I requested. I then had them raise their arms up and down 10 times. They really did not want to do this, but again, they did as I requested. After 3 or 4 classes, they were interrupting me and asking when they were going to get up and exercise! How quickly they learned as a group! After class they talked to their friends in the program and told them about what they learned and enjoyed the routine. Before long, many other clients in the day pro-

gram wanted to be part of the Healthy Living Project.

RESULTS

27 of the 31 subjects completed the intensive 12 week program. Weight and BMI measure were significantly lowered in the intervention group by a mean of 5.9 pounds and a BMI of 0.96. Significant improvement in hunger level, exercise level and knowledge of nutrition were also observed. The 15 clients in the non-intervention group had a mean weight gain of 6.4 pounds and a mean increase in BMI of 1.2. This difference was statistically significant.

CONCLUSION

Individuals with schizophrenia and schizoaffective disorders were able to attend and benefit from an intensive weight control program. The Healthy Living Program was able to affect exercise habits, hunger levels and knowledge of nutrition and exercise which resulted in a significant decrease in weight and BMI. However, clients who do not receive weight intervention continue to gain weight. Professionals treating individuals who are on atypical antipsychotic medications should educate and encourage clients to engage in weight control activities.

Although data has been emerging to suggest that professionals treating patients with psychotropic medication associated weight gain should be assisting them with weight management activities, many mental health care professionals either do not believe that this is an area in their domain or think that they have a lack of knowledge skill to adequately address the issue. These are valid concerns. However, the clients need constant reinforcement week after week to use their newly

learned skills. A visit or two with an RD would not work with this population. The staff should include a registered dietitian familiar with this population to provide the nutrition component of a program.

The authors would like to gratefully acknowledge the contributions of Riva Touger-Decker, PhD, RD, FADA, Diane Rigassio Radler, MS, RD, CDE; Carol Brooks, RN, C; Sandra Kennedy, RN, C, BSN; Jill Shell, RN, C BSN; and Sondra Soskel, RN, CSW; Shula Minsky, EdD; Mathew Menza, MD; Robert Stern, MD.

Maria Sakowitz is self-employed with Nutrition Associates of East Brunswick, Inc. in central New Jersey. Her specialty is teaching nutrition to clients on a one-to-one basis and in group classes. You can learn more about these programs from visiting Maria's website, www.weightbetterhealth.com.

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Resource Networks

Do you have expertise in a specialized area of practice? Our resource professionals would like to include you in their network. Perhaps you've had success with a technique you've devised for working with bulimia, or have excellent teaching materials for working with the developmentally disabled population. Maybe your expertise in a psychiatric hospital has focused on a particular disorder or has given you a unique perspective. If so, please contact Melissa Altman-Traub at nutrisolutions@aol.com to be connected with the appropriate resource professional.

New Listserv

Lynn Grieger, DDPD Web Chair

DDPD is excited to announce a new member benefit - participation in a listserv (Electronic Mailing List) dedicated to the four different practice areas of DDPD. The listserv will replace the member forums option on our website, and gives members a quick and easy method to share information and ideas. Membership in the listserv is voluntary. To subscribe, follow these directions:

Send an email message to imailsrv@ddpd.org with the following in the body of the message (remove the < > brackets):

```
subscribe ddpdlist <Your Full Name>
```

To unsubscribe from the list: send an email message to imailsrv@ddpd.org with the following in the body of the message (remove the < > brackets):

```
unsubscribe ddpdlist <Your Full Name>
```

A very small percentage of users' Internet service providers (ISPs) may block incoming messages from the DDPD Electronic Mailing List (EML). If you subscribe and don't receive a confirmation of subscription or email messages from the list, your ISP may be blocking you. If this happens, either contacting your ISP directly, or use a third party email service (eg. yahoo mail, hotmail, etc.) to receive EML messages.

Everyone using the EML should employ antivirus software on their computer (e.g. Norton, McAfee) with up-to-date virus definitions to prevent spread of viruses via the EML.

Remember that the web site is www.ddpd.org. To access the members-only area the username is DDPD and the password is `ddpd_visitor`.

If you have questions about the listserv or our website, please contact Lynn at lgrieger@adelphia.net

From the Editor

Melissa Altman-Traub MS, RD, LDN

Some days, the struggles in our chosen profession can be great. How can I get new employees to care about how they feed clients? How can I encourage clients and staff to eat better, stop smoking, and exercise? Are the right portions being served on evenings and weekends? What was substituted when the purvey-or shorted us on an entrée? What is the diet for G6PD? What else can we do so this client doesn't have to have a feeding tube?

We are often the only dietetics professional in our

facilities. So let's come together and help each other. Between our resource professionals who you can always email or call for questions, to our web site, the helpful resources we work to provide for you in the newsletter, educational programs, the free audio-visual lending library, and the new list serv, we hope this organization offers you the supportive community we all need to truly improve the health and lives of those around us.

Please take a few moments today to complete and return the member survey. This is an essential planning tool to help us continue to serve you in the coming year.

Best wishes for a fabulous summer!

2003 Food & Nutrition Conference & Expo (FNCE) Activities

Saturday, October 25

8:00 a.m. - 2:00 p.m. *Executive Committee Meeting,*
Marriott Riverwalk Hotel, San Antonio

Monday, October 27

7:00 am - 8:00 am DDPD Breakfast meeting
OK, Hand Over the Chocolate and Nobody Gets Hurt!
Marriott Rivercenter, San Antonio

Monday, October 27

10:45 a.m.-12:30 *DPG Showcase*
Henry B. Gonzalez Convention Center in San Antonio

2:00-3:30 pm DDPD Session

Weight Management and Nutrition Considerations with Use of Psychotropic Drugs

OK, Hand Over the Chocolate and Nobody Gets Hurt!

Mark your calendar and plan to attend this entertaining and informative talk at FNCE 2003! DDPD presents Dr. Amy Rothenberg, who will address the topics of PMS and menopause at a breakfast sponsored by Dupont Protein Technologies. This session will be Monday, October 27, 2003, 7:00 am - 8:30 am at the San Antonio Marriott Rivercenter. Please reserve spaces in advance by sending a message to Susan Zabriskie at wezy4@yahoo.com or call 315-788-2730 ext. 1237. This is a breakfast you will not want to miss!

Join us in San Antonio at the FNCE DDPD Session

Monday, October 27, 2003

2:00 pm - 3:30 pm

Henry B, Gonzalez Convention Center

Weight Management and Nutrition Considerations with Use of Psychotropic Drugs

It can be a challenge to provide effective nutrition therapy to those who are prescribed psychotropic medications. Come to the DDPD education session to enhance your scientific background and professional skills with guiding patients who are dealing with mental or emotional disorders.

Speakers:

Dr. James Jefferson, Clinical Professor of Psychiatry

Marilyn Ricci, MS, RD, nutrition educator with a parent's perspective as well

Zaneta Pronsky, MS, RD, author of Food Medication Interactions

FNCE sessions will also be audio-taped for those unable to attend the conference. ADA members can purchase the audiotapes after FNCE and the tapes are pre-approved for Group Learning Continuing Professional Education (CPE).

These Dietetics in Physical Medicine and Rehabilitation FNCE activities may also be of interest to you:

Monday, October 27

- 4:00-5:30 p.m. Spinal Cord Injury (SCI): Evidence Based Practice
- 6:30-8:15 p.m. Tour of the South Texas Veterans Health Care System SCI Center

Additional Opportunity Immediately following FNCE Session:

Monday, October 27

- 6:30-8:15 p.m. Spinal Cord Injury Program & Tour of the South Texas Veterans Health Care System Spinal Cord Injury Center, San Antonio

****ADVANCE SIGN-UP REQUIRED!****

Submit enclosed application. DPM&R members with postmarks before September 15th will have cost partially offset by grant by Aramark Corporation. (Due to security no on-site registration will be accepted)

- 5:45 p.m. Bus leaves convention center for South Texas VA
- 6:30-6:45 p.m. Pick-up box dinner and beverage
- 6:45-8:15 p.m. Program
- 8:15-8:45 p.m. VA SCI unit tour
- 8:45 p.m. Board bus back to headquarters hotel

Spinal Cord Injury (SCI): Evidence Based Practice

CPE Level II CPE Learning Code: 5300

Speakers:

- Angela Paison, RD, VA Boston Healthcare System, West Roxbury, MA
- Kathy Bartco, RD, Metro Health Medical Center, Cleveland, OH
- Evelyn Phillips, RD, Magee Rehabilitation Jefferson Health, Philadelphia, PA

Impact of High Altitude on Spinal Cord Injury Patients

Speaker: Mark Fredrickson, MD

This presentation will cover how the VA prepared 2 individuals with SCI to travel up Mount Everest. Dr. Fredrickson, a physiatrist and former social worker, studied at UC-Berkley, the University of Wisconsin, and the University of Texas-San Antonio. He is an expert in the area of spinal cord injuries and diseases.

Insulin Resistance Syndrome and the Spinal Cord Injured Patient: The Ticking Time-bomb

Speaker: Dorian Wilkins Foster, MS, RD, LD, CDE

Dorian Wilkins Foster, a former Peace Corps Volunteer, joined the South Texas VA and the SCI team over 10 years ago. After studying at Baylor University and Texas Woman's University, the SCI Center was the perfect fit for her interests in the prevention and treatment of type 2 diabetes, rehab and sports.

DPM&R Thanks the South Texas Veterans Health Care System for providing their facilities and speakers for the evening program and Aramark Corporation for providing a grant to help offset some of the costs.

Advance Registration Required - Postmarked by September 15th!

DPM&R Registration for Spinal Cord Injury (SCI) Program & Tour of the South Texas Veterans Health Care System SCI Center, San Antonio Monday, October 27

Name: _____ Credentials: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____ e-mail: _____

Check appropriate boxes: DPM&R Member: \$10 enclosed Non-DPM&R Member \$20 enclosed

Select box dinner selection: Grilled Chicken Salad Pasta Primavera Salad

Make checks payable to: The American Dietetic Association DPG#25

Send to: Anna Davis, RD, LD, HealthSouth Mount View Rehab, 1160 Van Voorhis Road, Morgantown, WV 26505

Note: Space limited; acceptance based on postmark. Event will be cancelled if less than 25 registrants. Confirmation e-mail with further information will be sent after October 6th. No refunds will be given after October 6, 2003.

Legislative Report

Daria Polanchik RD

I attended ADA's Public Policy Workshop on March 18-20th. A succession of national leaders told us that nutrition issues are moving center stage for consideration and action. I was part of a group that presented my Congresswoman, Nita Lowey, with an ADA legislative award.

ADA's agenda is:

- Aging
- Child Nutrition
- Medicare MNT/Medicare reform
- Nutrition Monitoring
- Nutrition Research
- Obesity
- State Government Issues

A broad array of food, nutrition and health priorities is prompting ADA to seek legislative champions for its agenda. No longer can ADA rely on a simple slogan to represent its food, nutrition, and health agenda. In a document delivered to Capitol Hill, ADA identified six steps for elected officials to take. The cost of these measures individually and cumulatively is low relative to other program areas.

The six steps are:

- Cosponsor the Medicare Medical Nutrition Therapy Amendments Act of 2003 - H. R. 1225 or S. 632.
- Seek amendments to obesity legislation to reflect the important and unique role dietetics professionals play and to declare obesity a disease, then co-sponsor the IMPACT bill H.R. 716 or its companion Senate bill.
- Support initiatives to double human nutrition and food safety research funding over the next five years.
- Improve school nutrition environments to help children make sound choices for healthy eating and physical activity. Place trained professionals in school nutrition programs by amending the Child Nutrition Act.

- Make disease prevention a key strategy in US health care and include nutrition in Medicare and Medicaid disease management pilot project.
- Advocate full funding of the National Health and Human Nutrition Examination Survey (NHANES) under the USDA appropriation bill.

US Surgeon General

US Surgeon General Richard Carmona spoke at the ADA PPW. It was a very busy day for him - we were on the verge of war. Dr. Carmona rearranged his schedule to honor his commitment to speak to ADA. He called obesity the terror within. Dr. Carmona said that "unless the US acts now to address obesity among children and adults, the long term health consequences and attendant costs will overwhelm the nation's ability to pay for them and other priorities. Needless to say, he was a very dynamic speaker and well received by the audience.

Medicare MNT/Medicare reform

MNT WORKS! It is a cost effective strategy for disease management.

ADA wants to amend the Medicare Medical Nutrition Therapy Act to include heart disease. The House Bill is H.R. 1225 - the Medicare Medical Nutrition Therapy Amendment Act of 2003. If your member of congress is not already a co-sponsor, please write to or visit them and ask them to be a co-sponsor. If your member is on the Energy and Commerce or Ways and Means committee, ask them to help get the bill included as part of a larger Medicare reform or Medicare prescription drug bill.

Senator Larry Craig, (R-Idaho) and Senator Jeff Bingham (D-CA), introduced a companion bill on March 18th (during the PPW) - the bill number is S.632 - the Medicare Medical Nutrition Therapy Amendment Act of 2003. This is a new bill. Even if

continued on page 10

Mark Your Calendar

Mark your calendar with this exciting conference opportunity to learn more about "Nutrition Training for Children with Special Health Care Needs," September 26 - 28, 2003, Cincinnati, OH

Note: Obesity Research will be presented by Satellite and Obesity Assessment/Treatment will be presented by Videostream, or attend the Full Conference or complete the Self-Study Program. (Receive 2 or 25 or 35 Continuing Professional Education credits, depending on the method selected)

Friday, September 26th

- Poster Session (8:30 - 9:00am)
- Managed Care Reimbursement/Second Tier Training (9:00 - 9:30am)
- Nutrition in Children with Cancer (9:30 - 10:15am)
- Sickle Cell Anemia Team (10:45 - 11:30am)
- Allergies in Children (12:30 - 1:30pm)
- Current Issues in Nutrition for Maternal and Child Health (2:00 - 3:00pm)
- Managed Care/Second Level Work Group (5:00 - 5:30pm)

BY Satellite

- Obesity Research in Children (3:00 - 4:00pm)

BY Videostream

- Obesity Assessment/Treatment in Children (4:00 - 5:00pm)

Saturday, September 27th

- Poster Session (8:30 - 9:00am)
- Maternal Health and Breastfeeding (9:00 - 10:00am)
- Role of Nutrition in Pediatrics (10:00 - 11:00am)
- Maternal PKU and Inborn Errors (11:30 - 12:30pm)
- Managed Care/ Second Level Work Group (1:30 - 2:00pm)
- Nutrition Assessment in Pregnancy and Children (2:00 - 3:00pm)

Saturday, September 27th (continued)

- Comprehensive Nutrition Evaluation (live) and write up (3:30 - 6:00pm)

Sunday, September 28th

- Poster Session (8:30 - 9:00am)
- Cultural Food Habits (9:00 - 9:45am) *by distance education if desired
- Myelomeningocele and Nutrition (10:00 - 11:00am) *by distance education if desired
- Autism and Nutrition (11:00 - 12:00pm) *by distance education if desired
- Managed Care Provider Package Work Groups (12:45 - 1:00pm)
- Nutrition and Feeding Issues (1:00 - 3:00pm)
- Parents Perspective (3:30 - 4:00pm)
- Adolescent Client Experience and Advocacy (4:00 - 5:30pm)

*Evenings (*by distance education if desired)*

- Genetics and Nutrition (7:00 - 8:00pm, Friday)
- Genetic Mapping (8:00 - 9:00pm, Friday)
- Prader Willi Team (7:00 - 8:00pm, Saturday)
- Nutrition in Developmental Disorders and Managed Care (8:00 - 9:00pm, Saturday)
- Cerebral Palsy and Nutrition (7:00 - 8:00pm, Sunday)

For further information, or to register for the conference, satellite or videostreaming sessions, or self-study, please visit our animated website at www.uc.edu/nutrition

The workshop is held at the Cincinnati Children's Hospital Medical Center in Cincinnati, Ohio. Directions to the center can be found on the CCHMC website, www.cincinnatichildrens.org

Message from Chair-Elect

Mary Emerson MS, RD/LD

We are planning for FNCE 2004. I would like to invite members to submit ideas of topics they would be interested in having for our planned program at FNCE in 2004. We are trying to put together a program that is responsive to our members' needs. Is there any particular area or topic in which you would like to see DDPD plan a program? Please contact me at 207-761-2378 or via e-mail at emersonm@springharbor.org. Thank you.

Legislative Report (continued)

your Senators signed off on the old bill, we need them to co-sponsor the new bill. If your Senator is on the Finance Committee, ask them to help get the bill included as part of a larger Medicare reform or Medicare prescription drug bill. Senator Craig spoke at Thursday's breakfast. He predicted that 2003 might be the year for cardiovascular MNT legislation to be enacted.

Child nutrition

Mr. Eric M. Bost, Undersecretary of Agriculture, Food, Nutrition and Consumer Services and Bonnie Spear, PhD, RD spoke on the Child Nutrition Reauthorization Act. Included in this act are school lunch and WIC programs. It comes up for reauthorization in 2003. Mr. Bost said "I need your help" in reforming child nutrition laws and dealing with the rising incidence of childhood obesity. "We have all the responsibility to address this ... if we don't, the problem will get worse. There was some discussion of vending machines in the schools and how to address this issue. Decisions affecting what foods are served and available are critical to the well being of students. Trained nutrition professionals (the RD) need to be members of the teams deciding what foods students eat at school.

IMPACT legislation (The Improved Nutrition and Physical Activity Act)

There is optimism that obesity legislation may be enacted this year. Rep. Kay Granger (R-TX), a prime sponsor of the IMPACT bill in the House (H.R. 716), cited growing recognition that the problem is getting worse and that children too are affected, with a higher incidence of diabetes and cardiovascular disease than ever before. ADA endorsed the IMPACT bill in 2002, but requested amendments to strengthen the role of dietetic professionals in the delivery of services to the obese and to assure reimbursement for nutrition services provided. Rep. Granger told ADA that she would consider such an amendment. Another major concern with the IMPACT bill last year was that it did not include childhood obesity.

DDPD Advertising Policy

The Dietetics in Developmental and Psychiatric Disorders Dietetic Practice Group accepts advertisements for our newsletter, *DevelopMental Issues*, under these guidelines:

- Advertisements will be limited to products and services that are of interest to our members, consistent with the goals for the dietetic practice group, and which promote sound nutrition of the patients we serve.

We reserve the right to evaluate all statements in advertisements and to refuse to accept any copy that does not follow guidelines established through the American Dietetic Association.

We require the following disclaimer in each issue of the newsletter: "The publication of an advertisement in *DevelopMental Issues* should not be construed as an endorsement of the advertiser or the product by the American Dietetic Association or this dietetic practice group.

Rates: \$2500 to sponsor an entire issue (which includes recognition at our Annual Meeting, a full page ad, a recognition notice, and one year complimentary subscription)

\$ 500 for a full page

\$ 350 for a half page ad

\$ 250 for a quarter page

\$ 125 for an eighth page (business card size)

Dietetic Practice Group members are entitled to a 20% discount.

Advertisements may be submitted any time and advertisers will receive notification of acceptance within 30 days of submission, at which time scheduling for placement will be arranged.

Advertisements must be received in camera-ready form by the designated deadline for publication along with payment in full made payable to The American Dietetic Association/DPG #12 and sent to: Melissa Altman-Traub, Newsletter Editor, Nutrisolutions@aol.com, 1997 Turkey Trot Rd., Jamison, PA 18929. Phone: 215-491-5408.

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312/942-5296
askipper@rush.edu

Resource Professionals

Do you have a professional question you need help with? Contact the appropriate Resource Professional today!

Eating Disorders Resource Professional (00-03)

Karen Blachley, RD
Betty Ford Center
39000 Bob Hope Drive
Rancho Mirage, CA 92270
W: 800-854-9211 x4024
H: 760-346-9213
Fax: 760-773-4141
Email: kblachley@bettyfordcenter.org

Substance Abuse Resource Professional (00-03)

Anne Hatcher, EdD, RD, CACIII, NCACII
2479 S. Bannock Street
Denver, CO 80223
W: 303-556-2967
H: 303-722-2764
Email: hatchera@mscd.edu

Developmental Disorders Resource Professional (02-05)

Ann Overmeyer, RD, CD
2329 Cedar Bend Drive
Anderson, IN 46011
H: 765/622-1766
Fax: 765/622-1766
anaover@aol.com

Psychiatric Disorders Resource Professional (00-03)

Linda Venning, MS, RD
Hawthorn Center
18471 Haggerty Rd.
Northville, MI 48167
W: 248-735-6711
Email: Venningl@michigan.gov

* indicates preferred place of contact

Dietetics in Developmental and Psychiatric Disorders
c/o Melissa Altman-Traub, MS, RD, LDN
1997 Turkey Trot Rd.
Jamison, PA 18929

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DEVELOPMENTAL ISSUES

Upcoming Continuing Education Event

4th annual Ketogenic Diet Conference for Health Professionals and Caregivers

Saturday, August 2, 2003
Children's Hospital of Philadelphia
Stokes Auditorium
6.5 credits pending

Contact: Candice Cooper
267-426-5249
cooperc@email.chop.edu

Nominating Committee

The nominating committee is looking for leaders that would be interested in becoming a member of the executive committee of DDPD. Contact Ruth Ann Foiles at 517- 321-2655 or <mailto:foilesr@msu.edu>. It is a great thing to be involved!!

The Spring 2003 Continuing Professional Education article deadline has been extended to December 31, 2003. Make sure your answer form is postmarked by this date to receive your credits.

DIETETICS IN DEVELOPMENTAL & PSYCHIATRIC DISORDERS

DIETETIC PRACTICE GROUP

MEMBER SURVEY 2003

Directions:

Answer each question carefully by checking the appropriate boxes or writing in a response. If you are interested in becoming actively involved with DDPD committees and projects by volunteering, please complete your name, address, and telephone information at the end of the survey.

1. Please indicate your current area(s) of practice/expertise.

- Developmental Disabilities (DD)/Mental Retardation (MR)
 - Children
 - Adults
- Substance Abuse
- Eating Disorders
- Psychiatric Disorders
- Other, please specify: _____

Primary	Secondary

2. How many years have you been working in each area checked in Question #1?

	Years Of Work						
	<1	1 - 3	4 - 7	8 - 11	12 - 15	16 - 20	>20
<input type="checkbox"/> DD/MR							
<input type="checkbox"/> Children							
<input type="checkbox"/> Adults							
<input type="checkbox"/> Substance Abuse							
<input type="checkbox"/> Eating Disorders							
<input type="checkbox"/> Psychiatric Disorders							
<input type="checkbox"/> Other							

3. Indicate the Work Setting in which you work. (Check all that apply.)

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Developmental Center <input type="checkbox"/> Mental Retardation Agency <input type="checkbox"/> Public Health Agency <input type="checkbox"/> University Affiliated Program <input type="checkbox"/> Psychiatric Hospital <input type="checkbox"/> Program for Children w/Special Health Care Needs | <ul style="list-style-type: none"> <input type="checkbox"/> Mental Health Agency <input type="checkbox"/> Group Home/ICF/MR (less than 15 beds) <input type="checkbox"/> MR/DD Institution (more than 45 beds) <input type="checkbox"/> Substance Abuse Treatment Center <input type="checkbox"/> Eating disorders Treatment Center <input type="checkbox"/> Other (specify) _____ |
|--|--|

Please continue on to the next two pages.



AMERICAN DIETETIC ASSOCIATION
Your diet is your health and ours.™
 120 South Riverside Plaza, Suite 2000
 CHICAGO, ILLINOIS 60606-8995

To return your survey, pull this section from the newsletter, fold as indicated so mailing address shows and seal with tape (*no staples please*).
Be sure to include your return address and apply postage before mailing.

4. How long have you been a member of the DDPD Dietetic Practice Group?

- | | |
|--|---|
| <input type="checkbox"/> Less than 1 year | <input type="checkbox"/> 11 years to 15 years |
| <input type="checkbox"/> 1 year to 2 years | <input type="checkbox"/> 16 years to 20 years |
| <input type="checkbox"/> 3 years to 6 years | <input type="checkbox"/> >20 years |
| <input type="checkbox"/> 7 years to 10 years | |

5. DDPD member benefits are listed below. Please check the response that best reflects your opinion of the value.

	Very Useful	Somewhat Useful	Not Useful	No Opinion	Not Aware of Benefit
Newsletter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audiovisual Lending Library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaker Stipends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resource Professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DDPD Planned Session at FNCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DDPD Web site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Listed below are several regular features of the Newsletter. Please check the response that best reflects your opinion of the value of each item.

	Very Useful	Somewhat Useful	Not Useful	No Opinion	Not Aware of Feature
DDPD Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Informational Articles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legislative Highlights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fact Sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q & A by Resource Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. We have a DDPD Web site at www.ddpd.org. What do you like about the Web site (check all that apply).

- | | |
|---|--|
| <input type="checkbox"/> Member Section—membership map | <input type="checkbox"/> Discussion Forums |
| <input type="checkbox"/> Newsletter Articles | <input type="checkbox"/> Audiovisual Lending Library Resource List |
| <input type="checkbox"/> Links to other Websites | <input type="checkbox"/> Speaker Stipend Request Application |
| <input type="checkbox"/> DDPD Executive Committee Listing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> DDPD Events | _____ |

9. Would you like to become involved in any of the DDPD activities listed below? (If yes, check all that apply.)

- Technical reviewer/resource for abstract articles, position papers, standards of practice, etc.

Areas of expertise: _____

- Assist with DDPD Web site
 Newsletter contributor
 Assist with our lending library
 Assist the resource professional in my area of practice.

Area of practice: _____

- Assist with the Legislative Network
 Serve on Fund Raising Committee
 Serve on Committees or help with special projects
 Run for elected office, specify _____
(Chair-elect, secretary/treasurer/nominating committee).

10. Comments and Suggestions: How can DDPD meet your needs?

If you would like to support a DDPD activity by volunteering, please complete the following information so we may contact you.

Name: _____

Professional Title: _____

Mailing Address: _____

Contact: Phone _____ Fax: _____

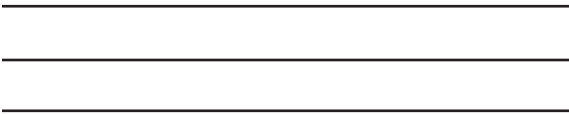
email: _____

**Thank you for taking the time to complete this survey.
We value your membership and appreciate your response.**

Please return completed survey by July 15, 2003 to DDPD's Membership Chair

**Rosalind M. Wilkins, MS, RD, LD
PO Box 105817, Jefferson City, MO 65110
FAX 573/636-5192 • Email: wilkir@dhss.state.mo.us**

Fold this end to inside along this line first.



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Jefferson City, MO 65110

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